**Binding Death Benefit Nomination**

The Trustees hereby note and elect for the continuing and indefinite nature of this Binding Death Benefit Nomination. The Trustees understand that a Binding Death Benefit Nomination is exempted from SIS Regulations 6.17A (7)(a) if elected by the Trustee and will continue indefinitely until the Trustees elect to amend this nomination.

To the Trustees of ………………………………………

I (Full Name) ……………………………………………

of (Address)………………………………………………

As a Member of the above Fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary Name of Beneficiary Name of Beneficiary

…………………… ……………………. …………………….

…………………… ……………………. …………………….

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination
2. I understand that this nomination will not lapse unless I amend or revoke it.
3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the Trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.
4. I understand that if I have not completed this nomination correctly then it may be invalid and that the Trustee may then have discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed

………………………………………………………… Date……………...........

**Witnesses:** (This nomination must be signed by 2 witnesses over the age of 18 and not named as Beneficiaries)

We declare that:

* This nomination was signed by the member in our presence
* We are aged 18 years or older
* We are not named as beneficiaries in this nomination.

…………………………………… ……………………………………

Name:…………………………… Name:…………………………….

Date:……………………………… Date:………………………………