

1 MEMBER DETAILS

Member Number Date of Birth / /

Title (Mr, Mrs, Ms, etc) Male Female

Given Name(s)

Surname

Postal Address

Suburb State Postcode

Home Phone () Work Phone ()

Mobile

2 NOMINATION OF BENEFICIARIES – Please complete either Section A or Section B (not both)

A) NON-BINDING NOMINATION OF BENEFICIARY

As a member of LifeFocus Superannuation Fund you may nominate a dependant who may receive your benefits on death. Your nomination is not binding on the Trustee although the Trustee will have regard to any nomination/s made when deciding how your death benefit should be paid. You may change your nomination/s at any time by notifying us in writing.

	Surname	First Name	Relationship	% of Benefit
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				= 100%

B) BINDING NOMINATION OF BENEFICIARY

As a member of LifeFocus Superannuation Fund, you may nominate a legal personal representative or dependant to receive your benefits on death. A dependant includes your spouse, de-facto spouse, children (of any age), a person with whom you have an interdependent relationship and any person who is financially dependent upon you at the date of your death.

Ensure that your Witnesses sign this declaration. If the nomination is not witnessed then we are not able to process your request.

In the event of my death, I give the trustee the following binding nominations:

Beneficiary 1

Surname Given name/s

Address

Suburb State Postcode

Relationship (Spouse, Child, Financial Dependent, Legal Personal Representative, Interdependent)

Date of Birth (dd/mm/yyyy) / / Allocation (%)

Beneficiary 2

Surname Given name/s

Address

Suburb State Postcode

Relationship (Spouse, Child, Financial Dependent, Legal Personal Representative, Interdependent)

Date of Birth (dd/mm/yyyy) / / Allocation (%)

To nominate further beneficiaries as a binding nomination, please attach a separate page listing the details (as above).

3 DECLARATION & SIGNATURE

In giving your binding nomination to the Trustee, you make the following declarations:

- I understand that the trustee has discretion as to how my benefit is paid, i.e. Lump Sum or Pension.
- I understand the terms on this nomination and have read the PDS.
- I understand that the binding nomination ceases to have effect 3 years after the date on which I sign this form. In order to remain binding, my nomination must be either confirmed or amended within 3 years after the day it was first signed.
- I understand that if the nomination is valid and is in effect at the time of my death, then the trustee has no power to vary it, regardless of how my personal circumstances and those of my beneficiaries have changed.
- I understand that the splitting of superannuation benefits between spouses on separation may override the terms of a binding death nomination and if this occurs the Trustee has no power to act on this nomination.
- I understand that should any beneficiary nominated as a dependent or legal personal representative in this notice not be a dependant or legal personal representative at the time of my death or after I die this will mean the notice is invalid.
- The proportions I have nominated to each dependant or legal personal representative total 100%.
- I understand that this binding nomination may be conformed, amended or revoked at any time by providing the trustee with a new binding nomination showing amendment.
- I understand that this binding nomination is not valid until received by the trustee.
- I understand that if my binding nomination is not valid, the Trustee will have the sole discretion to pay my benefits to my dependants or to my legal personal representative as specified in the LifeFocus Superannuation Fund Trust Deed and Superannuation Law.

Note: The independent witness section **MUST** be completed if providing a binding nomination.

I hereby declare that the above information is true and correct to the best of my knowledge. I have read and understood the terms of the PDS to which this nomination relates and, as applicable, the declarations above.

Members
Signature

Date (dd/mm/yyyy)

Name

Sign in the presence of two independent witnesses who are over the age of 18 if you are providing a binding nomination.

Ensure that your witnesses sign the following declaration if providing a binding nomination.

4 INDEPENDENT WITNESSES SIGNATURES

Independent Witness Declaration (for binding nominations)

This section must be completed by 2 independent witnesses (ie the witness is not named as a nominated beneficiary) aged 18 or over.

Independent Witness 1

By signing this declaration I declare that I am over 18 years of age and have witnessed the signing of this document by the member whose signature appears on this form.

Signature

Date (dd/mm/yyyy)

Surname

Given name/s

Address

Suburb

State

Postcode

Independent Witness 2

By signing this declaration I declare that I am over 18 years of age and have witnessed the signing of this document by the investor whose signature appears on this form.

Signature

Date (dd/mm/yyyy)

Surname

Given name/s

Address

Suburb

State

Postcode