



Death Benefit Nomination / Change Form

Sequoia Superannuation
ABN: 92 140 669 69

When you complete this form, please:

- Use a black pen.
- Write clearly in block letters.
- Answer all applicable questions
- Ensure it is signed.

1 What would you like to do?

- Make a New Death Benefit Nomination
- Change Existing Death Benefit Nomination
- Cancel Existing Death Benefit Nomination

PART A – FUND & PERSONAL DETAILS

2 Fund Name

3 Personal Details

Mr Mrs Miss Ms Other

Family Name

Given Names

Phone (W)

Phone (H)

Mobile

Fax

Email

Residential Address

Street

Suburb

State

Postcode

PART B – BENEFICIARIES

4 Beneficiary 1

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

Family Name

Given Names

Date of Birth

Relationship to Member

Address

Street

Suburb

State

Postcode

Indicate if you want your nomination to be Binding or Statement of Wishes:

Binding

Statement of Wishes

Indicate the dollar amount or percentage to be paid to that nominee

\$ %

Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum \$

%

Pension Component \$

%

Method of Payment

If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method.

Please ENFORCE payment by this method

I would PREFER that it be paid in this manner

5 Beneficiary 2 (If applicable)

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

Family Name

Given Names

Date of Birth

Relationship to Member

Address

Street

Suburb

State

Postcode

Indicate if you want your nomination to be Binding or Statement of Wishes:

Binding

Statement of Wishes

Indicate the dollar amount or percentage to be paid to that nominee

\$ %

Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum \$

%

Pension Component \$

%

Method of Payment

If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method.

Please ENFORCE payment by this method

I would PREFER that it be paid in this manner

6 Beneficiary 3 (If applicable)

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

Family Name

Given Names

Date of Birth

Relationship to Member

Address

Street

Suburb

State

Postcode

Indicate if you want your nomination to be Binding or Statement of Wishes:

Binding

Statement of Wishes

Indicate the dollar amount or percentage to be paid to that nominee

\$ %

Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum \$

%

Pension Component \$

%

Method of Payment

If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method.

Please ENFORCE payment by this method

I would PREFER that it be paid in this manner

7 Beneficiary 4 (If applicable)

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

Family Name

Given Names

Date of Birth

Relationship to Member

Address

Street

Suburb

State

Postcode

Indicate if you want your nomination to be Binding or Statement of Wishes:

Binding

Statement of Wishes

Indicate the dollar amount or percentage to be paid to that nominee

\$ %

Indicate the method of payment (ie lump sum, pension or both). If both then the percentage taken as a lump sum. If a pension, how it is to be paid and for how long.

Lump Sum \$

%

Pension Component \$

%

Method of Payment

If a Binding nomination is chosen, indicate if the payment method is to be Enforced (ie MUST be paid this way), or is just your Preferred method.

Please ENFORCE payment by this method

I would PREFER that it be paid in this manner

PART C – MEMBER DECLARATION

8 I hereby declare that:

- 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; and
- I instruct the trustee to pay my benefit as detailed above.

Member Name

Member Signature

Date DAY MONTH YEAR

PART D – WITNESSES (for BINDING nominations ONLY) Witness CANNOT be a nominated beneficiary.

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

Date DAY MONTH YEAR

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

Date DAY MONTH YEAR

Please return your completed form:

By post to: Sequoia Superannuation
GPO Box 4350
Sydney, NSW, 2001

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