

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, Perpetual 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	allocation (%)
date of birth	
Beneficiary 2	
name	
relationship to me	allocation (%)
date of hirth	

Binding nominations (continued)

Ben	efic	cia	ry	3
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name		
relationship to me	allocation (%)	
date of birth		
Beneficiary 4		
name		
relationship to me	allocation (%)	
date of birth		
If you want all or part of	he benefit to be paid to your estate (and distributed in accordance with your Will) you should write	

If you want all or part of the benefit to be paid to your estate (and distributed in accordance with your Will), you should write 'Legal Personal Representative' in the space headed 'name' and the relevant percentage in 'allocation (%)'.

I direct the trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form. This nomination form supersedes any previous nomination of beneficiary. I acknowledge that I have read the 'important notice' section on page 1 of this form and that my nomination complies with these requirements.

	name	
signature of member		date

Declaration by witnesses to the binding nomination

We, 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 will not be valid).

Witness 1

ı	name		
ad	dress		
St	uburb	state	postcode
signature of witness 1		date	

Witness 2

ı	name			
ad	dress			
SI	uburb	state		postcode
signature of witness 2			date	