

Binding Death Nomination

Name of Fund: _____

Date: _____

To Guarantee your Super goes to the people you want it to go to please complete the following nomination form. Upon my death I direct the Trustee to distribute my assets as set out below This nomination is valid for 3 years unless revoked earlier.

"My Estate"/Nominated Beneficiary		Relationship	Entitlement %
Members Signature			
Witness One Signature (Over 18 years of Age, not related to Member)		Witness Two Signature (Over 18 years of Age, not related to Member)	
Print Name & Address of Witness		Print Name & Address of Witness	