

The Portfolio Service SMSF

Beneficiary nomination

Fund name	
Fund reference number	

1. Member details

Full Name			
Member's account number		Date of birth	
Address			
Suburb	State	Postcode	

2. Beneficiary details

Please nominate one of the following options for the payment of a death benefit. If you do not provide beneficiary details, your benefit will be paid at the discretion of the remaining trustees.

I direct the trustees to make payment in accordance with the details below. I acknowledge that the trustees do not have discretion and that the nomination shall be followed, provided that my nominated dependants meet superannuation law requirements.

or

I request that the trustees exercise discretion when determining my death benefit recipients and take into account my preferred beneficiaries as detailed below.

As a member of the above named fund, I hereby nominate the following beneficiaries.

Legal personal representative	Percentage of benefit %
-------------------------------	-------------------------

Beneficiary's surname	
Beneficiary's given name	Date of birth
Relationship to member	Percentage of benefit %

Beneficiary's surname	
Beneficiary's given name	Date of birth
Relationship to member	Percentage of benefit %

Beneficiary's surname		
Beneficiary's given name		Date of birth
Relationship to member		Percentage of benefit %

Beneficiary's surname		
Beneficiary's given name		Date of birth
Relationship to member		Percentage of benefit %

Total allocation %		100%
---------------------------	--	-------------

3. Member declaration and signature

- The beneficiary(ies) I have nominated is (are) my dependant(s) or my legal personal representative (my estate). If this beneficiary(ies) does not meet this status at the time of death, this nomination will be invalid.
- In the event that any of my nominated beneficiaries do not meet the definition of dependant as at the date of my death, the benefit will be distributed at the discretion of the trustees.
- I have the right to amend or revoke this nomination at any time by notifying the trustees in writing.
- A valid reversionary beneficiary will override a binding nomination.
- I acknowledge that this nomination overrides all previous beneficiary nominations.

Member signature	
Date	

4. Trustee acceptance

The trustees acknowledge receipt of, and accept, the member's nomination.

Signed by: (all trustee are required to sign)

Corporate trustee name (if applicable)	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	

Please return to:

Email: forms@aetlimited.com.au

Fax: 1800 781166

Or post

The Portfolio Service SMSF

Administration Services

GPO Box 546

Adelaide SA 5001