

DEATH BENEFIT NOMINATION CHANGE FORM



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
Business Phone ()	Home Phone ()	
Mobile	Fax Number	
Email		

- Step 1** Nominate the beneficiary to whom the amount is to be paid
- Step 2** Indicate if you want your nomination to be Binding or Statement of Wishes
- Step 3** Indicate the dollar amount or percentage to be paid to that nominee
- Step 4** Indicate the method of payment (i.e. lump sum, pension or both). If both, then the percentage is taken as a lump sum. If a pension, how it is to be paid and for how long.
- Step 5** If a binding nomination is chosen, indicate if the payment method is to be Enforced (i.e. MUST be paid this way), or is just your preferred method.

BENEFICIARY 1

STEP 1

Print Name	Date of Birth / /
Address	
Relationship to Member	

STEP 2 Binding Statement of Wishes **STEP 3** \$ %

STEP 4

Lump Sum Component		Pension Component	
\$ <input type="text"/>	% <input type="text"/>	\$ <input type="text"/>	% <input type="text"/>
Method of Payment (how long, how often, etc)			

STEP 5 Please **ENFORCE** payment by this method I would **PREFER** that it be paid in this manner

Comments

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BENEFICIARY 2

STEP 1

Print Name	Date of Birth / /
Address	
Relationship to Member	

STEP 2 Binding Statement of Wishes **STEP 3** \$ %

STEP 4

Lump Sum Component	Pension Component
\$ <input type="text"/> % <input type="text"/>	\$ <input type="text"/> % <input type="text"/>
Method of Payment (how long, how often, etc) <input type="text"/>	

STEP 5 Please **ENFORCE** payment by this method I would **PREFER** that it be paid in this manner

Comments

BENEFICIARY 3

STEP 1

Print Name	Date of Birth / /
Address	
Relationship to Member	

STEP 2 Binding Statement of Wishes **STEP 3** \$ %

STEP 4

Lump Sum Component	Pension Component
\$ <input type="text"/> % <input type="text"/>	\$ <input type="text"/> % <input type="text"/>
Method of Payment (how long, how often, etc) <input type="text"/>	

STEP 5 Please **ENFORCE** payment by this method I would **PREFER** that it be paid in this manner

Comments

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.
- I have sought such advice as I deem necessary before signing this form; and

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

Member Signature	Date (dd/mm/yyyy) / /
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Witnesses (for BINDING nominations only) – Witness CANNOT be a nominated beneficiary:

I <input type="text"/> (insert full name)	Signature
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	
I <input type="text"/> (insert full name)	Signature
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	