

Binding death benefit nomination

You can use this form to make a binding death benefit nomination in the Fund. You cannot revoke or renew a binding death nomination using this form.

If you have more than one account for which you wish to make binding death benefit nominations, you will have to complete a *Binding death benefit nomination* form for each of them. Please complete all the sections and ensure that the witnesses sign and date the form appropriately.

Important information

If you wish to make a non-binding nomination, you can do so online by [logging in](#) at [smartMonday.com.au](#)

If you have any questions, please call us on **1300 880 588** or email enquiries@smartMonday.com.au

For more information go to our website [smartMonday.com.au](#)

- By making a binding death benefit nomination, in the event of your death while you are a member of the Fund, the trustee will pay your superannuation benefits to the beneficiaries that you wish to provide for, in the proportions you have nominated. See the section *Your binding nomination* for more information.
- By making this binding death nomination you invalidate any previous binding or non-binding/discretionary nominations that you might have made while a member of the Fund.
- This nomination will be binding on the trustee only if it is considered valid (see over) and when it is received and acknowledged by the trustee.
- If you have completed your form incorrectly your binding death benefit nomination will not be in force until a correctly completed form is received and acknowledged by the trustee.
- This nomination (once received and acknowledged by the trustee) will be valid for the account you have nominated on the form.
- If for any reason this nomination is considered invalid (see over), it expires or is revoked, it will not be binding on the trustee of the Fund and the trustee retains the discretion of distributing your death benefit according to the terms of the trust deed governing the Fund.
- Your nominated beneficiaries will receive lump sum payments in the proportions you have nominated in your *Binding death benefit nomination* form.
- You should consult a licensed adviser before making any decisions regarding a binding death benefit nomination, as there are significant tax and estate planning consequences.
- In the event that your personal circumstances change you may need to review your binding death nomination, if any.
- **Please note that fax or photocopies of this form will not be accepted. Please send the original to the address below.**

Your details

Please tick only if your employer has registered you as a new member of the Fund and you do not have a member number.

New member – your employer has registered you as a new member and you wish to make a binding death nomination on your account

Member number (if known)

Title

Given names

Surname

Send your completed form to: smartMonday, Reply Paid 1949, Wollongong DC, NSW 2500 (no stamp required).

smartMonday is the business name of the Aon Master Trust ABN 68 964 712 340 (the Fund) which has been registered by Aon Hewitt Limited ABN 48 002 288 646 AFSL 236667 as sponsor of the Fund. The trustee of the Fund is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. smartMonday PRIME, smartMonday DIRECT and smartMonday PENSION products are part of the Fund.

Date of birth (DD/MM/YYYY)

Sex (M or F)

Telephone

Mobile

Email

Postal address

Suburb

State

Postcode

Your binding nomination

For this binding death benefit nomination to be considered valid and binding on the trustee:

- it must have been completed in the prescribed form and received and acknowledged by the trustee
- it must not have expired/lapsed or been superseded by a new binding death benefit nomination
- the nominated beneficiary or beneficiaries must be in one or more of the categories below **at the time of nomination** and **at the time of death benefit assessment**:
 - a spouse (legal, same-sex or opposite-sex de facto)
 - child (including an adopted step or ex-nuptial child or a child of your spouse)
 - wholly or partially financially dependent on you
 - in an interdependency relationship with you
 - legal personal representative(s) (LPRs). LPRs are usually an executor or administrator of your estate and do not need to be named in the section below as they are usually involved in your affairs after you die. Just tick the box for LPR and nominate the % of your death benefit
- your signature must be witnessed and signed appropriately by two persons over the age of 18 who are not beneficiaries nominated by you
- your instructions regarding the distribution of your benefit must be clear
- the percentage of benefits you allocate to your beneficiaries must add up to 100%
- you must be a member of the Fund at the time of death.

Please read the important information on page 1 of this form and the factsheet *[Binding death benefit nomination](#)* on our website at smartMonday.com.au before completing this form.

Please complete details of your beneficiaries below including the percentage of your benefit allocated and ensure you show their relationship to you. The percentage of benefits you allocate must add up to 100%.

