

First Floor 20 Chancery Lane Adelaide SA 5000

Telephone 8204 3851 Facsimile 8204 3847 Email <u>info@fsfsa.org.au</u> www.fsfsa.org.au

Nomination of Beneficiary

gov	nember shall nominate the person(s) (being" dependant" as defined in the rules verning the Fund) the member desires to receive benefits payable upon the death the member, and may revoke the nomination at any time.	
Name:	Payroll ID:	
I hereby no my death:	ominate the following person(s) as beneficiary(ies) in respect of any benefit payable	e upon
Name of No	ominated Beneficiary(ies):	
1		
2		
Address:		
Relationshi	p to Member:	
Signature:	Date:	