



## BENEFICIARY NOMINATION ADVICE

Supercorp Administration Pty Ltd  
ABN 23 010 867 633  
A Member of the Supercorp Group

PO Box 1300, TOOWONG QLD 4066  
Phone: 07 3850 1200, Fax: 07 3850 1490  
Trustee Hotline: 1300 968 776  
Email: [info@yoursmsf.com.au](mailto:info@yoursmsf.com.au)

### FORM INSTRUCTIONS

Please note that this form can be completed electronically if you have downloaded a copy from our website. Please complete this form either electronically or by hand, print the form, then sign and return this form to:

Supercorp Administration Pty Ltd  
PO Box 1300, TOOWONG QLD 4066  
Fax: 07 3850 1490  
Email: [info@yoursmsf.com.au](mailto:info@yoursmsf.com.au)

### BENEFICIARY NOMINATION

**Member Surname** Knights

**Member Given Name(s)** Cheryl Ann

**Fund Name** Andrew Knights Optometrists Superannuation Fund

In relation to my benefits held in the Self-Managed Superannuation Fund, named above, I hereby nominate the following beneficiaries to receive my superannuation entitlements upon my death, including the dollar amount or percentage of benefits and whether it is to be paid as a lump sum, pension or a combination of both. I hereby revoke all prior nominations, whether binding or non-binding. I further agree and acknowledge that a valid nominated reversionary beneficiary to a pension that was being paid to me at the time of my death takes precedence over this nomination.

#### Nominated Beneficiaries

Name of Beneficiary	Relationship	\$ or %	Lump Sum/Pension
1. Kristyn Bell	daughter	50%	Lump Sum
2. Jamie Bell	SON	50%	Lump Sum
3.			
4.			
5. Legal Personal Representative	Estate		Lump Sum



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### MEMBER AGREEMENT & DECLARATION

I have read and understood the information provided in the PDS on Beneficiaries. I request that this nomination be taken as a:

☒ Binding Nomination

☐ Non-Binding Nomination

Where it is a binding nomination I understand that the Trustee must pay my death benefits in accordance with the nomination provided the nominated beneficiary is a valid beneficiary under the relevant law at the time of payment. I further understand that this nomination, whether binding or non-binding, continues until revoked or changed by me.

Signature of Member:

Cheryl Ann Knights

Date:

15/7/13

#### Witness Declaration (for Binding Nominations only)

I am over 18 years of age and am not a nominated beneficiary for this member and the application was signed by the Member and the other witness in my presence.

#### Witness Name & Contact Details

Chris Woodford  
0410 783 191

#### Witness Signature

[Signature]

#### Witness Name & Contact Details

Gary Johnson  
0439 567 028

#### Witness Signature

[Signature]

(continued over page)



## BENEFICIARY NOMINATION ADVICE

### TRUSTEE ACCEPTANCE OF NOMINATION (FOR BINDING NOMINATIONS ONLY)

The trustee(s) of **Andrew Knights Optometrists Superannuation Fund** (fund name)

confirm that it has been resolved unanimously to accept the Nomination of Beneficiaries received from the

Member **Cheryl Ann Knights**, dated **10/7/13**, and that where valid, the nominations are binding on the trustee(s) and remain in place until revoked or changed.

**Name of Trustee/Director of Trustee**

Andrew Keith Knights

**Signature**

*Andrew Keith Knights*

**Date**

10/7/2013

**Name of Trustee/Director of Trustee**

Cheryl Ann Knights

**Signature**

*Cheryl Ann Knights*

**Date**

10/7/13

**Name of Trustee/Director of Trustee**

**Signature**

**Date**

**Name of Trustee/Director of Trustee**

**Signature**

**Date**



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### NOTES

1. This form is provided **as** a template only and is not to be taken **as advice** in relation to the payment of benefits **as** a result of the death of a member. No warranty or guarantee is provided in relation to the validity of nominations.
2. This nomination only allows for single level nominations and does not allow for cascading nominations.
3. Only a 'dependant', as defined under the Superannuation Industry (Supervision) Act 1993 ('SISA'); a 'financial dependent' or the member's Legal Personal Representative (Estate) can be nominated as a beneficiary to receive benefits as a result of a member's death;
4. Where you wish all or some of your benefits to be paid in accordance with your Will please complete item 5, "Legal Personal Representative – Estate" at the Nominated Beneficiary section on page 1 by simply inserting the percentage of benefits you wish to be paid as a lump sum to your Estate and distributed in accordance with your Will. Please note that inserting "As per Will" or "Pay in accordance with my Will" is not acceptable as binding on the Trustee(s);
5. Please nominate the dollar amount or percentage of the member's benefits to be paid to the nominated beneficiary;
6. Please select whether the nomination is to be Binding or Non-binding;
7. Where you require the nomination to be a binding nomination:
  - a. the nominated beneficiary must be a valid beneficiary as allowed under the SISA;
  - b. the nomination form must be witnessed by two (2) people aged at least 18 and not a nominated beneficiary; and
  - c. the nomination form must be accepted by all trustees or all directors of the trustee company. Consequently, all trustees or all directors, as the case may be, are required to sign the Trustee Acceptance of Nomination on page 2.
  - d. All relevant sections are to be completed (including signatures) and dated.