

# SMSF Binding Death Benefit Nomination Order Form

**Acis.**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Firm \_\_\_\_\_ E-mail \_\_\_\_\_

## SMSF Details

Name of Fund

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting Address

## Trustee Details

**IMPORTANT: Full, verifiable names are required.**

Corporate Trustee  
(if applicable)

\_\_\_\_\_

ACN

\_\_\_\_\_

Officer Names  
and Roles  
(First Officer listed to be  
Chairman, first 2 Officers  
to be signatories)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director  Secretary  
 Director  Secretary  
 Director  Secretary  
 Director  Secretary

Individual Trustee/s  
(First person listed to be  
Chairman)

\_\_\_\_\_

\_\_\_\_\_

## Nomination Details (Members making the nomination)

Member Name

\_\_\_\_\_

Member Address

\_\_\_\_\_

Binding Death Benefit Nomination type (select)  Lapsing  Non-Lapsing

Member Name

\_\_\_\_\_

Member Address

\_\_\_\_\_

Binding Death Benefit Nomination type (select)  Lapsing  Non-Lapsing

Member Name

\_\_\_\_\_

Member Address

\_\_\_\_\_

Binding Death Benefit Nomination type (select)  Lapsing  Non-Lapsing

Member Name

\_\_\_\_\_

Member Address

\_\_\_\_\_

Binding Death Benefit Nomination type (select)  Lapsing  Non-Lapsing

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## Additional Information/Special Instructions

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## Payment Details

Please debit the following card details by the amount of \$

Type of Card  Visa  Mastercard  Diners Club\*  Amex\* \*3% SURCHARGE APPLIES

Card Number	Expires	CCV
Name on Card	Signature	

## Important Notes

Our standard form BDBN relates to and is prepared with reference to the standard Acis SMSF trust deed Version 2018.1.

If your fund is not currently using the standard Acis SMSF trust deed Version 2018.1 professional advice should be sought to ensure any Binding Death Nomination (lapsing or non-lapsing) is:

- (a) permitted by the governing rules of the fund; and
- (b) complies with the formalities for making a Binding Death Nomination (lapsing or non-lapsing) set out in the relevant trust deed.

Please make sure you complete the BDBN form when received to ensure that the names of all beneficiaries, the qualification of the beneficiaries to receive benefits and the percentage of the member's benefit to be paid to each beneficiary are inserted on the form in the spaces provided.