Binding Death Benefit Nomination

I, of as a member of the fund, hereby direct the Trustee to pay my benefits in the Fund to the following persons on or after my death and in the proportions indicated below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Relationship** | **Form of payment (lump sum or pension)** | **% or amount ($) of Benefits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: failure to make a selection for form of payment or making an invalid selection for form of payment will not invalidate this Binding Nomination and the form of payment will be at the Trustee’s discretion.

I understand:

* I can amend or revoke this Binding Death Benefit Nomination (“Nomination”) at any time by providing a new Nomination to the Trustee, signed and dated by myself in the presence of two witnesses who are aged over 18 years or over;
* Unless amended or revoked earlier, this Nomination will have an indefinite term unless the Member has stipulated otherwise;
* This Nomination revokes and amends any previous notice supplied to the Trustee of the Fund in regard to my nominated beneficiaries;
* I have nominated persons who are “Dependants” and/or my Legal personal Representative (“LPR”) as outlined in the Fund Rules. If the persons I have nominated are not my Dependants and/or LPR, this Binding Nomination will not be valid, and my Trustee will assume sole discretion for the payment of my Benefits following my death;
* If this Nomination is not correctly completed, it may be invalid.

I acknowledge that I have been provided with information by the Trustee that enables me to understand my rights to direct the Trustee to pay my Death Benefit in accordance with this Nomination.

…………………………………………………………………………… ………………………………………

Date

**Witness Declaration**

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

…………………………………………………………………………… ………………………………………

Signature of Witness 1 Date

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Signature of Witness 1 Date