

APPENDIX 2

THE TEMPLETON SUPERANNUATION FUND DIRECTION TO TRUSTEE BINDING DEATH BENEFIT NOMINATION

Member Name:	Rachel Templeton ('the Member')
Member Address:	11 Harriet St Red Hill QLD 4059

To: The Trustee(s) of The Templeton Superannuation Fund ("Fund")

1. I revoke all previous binding death benefit nominations.
2. Pursuant to the provisions of Clause 21 of the Trust Deed of the Fund, I **hereby direct, bind and compel** the Trustee for the time being of the Fund to pay my Death Benefits and Legal Estate on or after my death to the following persons and in the following manner and proportions indicated below:

Nominated Beneficiary		
Name:	Russell Eric Templeton	
Relationship to me:	Spouse	
Type of Benefit Amount/Proportion of Benefit	• Lump Sum • Account Based Pension • As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary	% % 100%

3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.
4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Clause 21 of the Governing Rules of the The Templeton Superannuation Fund and that if this nomination is not made and completed correctly the Trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.

5. This written direction may be provided to the Trustee during my lifetime or after my death. I acknowledge that where this Binding Death Benefit Nomination is provided after my death, it must be provided to the Trustee within 6 months of my date of death, otherwise the Trustee will not be bound by this nomination and the exercise of any discretion to the Trustee with regard to my death benefits shall be final and binding.
6. Unless revoked by the Member, this Notice is non-lapsing and shall not cease.
7. I do not wish to nominate a Replacement Trustee for the purposes of the payment of my superannuation death benefits pursuant to this nomination.

I have signed this Binding Death Benefit Nomination dated / /

SIGNED by Rachel Templeton as the Member in the presence of the following witnesses:	))) Signature
Witness 1: I declare that: • I am over 18 years of age. • I do not benefit under the Member's BDBN • I am not an LPR of the Member; and • I witnessed the Member make their BDBN Signature of Witness Full Name: Home Address: Occupation:	Witness 2: I declare that: • I am over 18 years of age. • I do not benefit under the Member's BDBN • I am not an LPR of the Member; and • I witnessed the Member make their BDBN Signature of Witness Full Name: Home Address: Occupation: