

DEATH BENEFIT NOMINATION/CHANGE FORM (Page 1 of 2)

(Please refer to our "Death Benefit Nomination Guide" to ensure your nominations will be valid)

Make **NEW** Death Benefit Nomination **CHANGE** existing Death Benefit Nomination **CANCEL** existing Death Benefit Nomination

Personal Details

Fund Name

Title: Full Name

Home Address

Postcode

Phone (W) ()

Phone (H) ()

Mobile

Fax ()

Email

Beneficiary 1

Step 1 Nominate the beneficiary to whom the amount is to be paid

Full Name

Address

Relationship to member

Date of Birth

Step 2 Indicate if you want your nomination to be Binding or Statement of Wishes



Binding



Statement of Wishes

Step 3 Indicate the dollar amount or percentage to be paid to that nominee

\$

%

Step 4 Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum Component	
\$	%

Pension Component	
\$	%

Method of payment (how often, how long etc)

Step 5 If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method. Please **ENFORCE** payment by this method I would **PREFER** that it be paid in this manner

Beneficiary 2

Step 1 Nominate the beneficiary to whom the amount is to be paid

Full Name

Address

Relationship to member

Date of Birth

Step 2 Indicate if you want your nomination to be Binding or Statement of Wishes



Binding



Statement of Wishes

Step 3 Indicate the dollar amount or percentage to be paid to that nominee

\$

%

Step 4 Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum Component	
\$	%

Pension Component	
\$	%

Method of payment (how often, how long etc)

Step 5 If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method. Please **ENFORCE** payment by this method I would **PREFER** that it be paid in this manner

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Beneficiary 3

Step 1 Nominate the beneficiary to whom the amount is to be paid

Full Name	
Address	
Relationship to member	Date of Birth

Step 2 Indicate if you want your nomination to be Binding or Statement of Wishes

Binding Statement of Wishes

Step 3 Indicate the dollar amount or percentage to be paid to that nominee

\$	%
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Step 4 Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum Component		Pension Component	
\$	%	\$	%
Method of payment (how often, how long etc)			

Step 5 If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method. Please ENFORCE payment by this method I would PREFER that it be paid in this manner

Beneficiary 4

Step 1 Nominate the beneficiary to whom the amount is to be paid

Full Name	
Address	
Relationship to member	Date of Birth

Step 2 Indicate if you want your nomination to be Binding or Statement of Wishes

Binding Statement of Wishes

Step 3 Indicate the dollar amount or percentage to be paid to that nominee

\$	%
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Step 4 Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum Component		Pension Component	
\$	%	\$	%
Method of payment (how often, how long etc)			

Step 5 If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method. Please ENFORCE payment by this method I would PREFER that it be paid in this manner

Member Declaration:

I hereby declare that:

- I understand the ramifications of the type of nomination I have made;
- I understand that the type of nomination I make may require the fund trust deed to be amended at additional cost.
- have sought such advice as I deem necessary before signing this form; and

I instruct the trustee to pay my benefit as detailed above.

Signature of Member	Date
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Witnesses (for BINDING nominations only) – Witness CANNOT be a nominated beneficiary:

I, [insert full name] declare that this binding death benefit notice was signed by the above-named member in my presence and in the presence of the other witness who has signed this nomination.	Signature	Date
I, [insert full name] declare that this binding death benefit notice was signed by the above-named member in my presence and in the presence of the other witness who has signed this nomination.	Signature	Date