

SMSF Binding Death Benefit Nomination Order Form

| | | | |
|------|----------------------|--------|----------------------|
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Firm | <input type="text"/> | E-mail | <input type="text"/> |

SMSF Details

| | |
|-----------------|----------------------|
| Name of Fund | <input type="text"/> |
| | <input type="text"/> |
| Meeting Address | <input type="text"/> |
| | <input type="text"/> |

Trustee Details

IMPORTANT: Full, verifiable names are required.

| | | | | | | | | | |
|---|---|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| Corporate Trustee (if applicable) | <input type="text"/> | | | | | | | | |
| ACN | <input type="text"/> | | | | | | | | |
| Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories) | <table><tr><td><input type="checkbox"/> Director</td><td><input type="checkbox"/> Secretary</td></tr><tr><td><input type="checkbox"/> Director</td><td><input type="checkbox"/> Secretary</td></tr><tr><td><input type="checkbox"/> Director</td><td><input type="checkbox"/> Secretary</td></tr><tr><td><input type="checkbox"/> Director</td><td><input type="checkbox"/> Secretary</td></tr></table> | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | | | | | | | | |
| <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | | | | | | | | |
| <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | | | | | | | | |
| <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | | | | | | | | |
| Individual Trustee/s (First person listed to be Chairman) | <input type="text"/> | | | | | | | | |
| | <input type="text"/> | | | | | | | | |

Nomination Details (Members making the nomination)

| | |
|--|----------------------|
| Member Name | <input type="text"/> |
| Member Address | <input type="text"/> |
| | <input type="text"/> |
| Binding Death Benefit Nomination type (select) <input type="checkbox"/> Lapsing <input type="checkbox"/> Non-Lapsing | |
| Member Name | <input type="text"/> |
| Member Address | <input type="text"/> |
| | <input type="text"/> |
| Binding Death Benefit Nomination type (select) <input type="checkbox"/> Lapsing <input type="checkbox"/> Non-Lapsing | |
| Member Name | <input type="text"/> |
| Member Address | <input type="text"/> |
| | <input type="text"/> |
| Binding Death Benefit Nomination type (select) <input type="checkbox"/> Lapsing <input type="checkbox"/> Non-Lapsing | |
| Member Name | <input type="text"/> |
| Member Address | <input type="text"/> |
| | <input type="text"/> |
| Binding Death Benefit Nomination type (select) <input type="checkbox"/> Lapsing <input type="checkbox"/> Non-Lapsing | |

SMSF Binding Death Benefit Nomination Order Form



Additional Information/Special Instructions

| |
|--|
| |
| |
| |
| |
| |

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.