Beneficiary 1

Name in full

Date of birth (DD/MM/YYYY)

Percentage of death benefit

 % (complete amount)

Relationship to you

Spouse

Child

Financially dependent

Interdependency relationship

LPR (name not required)

Beneficiary 2

Name in full

Date of birth (DD/MM/YYYY) Percentage of death benefit % (complete amount)

Relationship to you
 Spouse Child Financially dependent Interdependency relationship LPR (name not required)

Beneficiary 3

Name in full

Date of birth (DD/MM/YYYY) Percentage of death benefit % (complete amount)

Relationship to you
 Spouse Child Financially dependent Interdependency relationship LPR (name not required)

Beneficiary 4

Name in full

Date of birth (DD/MM/YYYY) Percentage of death benefit % (complete amount)

Relationship to you
 Spouse Child Financially dependent Interdependency relationship LPR (name not required)

Beneficiary 5

Name in full

Date of birth (DD/MM/YYYY) Percentage of death benefit % (complete amount)

Relationship to you
 Spouse Child Financially dependent Interdependency relationship LPR (name not required)

Beneficiary 6

Name in full

Date of birth (DD/MM/YYYY)

Percentage of death benefit

% (complete amount)

Relationship to you

Spouse

Child

Financially dependent

Interdependency relationship

LPR (name no required)

Please note that we may round off death benefit percentages to process benefit splits that do not total 100%, such as equal splits between 3 or 6 beneficiaries.

Privacy

1. Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the [Aon Privacy Notice](#). In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice. Further information about our privacy practices can be located in the [Aon Australia Group Privacy Policy Statement](#) which can be viewed on our website at smartMonday.com.au or a copy can be sent to you on request by your Aon representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer through the means set out in the [Aon Privacy Notice](#).
2. If you are disclosing personal or sensitive information about any other person to Aon, you confirm that you have obtained the consent of that person to disclose to Aon their personal or sensitive information and you have made them aware that Aon will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to Aon, you will inform us before providing the relevant information to us.

By submitting this form, you acknowledge that you have read the [Aon Privacy Notice](#) and agree that we can handle any personal information you have provided to us in the manner set out above.

Your declaration and authorisation

I declare that:

- this nomination will apply to my nominated account within the Fund
- this nomination will supersede any previous binding or non-binding/discretionary nomination I may have made while a member of the Fund
- my nomination will be valid for three years from the day after the date of my signature
- for my nomination to be considered binding on the trustee:
 - 🔑 the nomination must have been received and acknowledged by the trustee
 - 🔑 any beneficiaries nominated by me must be considered dependants under superannuation law or be my legal personal representative at the time of nomination and at the time of a death benefit assessment
 - 🔑 my instructions must be clear and the total percentages of death benefit I have allocated must add up to 100% of my benefit
 - 🔑 the form must be witnessed and signed appropriately by two people who are not listed as my beneficiaries and who are over the age of 18
 - 🔑 no court orders should apply to my account at the time of death benefit assessment
 - 🔑 the nomination must remain current, and
 - 🔑 I must be a member of the Fund at the time of death

- I may renew my nomination at any time by a further three years as long as my nomination remains current by sending a letter to the trustee, or by completing and sending in a renewal notice
- in the event of my death, if any family members, next of kin or legal personal representative should contest the terms of my nomination or if any legal proceedings should arise from my nomination, then the trustee will recoup the cost of resolving the dispute, including litigation, from my death benefits payable by the Trust
- if this nomination is deemed invalid or incomplete, it expires or if it not be received and acknowledged by the trustee, then the trustee retains the discretion to pay my death benefits according to the terms of the trust deed governing the Fund.

Signature

Date (DD/MM/YYYY)

Your signature must be witnessed by two persons over the age of 18 who are not your nominated beneficiaries.

Witness declaration

I declare that:

- I am over the age of 18
- the member signed and dated this document in my presence.

Witness 1

Name in full

Signature

Date (DD/MM/YYYY)

Witness 2

Name in full

Signature

Date (DD/MM/YYYY)