

# Binding death benefit nomination

## The Knispel Family Superannuation Fund

I, Sarah Lyndsay 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
ANDREW PAUL KNISPEL	HUSBAND	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- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;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.



Sarah Lyndsay 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