

BINDING DEATH BENEFIT NOMINATION FORM – SELF MANAGED SUPERANNUATION FUND (SMSF)

Super Fund Name: _____

Member Name: _____

Member TFN (Optional): _____

1. Appointment of Beneficiaries

I hereby make this binding nomination in accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations, and the Trustee's governing rules, to direct the Trustee to pay the death benefit lump sum to the following nominated beneficiaries, subject to the Trustee's duty to act fairly and in accordance with the law and the trust deed.

2. Beneficiary Details

Full Name	Date of Birth	Relationship	Percentage of

3. Declaration

I declare that this nomination is made voluntarily and is intended to be binding on the Trustee in respect of the payment of my death benefits. I understand that this nomination will remain valid unless revoked or amended by me in writing. I acknowledge that the Trustee's obligation to pay the death benefit is subject to the terms of the governing rules of the Fund and the Superannuation Industry (Supervision) Act 1993 and Regulations, and that the Trustee must act in accordance with their fiduciary duties and legal obligations.

4. Signatures

Member Signature: _____

Witness Signature: _____

Witness Name: _____

Witness Address: _____

Witness Occupation: _____

5. Important Information

This Binding Death Benefit Nomination Form is intended to comply with the Superannuation Industry (Supervision) Act 1993 and Regulations as applicable to SMSFs. It is important to keep this nomination up to date and to review it regularly to ensure it reflects your current wishes. If you have any questions about this form or your nomination, please

seek professional advice.

6. Privacy Statement

The personal information you provide on this form will be used by the Trustee to administer your superannuation benefits and to comply with legal obligations. The Trustee is committed to handling your information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Member Signature

Witness Signature

Date: _____

Date: _____

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