

# RK & KSH EDGELOE SUPERANNUATION FUND BINDING NOMINATION OF BENEFICIARY

I, Ms Marina Christine Hayes

Require you to, upon my death, pay my death benefits under the Fund to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
	CELINE	PETERS	50%
	SHANAYA	PETERS	50%

## AND/OR

2. Legal Personal Representative \_\_\_\_\_ % OF BENEFIT

(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: Marina Hayes

## Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: Finnell Mosbach

Signature of Witness: [Signature]

Name of Witness: Suzanne Reynolds

Signature of Witness: [Signature]

this 24<sup>th</sup> day of October, 2018