



ABN: 46 074 281 314  
Fund Registration No: R1070743

# NOMINATION OF BENEFICIARY: BINDING

**Mail to:**

PO BOX 7540  
GCMC QLD 9726

Phone: (07) 5555 5656  
Fax : (07) 5574 0400

Instructions – Fully complete all sections and return this form to the above address

- Please ensure all sections are fully completed or the form will be returned to you for completion.
- A valid binding nomination means that you will decide who is to get your benefit when you die and in what proportions.
- In completing the proportions of benefits, your nominations must add up to 100%.
- This binding nomination is valid for three years from the date it is signed, unless revoked earlier.
- If you have revoked and not made a new binding nomination, or you have not confirmed or made a new nomination after the three year period has expired, then payment of your death benefit will be subject to Trustee discretion.
- When you sign this binding nomination, your signature must be personally witnessed by two people aged 18 years or over who are not nominated beneficiaries for your benefit.
- A non-binding nomination will not override a current valid binding nomination. A binding nomination must be revoked before a non-binding nomination can take effect.
- You can nominate a dependant or legal personal representative (eg executor of your Will) or a combination of both. Please refer to Section 2 of the Incorporated Information Booklet for the definition of 'dependant'.

## 1. Applicant Details

Member No.  (This nomination only applies in respect of this member number)

Surname

Given Name(s)

Street

Place  State  Postcode

Phone

## 2. Making or amending your binding nomination

**(A) Payment to your estate**

- Please pay my death benefit to my estate. The percentage of the total death benefit to be paid to my estate is  %

**(B) Payment to your nominated beneficiaries (please print clearly)**

Name of nominated beneficiary (dependants)	Address	Relationship to Member	Date of Birth	Proportion of death benefit
1				%
2				%
3				%
4				%

Total of (A) + (B) should add up to 100%

Signature of Applicant

Date

## Witness Signature

I am aged 18 years or over, I am not named as a beneficiary on this form and the member's signature was signed and dated by the member in the presence of us both.

Witness Name 1 (please print clearly)

Witness Date of Birth

Signature of Witness

Date

Witness Name 2 (please print clearly)

Witness Date of Birth

Signature of Witness

Date