

## DEATH BENEFIT NOMINATION

«COMP\_FUNDNAME»

I, «**comp\_members**», being a member of the above Fund make the following nomination in relation to the distribution of my superannuation benefits in the event of my death, and request the Trustees of the Fund to act accordingly:

**Option 1: Single Tier Nomination - Complete Table 1 or Table 2**

**Option 2: Two Tier Nomination - Complete Table 1 and Table 2**

**TABLE 1** - I require the Trustees to pay all (100%) of my death benefits to the following beneficiary:

Full name of beneficiary	Relationship to you	Date of birth

**TABLE 2** - I require the Trustees to pay all (100%) of my death benefits to the following beneficiaries (*if Option 2 was selected above, then this nomination applies only in the event that the beneficiary listed in Table 1 does not survive me*):

Full name of beneficiary	Relationship to you	Date of birth	% of Benefit
			%
			%
			%
Legal Personal Representative			%
<b>Total (must equal 100% to be a valid nomination)</b>			<b>100%</b>

*\*if any of the beneficiaries in Table 2 do not survive me, their share is to be split equally between the surviving beneficiaries*

I understand:

- that I am entitled to revoke the nomination, in whole or in part, at any time; and
- that the Trustee must comply with the requirement of the Superannuation Industry (Supervision) Act and Regulations when determining payment of my entitlement under the Fund.
- that this nomination can be either binding or non-binding upon the Trustee, and that in the case of non-binding, the Trustee does not have to follow my nomination. I have indicated by marking the box below () whether this nomination is to be binding or non-binding upon the Trustee:

**Binding**       **Non-Binding**

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

«**comp\_members**,»

### DECLARATION BY WITNESSES - *This declaration need only be completed if this nomination is binding on the Trustee*

We both declare that this notice was signed by the above member in our presence, that we are both over the age of 18 and neither of us are mentioned as a beneficiary in this notice.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

### ACKNOWLEDGMENT – *To be completed by at least 1 Trustee/Director of the Corporate Trustee*

In my capacity as Trustee/Director of the Corporate Trustee for «COMP\_FUNDNAME» I hereby acknowledge receipt and acceptance of the above nomination.

Signature \_\_\_\_\_

**Trustee/Director**