

## Death Benefit Nomination

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This document is a pro forma document only. Professional advice should be obtained before signing this document.

**Name of Fund:**

**Member Name:**

**Address:**

**Date of Birth:**

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

### 1. Revocation

I revoke any previous binding or non-binding nominations.

### 2. Binding or Non-Binding (Please mark the applicable box)

#### 2.1 Binding

This Nomination is binding on the Trustee.

OR

#### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

### 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on \_\_\_\_\_  
(date)

OR

expires in the event that

\_\_\_\_\_

(eg 'if value of super fund is \$X', or 'Y person predeceases me')

**4. Nominee(s)**

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
Fosi Mata	Brother	11.1.80	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
Eletne Mata Tutani	Sister	22.7.77	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

**5. Redistribution** (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows:

**6. Remainder of Benefit**

To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

**7. Reversionary Pension**

This Nomination does not alter any reversionary pensioner's entitlement.

**8. Acknowledgement**

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.

Signature of Member:  (Date: 09/08/16)

**Witnesses**

We declare that:  
- this Nomination was signed by the Member in our presence;  
- we are aged 18 or more; and  
- we are not nominated as beneficiaries.

Signature of Witness:  Date: 9/8/16

Print Name of Witness: X Helen Rowe Occupation: E.A

Signature of Witness:  Date: 9/8/16.

Print Name of Witness: X Antoinette Occupation: Executive Assistant.  
Steinfeldt