

Binding Death Benefit Nomination

Applicant name:

Applicant address:

Applicant occupation:

Date of birth:

This is a binding death benefit notice. I require the trustee to provide any benefit payable on or after my death to the person or persons I mentioned in this notice, being one or more dependants or my legal personal representative.

I direct *[Either the trustees Or the directors of the trustee]* that the person[s] named in the following table *[are/is]* to receive *the* proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
<i>[Insert beneficiary's name]</i>	<i>[Insert beneficiary's relationship to member]</i>	<i>[Insert proportion of the death benefit to be paid to this person] %</i>
<i>[Add rows to table as required!]</i>		

Signed by the applicant: _____

Date: _____

The following persons declare that:

- they are 18 years of age or older;
- they are not persons otherwise mentioned in this notice; and
- this form was signed by or on behalf of the member in their presence.

Date: _____

Date: _____

Witness: _____

Witness: _____

Witness name: _____

Witness name: _____