

Nomination of Beneficiary – Non-Binding

How to use this form

Use this form if you wish to make a new non-binding nomination.

Important Notes

Who is a dependant?

For the purpose of paying a superannuation death benefit, a dependant is:

- Your spouse (legal or de facto spouse) (including a person of the same sex as you); or
- Your children (including step-child and adult child); or
- Any other person who is wholly or partially financially dependent on you at the time of your death; or
- Any person who is in an “interdependency relationship” with you.

An interdependency relationship means:

- You have a close personal relationship with the person; and
- You live together; and
- One or both of you provide the other with financial support; and
- One or both of you provide the other with the domestic support and personal care. (A person may however still qualify if you do not live together because one of you suffers from a disability)

Declaration & Signature

You (the Member) must complete, sign and date the form and return it to the Administrator at SMERF.

Contact Detail

Super Money Eligible Rollover Fund
Free call: 1800 114 380
E: smerf@diversa.com.au
W: www.smerf.com.au
PO Box 1282 Albury NSW 2640

Member Details

Title: _____ Date of Birth: _____ / _____ / _____ Member Number: _____
Surname: _____ Given Names(s): _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Home Number: _____ Mobile Number: _____
Email: _____

Pease turn over



SUPER MONEY ELIGIBLE ROLLOVER FUND
 ABN: 94 334 023 289 SFN: 511 787 055 RSE: R1001372

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New Non-Binding Beneficiary Details

Name of nominated Beneficiary (dependant or Estate)	Address	Relationship	Date of Birth	
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
Total must add up to 100%				_____ %

This nomination is not binding on the Trustee although the Trustee will have regard to any nomination/s made when deciding how your death benefit should be paid. You may change your nomination /s at any time by writing to us.

Member Declaration:

I declare that:

- I hereby direct the Trustee to distribute the benefit payable in the event of my death in accordance with this form. This Nomination supersedes any previous nomination made by me. I acknowledge that I have read the Important Notes in the beginning of this form;
- I understand the terms of this Nomination and have read the current PDS;
- The beneficiary/ies I have nominated above are either my dependent(s) or my legal personal representative(s);
- The proportions of benefit I have completed are certain;
- I acknowledge that if my circumstances change, or I otherwise wish to change my Nomination I must notify the Trustee and provide a new Nomination form showing any change; and
- I acknowledge this nomination is not legally binding on the Trustee although the Trustee will have regard to any nomination made when deciding how your death benefit should be paid.

Member's Signature: _____ Date: ____ / ____ / ____

Please return the completed Change of Nomination of Beneficiary – Non-Binding Form to:

Super Money Eligible Rollover Fund, PO Box 1282, Albury NSW 2640
smerf@diversa.com.au, www.smerf.com.au

If you have any questions regarding this form or your membership, please contact Member Services team on 1800 114 380.

Office Use Only:

Reference: _____ Process / Eff Date: _____
 Administrator: _____ Authorised By: _____

Administered by Diversa Superannuation Services Limited (ABN: 77 107 165 962, AFSL No 273321) on behalf of Diversa Trustees Limited