

## TOPDOCS

# STANDARD BINDING DEATH BENEFIT NOMINATION (BDBN) FULL SERVICE ORDER FORM (FOR TOPDOCS DEEDS ONLY)

The person or persons nominated in the BDBN must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)) or your legal personal representative. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "LPR" as the Dependant. You can state your requirements as to who will receive your superannuation benefits on your death if a nominated person predeceases you or is no longer your Dependant at the time of your death.

Please note the duration of your BDBN will be determined by the Trust Deed for your Fund. If the Fund's Trust Deed allows for a non-lapsing BDBN's, your BDBN will be non-lapsing, otherwise, your BDBN will be lapsing and valid for the term determined by your Fund's Trust Deed.

To order your Standard BDBN package:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund's most recent Trust Deed.
3. Mail this form, along with the documentation outlined above, to Topdocs. Alternatively, email this form and the required documentation to Topdocs at [orders@topdocs.com.au](mailto:orders@topdocs.com.au)

## SECTION A(I): REVOCATION OF EXISTING BDBNS

Please note that we will include a clause purporting to revoke any existing BDBNs or binding instruments for this member when preparing your BDBN, **UNLESS YOU MARK THE BOX BELOW**

**DO NOT REVOKE** PRIOR BDBNS OR OTHER BINDING INSTRUMENTS FOR THIS MEMBER

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## SECTION A (II): PERSON/ADVISER ORDERING DETAILS

Name: NICOLA MC CARTHER Signature: McCart  
 Company Name: BLUE SKY BUSINESS CONSULTING  
 Postal Address: PO BOX 648, LINDFIELD NSW 2070  
 Date Of Order: 1/7/2015 Your Ref: \_\_\_\_\_  
 Phone: ( 04-2241-3868 ) Fax: ( ) - - Email: nicola@bsbconsulting.com.au

## SECTION A (III): PAYMENT DETAILS

Enclosed is payment for a Standard BDBN for the sum of: \$ 220.-  
☐ Direct Debit\* ☐ Visa ☒ Mastercard ☐ Cheque  
 Card Holder Name: NICOLA MC CARTHER  
 Credit Card Number: 5353-1652-8758-2970  
 Expiry Date: 1/20 Authorised Card Signature: McCart

\*To pay by Direct Debit you must have a current Direct Debit agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on 1300 65 92 42

## SECTION B: FUND DETAILS

Fund Name: BT BEVAN & RJ WHITESIDE SUPERANNUATION FUND  
Address where the meetings of the Trustees are held: 46 CHURCHILL RD, KILLARA NSW 2071

## SECTION C: TRUSTEE INFORMATION

If the Trustee of the Fund is a Company, enter the Company Details below:

Corporate Trustee Name: BTBJW SUPER FUND PTY LTD ACN: 634 110 097

Enter the details of the Individual Trustees, or if the Trustee is a company, the Directors of the Corporate Trustee:

Trustee 1	Full Name: <u>BEVAN</u>	<input type="checkbox"/> Individual Trustee	<input checked="" type="checkbox"/> Director of Corporate Trustee
Trustee 2	Full Name: <u>RICHARD JOHN WHITESIDE</u>	<input type="checkbox"/> Individual Trustee	<input checked="" type="checkbox"/> Director of Corporate Trustee
Trustee 3	Full Name:	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee
Trustee 4	Full Name:	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee

## SECTION D(I): DETAILS OF THE MEMBER MAKING THE BDBN

Member Full Name: RICHARD JOHN WHITESIDE Title: MR

Date of Birth: 24/02/1948 ☒ Male ☐ Female

Address: 46 CHURCHILL RD, KILLARA NSW 2071

Date of previous BDBN (if any): / /

## SECTION E: BENEFICIARIES

### E (I) BENEFICIARY ASSET ALLOCATIONS (must total 100% of the Member's benefits)

The person or persons nominated as Beneficiaries must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)) or your legal personal representative (LPR). If you wish to nominate your LPR, please write LPR in the Beneficiary Name column below.

Beneficiary Name	Full Address of Beneficiary (write N/A if the Beneficiary is your LPR)	Beneficiary's Relationship to the Member	Proportion of Total Member Benefit Payable to Beneficiary
<u>BRONWYN MARGARET BEVAN</u>	<u>46 CHURCHILL RD KILLARA NSW 2071</u>	<u>SPOUSE</u>	<u>100</u> %
			%
			%
			%
Total must equal 100%			100%



E (II) ALTERNATE BENEFICIARY ASSET ALLOCATIONS  
(in circumstances when an initially nominated Beneficiary predeceases the Member)

This section provides for circumstances where a nominated Beneficiary from Section E (I) predeceases the Member, and allows the Member to nominate an Alternate Beneficiary to receive the benefits of an initially nominated Beneficiary should that Beneficiary predecease the Member.

Name of the deceased Beneficiary initially nominated	Name of the Alternate Beneficiary taking the place of the deceased Beneficiary	Alternate Beneficiary's Relationship to the Member	Proportion of the deceased Beneficiary's Benefit payable to the Alternate Beneficiary
BRONWYN MARGARET BEVAN	EDWINA GEORGIA WHITESIDE	DAUGHTER	50 %
BRONWYN MARGARET BEVAN	ALEXANDER RICHARD JOHN WHITESIDE	SON	50 %
			%
			%

SECTION F: ADDITIONAL SPECIFIC INSTRUCTIONS

If you have any additional specific instructions, please enter them here:

