

Binding death benefit nomination

The Knispel Family Superannuation Fund

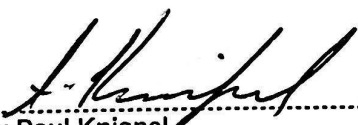
I, **Andrew Paul Knispel** of **19a Hewitt Avenue, WAHROONGA, NSW 2076** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
SARAH LYNDSEY AND KNISPEL	WIFE	100
Total		100%

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.


I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.


.....
Andrew Paul Knispel

04 / 10 / 12
.....
Date

Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.


.....
Signature of Witness 1

04 / 10 / 12
.....
Date

.....
Signature of Witness 2

04 / 10 / 12
.....
Date