

## INFORMATION SCHEDULE FOR REQUESTING A BINDING DEATH BENEFIT NOMINATION

<b>Contact Details</b>	<i>Please provide your full contact details</i>
Contact Person	
Firm Name	
Firm Postal Address	
Phone Number	
Email Address	

<b>Fund Information</b>	<i>Please complete</i>
Fund Name	
Trustee/s	
If corporate trustee, please advise: Director(s)	
ACN	

<b>Member's Details</b>	<i>Please complete</i>
Full Name of Member	
Member's address	
Member's date of birth	
Type of Nomination	Lapsing / Non-Lapsing
If the nomination is to be lapsing, what is the term? eg 3 years	

<b>Proposed Beneficiaries</b>	<i>Please list the beneficiaries the member would like to nominate for each type of account held.</i>
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**The person or persons nominated must be the member's dependant or their legal personal representative** (for example, if the member wants their benefits paid to their estate). Depending upon the wording of the fund's trust deed, dependants may comprise of the member's spouse, including a defacto of the same-sex, their children or persons with whom they have an interdependency relationship.

In respect of any *accumulation* account held:

Full Name of Beneficiary	Relationship to You	Details of Benefit
eg John Alfred Smith	Husband	100% paid as a pension

If the above person(s) predecease the member, the following person(s) are to be the beneficiaries:

Full Name of Beneficiary	Relationship to You	Details of Benefit

In respect of any *pension* account held:

Full Name of Beneficiary	Relationship to You	Details of Benefit

If the above person(s) predecease the member, the following person(s) are to be the beneficiaries:


Attachments	Please forward the following information:
<input type="checkbox"/>	Fund's most recent trust deed
<input type="checkbox"/>	Most recent members' statements
<input type="checkbox"/>	If member has a pension account(s), details of the type of pension(s) being paid, including full particulars of any reversionary beneficiary nominated