

**SCHEDULE 1**

**[NAME OF FUND] SUPERANNUATION FUND**

DIRECTION TO TRUSTEE

**NON-BINDING DEATH BENEFIT NOMINATION**

To: The Trustees (NAMES OF TRUSTEES) of the [NAME OF FUND] ("Fund")

1. I revoke all previous binding death benefit nominations.
2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I **[NAME OF MEMBER]** of **[ADDRESS]** in the State of Victoria being a Member of the Fund, **hereby direct** the Trustee for the time being of the Fund to pay my death benefits and Legal Estate on or after my death to the following person(s) and in the following manner and proportions indicated below:

Name of Nominated Beneficiary	Relationship to me	Type of benefit	Amount (\$) or Proportion (%) of benefit
(a) [NAME]		(a) Lump sum <i>(delete if not applicable)</i>	%
(a)		(b) Account based income stream <i>(delete if not applicable)</i>	%
		(c) A combination of lump sum and account based Pension as determined by the Nominated Beneficiary. <i>(delete if not applicable)</i>	

3. In the event that any of the Nominated Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiaries share of my death benefits and Legal Estate as follows: -

- (a) To be divided equally among those of my dependants listed above that survive me [delete if not applicable]; **or**
- (b) to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will [delete if not applicable]; **or**
- (c) to the following dependants [delete if not applicable]

Name of Nominated Beneficiary	Relationship to me	Type of benefit	Amount (\$) or Proportion (%) of benefit
(b) [NAME]		(d) Lump sum <i>(delete if not applicable)</i> (e) Account based income stream <i>(delete if not applicable)</i> (f) A combination of lump sum and account based Pension as determined by the Nominated Beneficiary. <i>(delete if not applicable)</i>	%           %

4. I acknowledge that this Non-Binding Death Benefit Nomination is made in accordance with Rule 11 of the Governing Rules of the [NAME OF FUND] and that the Trustee is not bound by the directions made in this nomination.

Dated ..... day of ..... 20

SIGNED by [NAME OF MEMBER] .....  
 Signature

.....  
 Signature of Witness

.....  
 Name of Witness

**SCHEDULE 2**

**[NAME OF FUND] SUPERANNUATION FUND**

DIRECTION TO TRUSTEE

**BINDING DEATH BENEFIT NOMINATION**

To: The Trustees (NAMES OF TRUSTEES) of the [NAME OF FUND] (“Fund”)

1. I revoke all previous binding death benefit nominations.
2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I **[NAME OF MEMBER]** of [ADDRESS] in the State of Victoria being a Member of the Fund, **hereby direct** the Trustee for the time being of the Fund to pay my death benefits and Legal Estate on or after my death to the following person(s) and in the following manner and proportions indicated below:

Name of Nominated Beneficiary	Relationship to me	Type of benefit	Amount (\$) or Proportion (%) of benefit
(c) [NAME]		(g) Lump sum (delete if not applicable)	%
		(h) Account based income stream (delete if not applicable)	%
		(i) A combination of lump sum and account based Pension as determined by the Nominated Beneficiary. (delete if not applicable)	

**Notes:**

- (i) This Notice must be signed and dated by [NAME OF MEMBER] in the presence of 2 witnesses, being persons:
  - (a) each of whom has turned 18; and
  - (b) neither of whom is a Nominated Beneficiary.

(ii) Unless revoked by [NAME OF MEMBER], this Notice:-

- (a) Is NON-lapsing and shall not cease *[delete if not applicable]*; OR
- (b) Is lapsing and shall cease after the period of \_\_\_\_\_ years *[delete if not applicable]*

3. In the event that any of the Nominated Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiaries share of my death benefits and Legal Estate as follows:-

- (a) To be divided equally among those of my dependants listed above that survive me *[delete if not applicable]*; **or**
- (b) to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will *[delete if not applicable]*; **or**
- (c) to the following dependants *[delete if not applicable]*

Name of Nominated Beneficiary	Relationship to me	Type of benefit	Amount (\$) or Proportion (%) of benefit
(d) [NAME]		(j) Lump sum <i>(delete if not applicable)</i>	%
		(k) Account based income stream <i>(delete if not applicable)</i>	%
		(l) A combination of lump sum and account based Pension as determined by the Nominated Beneficiary. <i>(delete if not applicable)</i>	

4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with rule 11 of the Governing Rules of the [NAME OF FUND] and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.

Dated: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

SIGNED by **[NAME OF MEMBER]** in the presence of the )  
following witnesses who each declare that this document )  
was signed by him/her in their presence: )

) .....

Signature

.....

Signature of Witness

.....

Signature of Witness

.....

Name of Witness

.....

Name of Witness

SAMPLE