

Binding death benefit dependant nomination

superannuation fund name												
account number												
member name												

Important notice for binding nominations

In order to be effective, a binding nomination must be signed by two (2) witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect this form must be received by the trustee.

You may only nominate dependants or legal personal representatives.

A binding nomination is effective for three (3) years after the day it was first signed, or last confirmed or amended by you. We will contact you prior to the expiry of your current binding nomination requesting you to provide new instructions.

Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.

If you wish to amend or revoke your binding nomination you may do so by providing a notice to that effect to the trustee witnessed in the same manner as your original nomination (by two (2) persons over the age of 18 years who are not named in the nomination form). We will provide a form for this purpose upon request.

If a beneficiary nominated to receive a benefit predeceases the member or if a person nominated below is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or nominated legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the trustee's discretion.

You must provide all details requested in this form. If you do not, Equity Trustees Superannuation Limited may need to contact you to obtain further information.

In the absence of certain information, the rules governing binding nominations adopted by the trustee provide for the following:

- If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
- If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.

Binding nominations (only complete this form if you wish to make a binding death benefit nomination)

I wish to make a binding nomination so that the benefit payable in the event of my death will be distributed in accordance with this form.

Beneficiary 1																
name																
relationship to me												allo	catio	n (%)		
date of birth	/	Т	/	Т	Т	Т								,		
Beneficiary 2																
name																
relationship to me												allo	catio	on (%)		
date of birth	/	T	/	T	T	Т						30		(,0)		

Binding nominations (continued)

Beneficiary 3																								
nar	ne																							
relationship to r	ne																á	alloc	atio	n (%)			
date of bi	th	/		/																				
Beneficiary 4																								
nar	ne																							
relationship to r	ne																á	alloc	atio	n (%)			
date of bi		/		/																·				
you want all or part of the benefit to be paid to your estate (and distributed in accordance with your Will), you should write egal Personal Representative' in the space headed 'name' and the relevant percentage in 'allocation (%)'. direct the trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form. his nomination form supersedes any previous nomination of beneficiary. I acknowledge that I have read the 'important notice' ection on page 1 of this form and that my nomination complies with these requirements.																								
nar	ne																							
signature of member														da	ıte	Ī	/			/	I	Ī	Ī	
We, the undersigned	Declaration by witnesses to the binding nomination Ve, the undersigned, declare that we are at least 18 years of age and that this notice was signed by the member in our presence. Please ensure that the date each of the witnesses signs this form is the same date as the member signs, otherwise this nomination vill not be valid).															ì								
Witness 1		m	÷			÷							H							÷	÷	÷	÷	
nar	ne																							
addre	ss																							
subu	rb											S	state				ķ	osto	code	Э				
signature of witness 1														da	ate	Ī	/			/		Ī	Ī	
Witness 2																								
nar addre subu	SS		I									S	state				ķ	oosto	code	e	I		I	
signature of witness 2														da	ate		/			/				