

# J & G Swindells Superannuation Fund

## BINDING NOMINATION OF BENEFICIARY

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I, **Gillian Swindells**

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
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**AND/OR**

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

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

Signature of Member: .....



**SIGN HERE**

### 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: .....

**WITNESS**

Signature of Witness: .....

**SIGN HERE**

Name of Witness: .....

**WITNESS**

Signature of Witness: .....

**SIGN HERE**

this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_.

**J & G Swindells Superannuation Fund**  
**BINDING NOMINATION OF BENEFICIARY**

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I, Jeffrey Mark Swindells

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

**1. Dependants**

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SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT

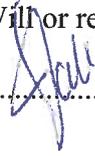
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**AND/OR**

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

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

Signature of Member: .....



**SIGN HERE**

**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: .....

**WITNESS**

Signature of Witness: .....

**SIGN HERE**

Name of Witness: .....

**WITNESS**

Signature of Witness: .....

**SIGN HERE**

this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_.