

# Binding Death Benefit Dependant Nomination

## 1. What would you like to do?

- ☐ Make a new Binding Death Benefit Nomination
- ☐ Change existing Binding Death Benefit Nomination
- ☐ Cancel existing Binding Death Benefit Nomination

## PART A – FUND AND PERSONAL DETAILS

### 2. Name of Self-Managed Superannuation Fund (SMSF)

### 3. Personal Details (Member)

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family Name

Given Names

Phone

Email

Gender ☐ Male ☐ Female

#### Member Residential Address

No/Street

Suburb

State/Territory

Postcode

#### Important Information

- A binding nomination must be signed by 2 witnesses who are at least 18 years old and who are not named in this nomination form.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- You may only nominate 'dependants' or 'legal personal representatives' as a beneficiary.

#### What is a dependant?

- A 'dependant' is defined in the SIS Act and includes your spouse (includes de facto), any of your children, and any person with whom you had an 'interdependency relationship'.
- An interdependency relationship between two people is where:
  - they have a close personal relationship; and
  - they live together; and
  - one or each of them provides the other with financial support; and
  - one or each of them provides the other with domestic support and personal care.

#### How do I leave it to my Estate?

- If you want to leave 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 'Family Name' and the relevant percentage in the 'Allocation (%)'.

## PART B– BENEFICIARIES

### 4. Beneficiary 1 – Personal Details

Please nominate the beneficiary to whom the amount is to be paid.

Family Name

Given Names

DOB  DAY  MONTH  YEAR

Relationship to Member

Gender ☐ Male ☐ Female

#### Beneficiary 1 – Residential Address

No/Street

Suburb

State/Territory  Postcode

Beneficiary 1 Allocation (%)  %

### 5. Beneficiary 2 – Personal Details (if applicable)

Please nominate the beneficiary to whom the amount is to be paid.

Family Name

Given Names

DOB  DAY  MONTH  YEAR

Relationship to Member

Gender ☐ Male ☐ Female

#### Beneficiary 2 – Residential Address

No/Street

Suburb

State/Territory  Postcode

Beneficiary 2 Allocation (%)  %

When you complete this form, please:

- Use a black pen;
- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.
- Return completed form to [admin@sequoia.com.au](mailto:admin@sequoia.com.au)

## Binding Death Benefit Dependant Nomination

### 6. Beneficiary 3 – Personal Details (if applicable)

Please nominate the beneficiary to whom the amount is to be paid.

Family Name	<input type="text"/>		
Given Names	<input type="text"/>		
DOB	<input type="text" value="DAY"/>	<input type="text" value="MONTH"/>	<input type="text" value="YEAR"/>
Relationship to Member	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

### Beneficiary 3 – Residential Address

No/Street	<input type="text"/>		
Suburb	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
Beneficiary 3 Allocation (%)	<input type="text"/>	<input type="text" value=""/>	

### 7. Beneficiary 4 – Personal Details (if applicable)

Please nominate the beneficiary to whom the amount is to be paid.

Family Name	<input type="text"/>		
Given Names	<input type="text"/>		
DOB	<input type="text" value="DAY"/>	<input type="text" value="MONTH"/>	<input type="text" value="YEAR"/>
Relationship to Member	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

### Beneficiary 4 – Residential Address

No/Street	<input type="text"/>		
Suburb	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
Beneficiary 4 Allocation (%)	<input type="text"/>	<input type="text" value=""/>	

## PART C – MEMBER DECLARATION

### 8. Declaration

I hereby declare that:

- I declare I have fully read this form and the information completed is true and correct.
- I understand the ramifications of the type of nomination I have made.
- I understand that the type of nomination I make may require the fund trust deed to be amended at additional cost.
- I have sought such advice as I deem necessary before signing this form.

- I instruct the trustee to pay my benefit as detailed above.
- I agree that Sequoia Superannuation Pty Ltd may collect, use and store my personal information for the purpose of processing my Application and to provide ongoing services. This complies with the relevant laws as well as in accordance with Sequoia Superannuation Privacy Policy, a copy of which can be provided on my request. Such information may include, but is not limited to: Tax File Numbers (TFNs), Bank Account Details, Drivers' Licence and Passport information. I also understand that I can request in writing this personal information that Sequoia Superannuation Pty Ltd holds on me.
- This nomination form supersedes any previous nomination of beneficiary.

Name	<input type="text"/>
Signature	<input type="text" value="X"/>
Date	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>

## PART D – WITNESS

### 9. For Binding Nominations Only

- Witness's cannot be a nominated beneficiary.
- Two (2) witnesses are required.
- Witness's must be over 18 years of age.

#### Witness 1

I

declare that this binding death benefit notice was signed by the above-named member in my presence and in the presence of the other witness who has signed this nomination.

Signature	<input type="text" value="X"/>
Date	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>

#### Witness 2

I

declare that this binding death benefit notice was signed by the above-named member in my presence and in the presence of the other witness who has signed this nomination.

Signature	<input type="text" value="X"/>
Date	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>

### Please return your completed form:

By post to: Sequoia Superannuation Pty Ltd  
GPO Box 4350  
SYDNEY NSW 2001

OR

Scan and email to: admin@sequoia.com.au

0713

**Sequoia Superannuation**  
Sydney | Melbourne | Brisbane

Web: [www.sequoia.com.au](http://www.sequoia.com.au)  
Ph: 02 8114 2290  
Email: [admin@sequoia.com.au](mailto:admin@sequoia.com.au)

