

Beneficiary Nomination Form (Super)

Protection - Life

Policy number :

As a member of the Smart Future Trust, you have two options in relation to your Death Benefit Nominations. You can make a Non-binding Death Benefit Nomination or you can make a Binding Death Benefit Nomination. Tick one of the boxes below to indicate your choice then go to the Death Benefit Allocation section to specify the benefit allocation for each person.

For information on making nominations inside super, and who can be nominated, please refer to the Smart Future Trust – Retail Insurance in Super: for Life Cover Super and Protection^{first} Super Product Disclosure Statement issued by the trustee, Equity Trustees Superannuation Limited for further details.

Do not complete this form if the policy is paid by a self managed superannuation fund, or by an eligible wrap platform account. You will need to contact your superannuation fund who will provide details of the forms to be completed if you wish to make a nomination of the proceeds from your superannuation fund.

1. Your nomination details

☐ **Non-binding Death Benefit Nomination**

You may nominate your dependants and the proportion of your benefits to be allocated to each dependant. When assessing who is entitled to your benefits in the event of your death, the Trustee will take this nomination into account, however it is not bound by this nomination.

OR

☐ **Binding Death Benefit Nomination**

Select this option if you wish to apply for a nomination that is binding on the Trustee of the Smart Future Trust. Your binding nomination states the proportions of your death benefit you want to be paid to your dependants and/or personal legal representative.

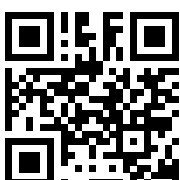
2. Death Benefit Allocation

IMPORTANT: All Binding Death Benefit Nominations MUST have two adult witnesses to sign the Declaration in section 4 (page 3)

Please specify your portion of total benefit allocation for each person as a percentage, up to two decimal places, and ensure the total allocation adds up to 100%.

Full name and address of beneficiary		Date of birth	Relationship to you	Portion of total benefit
1			<input type="checkbox"/> Spouse	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Financial dependant	
			<input type="checkbox"/> Interdependency relationship	
			<input type="checkbox"/> Other dependant*	%

Continue on the next page ▼



The Trustee
Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

The Fund
Smart Future Trust
ABN 68 964 712 340

The Insurer
Nippon Life Insurance Australia and
New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

2. Death Benefit Allocation (continued)

Full name and address of beneficiary		Date of birth	Relationship to you	Portion of total benefit
2			<input type="checkbox"/> Spouse	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Financial dependant	
			<input type="checkbox"/> Interdependency relationship	
			<input type="checkbox"/> Other dependant*	%
3			<input type="checkbox"/> Spouse	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Financial dependant	
			<input type="checkbox"/> Interdependency relationship	
			<input type="checkbox"/> Other dependant*	%
4			<input type="checkbox"/> Spouse	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Financial dependant	
			<input type="checkbox"/> Interdependency relationship	
			<input type="checkbox"/> Other dependant*	%
5			<input type="checkbox"/> Spouse	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Financial dependant	
			<input type="checkbox"/> Interdependency relationship	
			<input type="checkbox"/> Other dependant*	%
Estate/legal personal representative				
Name:				
			Total benefit	100%

***IMPORTANT:** The selection of "Other dependant" can be made for Non-Binding Death Benefit Nominations only. If selected for a Binding Death Benefit Nomination, your nomination will not be valid.

3. Declarations

- I understand that if I choose to make a non-binding death benefit:
 - The Trustee has absolute discretion as to whom, and the manner in which, the Death Benefit is paid.
 - The Trustee will consider my nomination but not be bound by it.
- I understand that if I choose to make a binding death benefit nomination I should review this nomination regularly, or as my circumstances change (eg marriage, birth of a child). I understand that:
 - If the nomination is valid at the time of my death, the Trustee must pay the benefit as directed, regardless of any change in my personal circumstances or that of my beneficiaries (except where they cease to be eligible to receive the benefits).
 - The nominations will be invalid and have no effect on the expiry of three years after the date of the signature, on the termination of the policy/interest to which this nomination relates, on ceasing to be a member of the Trust or if my nominated dependants cease to be eligible to receive the benefit. I can renew my nomination prior to expiry by contacting the Trustee.

Full name of Life Insured/
Member

Signature of Life Insured/
Member

	Date (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Witness Declaration

Please complete this section when making a Binding Death benefit nomination. Two adult witnesses must sign and date this form at the same time as the Life Insured's signatory.

I declare that:

- I am over 18 years of age;
- I am not already a nominated beneficiary of the Life Insured and I am not one of the beneficiaries named above; and
- This form was signed and dated by the applicant in my presence.

Do not sign unless you have two adult witnesses present. Two adult witnesses must sign and date this form at the same time as you have signed - but neither must be nominated as a beneficiary.

Witness 1

Signature of Witness 1

	Date (DD/MM/YYYY)									
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

Full Name of Witness 1

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Address of Witness 1

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	State	Postcode								
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Witness 2

Signature of Witness 2

	Date (DD/MM/YYYY)									
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Name of Witness 2

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Address of Witness 2

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	State	Postcode								
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Privacy notification: By providing information to us, you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the requirements of the Privacy Act, can be obtained through our website, **acenda.com.au** or by writing directly to us.

Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations

PO Box 23455

Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am to 6pm (AEST/AEDT), Monday to Friday.