

Binding Death Benefit Nomination Service

By completing this form, you will provide all the information we need in order to prepare a binding death benefit nomination for a member of a self managed superannuation fund. As part of our service, we:

- review the current Trust Deed to identify the clause that allows binding death benefit nominations;
- check for any particular issues in relation to the deed that need to be considered prior to making nominations; and
- prepare the binding death benefit nomination, along with all relevant minutes, declarations and any other documentation required in order to record the nomination for signing by the parties.

The cost of this service is **\$110** (including GST). Add \$55 (including GST) for each additional binding death benefit nomination. Please see payment options below.

Confirmation and Acceptance of Terms

I confirm that the information on this form is correct and I have completed the payment details below. *Please note that payment must accompany all requests* (an invoice will be provided in due course).

Name & Signature:

Invoice in the name of:

Payment Details

Please find a cheque attached

A Direct Debit agreement is in place in the name of:.....

Account Holder's Signature:

Please charge the following credit card:

MasterCard Visa **Amount:**.....

Cardholder's full name:

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Cardholder's Signature:

Documents to Attach

Full copy of the Fund's current Trust Deed.

Section A: Contact Details

Person Ordering the Service – documents will be forwarded to this person.

Name:

Name of Firm:

Postal Address:

Contact Number: Fax:

Email:

Section B: Fund and Trustee Details

Name of Fund:

Please Indicate Trustee Type

Corporate Trustee:
Company Directors:

Individual Trustees:

Section C: Member & Nomination Details – If there are more than two members making a nomination please copy this page.

Member 1

Title: Mr/Mrs/Miss/Ms/Dr

First Name: Surname:

Street Address:

Please Indicate Type of Nomination – if there is more than one nominated beneficiary please copy this page.

Nominated beneficiary

Full Name:

Address:

Relationship to Member:

Proportion of Benefits:

(For each nominated beneficiary please also provide the details outlined above in respect of the person who would receive the beneficiary's entitlement should the nominated beneficiary pre-decease the member.); OR

Legal Representative as trustee for your Estate.

Authorisation to Establish

I hereby authorise Heffron to prepare a binding death benefit nomination on my behalf with the information provided to them for this purpose. I understand that unless I have specifically obtained a Statement of Advice from Heffron recommending a binding death benefit nomination, Heffron has not reviewed my circumstances to determine whether or not such a nomination is appropriate and they have simply documented the nomination in accordance with the instructions received.

Name:

Signature: