

## Binding death benefit notice

To: The Trustee  
the Orford Superannuation Fund

I, **Ernest Allan May**, being a member of the Orford Superannuation Fund (**Fund**), in the presence of

LAURA MARGARET M<sup>C</sup> ADAM [name of witness 1]

and LISA SUZANNE GRIFFITHS [name of witness 2] hereby:

- (a) require the trustee of the Fund to pay any benefits in respect of my membership of the Fund on or after my death as follows:
  - (i) if Lynette Eunice May fails to survive me, or dies before the whole of the benefit is paid to her, 100% of my benefit to my legal personal representative/s for distribution in accordance with the provisions of my will;
- (b) declare that the payment to my legal personal representative/s is permitted under the *Superannuation Industry (Supervision) Act 1993* (Cth);
- (c) confirm that this notice revokes any previous notice (binding or non-binding) I may have made in relation to my benefits in the Fund; and
- (d) confirm that this notice does not lapse unless expressly revoked by me in writing.

### Signed

Signed by Ernest Allan May on 31 2 12  
in the presence of:

L M<sup>C</sup> Adam  
^ Signature of witness 1

LAURA MARGARET M<sup>C</sup> ADAM  
^ Name of witness 1 (print)

[Signature]  
Signature of Ernest Allan May

[Signature]  
^ Signature of witness 2

LISA SUZANNE GRIFFITHS  
^ Name of witness 2 (print)

## Declaration – witness 1

I am a witness to the binding death benefit notice made by **Ernest Allan May**, and declare as follows:

- (a) I am 18 years or older;
- (b) I am not a person mentioned in the notice; and
- (c) the notice was signed by **Ernest Allan May**, in the presence of myself and

LISA SUZANNE GRIFFITHS [name of witness 2], the other witness.

Signed by LAURA MARGARET McADAM on  
3 / 2 / 2012  
[name of witness 1 and date]

EM Adam  
^ Signature

## Declaration – witness 2

I am a witness to the binding death benefit notice made by **Ernest Allan May** and declare as follows:

- (a) I am 18 years or older;
- (b) I am not a person mentioned in the notice; and
- (c) the notice was signed by **Ernest Allan May** in the presence of myself and

LAURA MARGARET McADAM [name of witness 1], the other witness.

Signed by LISA SUZANNE GRIFFITHS on  
3 / 2 / 2012  
[name of witness 2 and date]

Lisa Griffiths  
^ Signature

## Binding death benefit notice

To: The Trustee  
 the Orford Superannuation Fund

I, **Lynette Eunice May**, being a member of the Orford Superannuation Fund (**Fund**), in the presence of

LAURA MARGARET McADAM [name of witness 1]

and LISA SUZANNE GRIFFITHS [name of witness 2] hereby:

- (a) require the trustee of the Fund to pay any benefits in respect of my membership of the Fund on or after my death as follows:
  - (i) if Ernest Allan May fails to survive me, or dies before the whole of the benefit is paid to him, 100% of my benefit to my legal personal representative/s for distribution in accordance with the provisions of my will;
- (b) declare that the payment to my legal personal representative/s is permitted under the *Superannuation Industry (Supervision) Act 1993* (Cth);
- (c) confirm that this notice revokes any previous notice (binding or non-binding) I may have made in relation to my benefits in the Fund; and
- (d) confirm that this notice does not lapse unless expressly revoked by me in writing.

### Signed

Signed by Lynette Eunice May on 31/2/12  
 in the presence of:

L. E. May  
 ^ Signature of Lynette Eunice May

Lu' Adam  
 ^ Signature of witness 1

Lisa Griffiths  
 ^ Signature of witness 2

LAURA MARGARET McADAM  
 ^ Name of witness 1 (print)

LISA SUZANNE GRIFFITHS  
 ^ Name of witness 2 (print)

## Declaration – witness 1

I am a witness to the binding death benefit notice made by **Lynette Eunice May**, and declare as follows:

- (a) I am 18 years or older;
- (b) I am not a person mentioned in the notice; and
- (c) the notice was signed by **Lynette Eunice May**, in the presence of myself and LISA SUZANNE GRIFFITHS [name of witness 2], the other witness.

Signed by LAURA MARGARET MCDAM on  
3/2/2012  
[name of witness 1 and date]

  
^ Signature

## Declaration – witness 2

I am a witness to the binding death benefit notice made by **Lynette Eunice May** and declare as follows:

- (a) I am 18 years or older;
- (b) I am not a person mentioned in the notice; and
- (c) the notice was signed by **Lynette Eunice May** in the presence of myself and LAURA MARGARET MCDAM [name of witness 1], the other witness.

Signed by LISA SUZANNE GRIFFITHS on  
3/2/2012  
[name of witness 2 and date]

  
^ Signature