

# Death Benefit Arrangement Request

# **Death Benefit Arrangement Instructions**

This form can be used to request a death benefit nomination or agreement. In relation to death arrangements the legislation allows for the following:

Option	Binding or non- binding	Expiring or "permanent"
Death Benefit	Member	A non-binding nomination lasts until
Nomination	chooses	revoked or replaced.
		A binding nomination will expire in 3 years
Death Benefit	Always binding	Always permanent until the member
Agreement		revokes or replaces the Agreement

Please note that we do not provide any advice as to which choice is best for the member, nor how the nomination or agreement fit in the members estate planning. Further, we recommend that the member seek legal advice to ensure that the correct options are selected for their circumstances.

Does the member want to nominate a reversionary beneficiary?

## **Explanation:**

This will ensure that 100% of any retirement phase pension the member is being paid at the time of death automatically reverts to a specified person, who is a pension dependant, as an income stream upon the member's death.

From 1 July 2017, where a member's retirement phase pension is paid as a death benefit in the form of a pension to the member's pension dependant, it will be credited towards the beneficiary's transfer balance account. The transfer balance account will be credited either:

- At the time the pension starts to be paid to the beneficiary, if the pension did not automatically revert to the beneficiary; or
- 12 months after the members death, if the pension automatically reverted to the beneficiary (that is, it was a reversionary beneficiary)

Australian Super Manager cannot give you any advice about this. The summary here is information only.

This Form includes provision for 2 members, please complete and additional form for additional members.

#### Section 1 - Fund Details

Name of Fund		

### Section 2 – Trust Deed

A deed variation can be completed at the same time as the death benefit arrangements to ensure that the Trust Deed is updated to include all up to date legislative changes and that the death nomination or agreement is operational with the Deed. We recommend if the Deed is more than 5 years old or if there is a significant decision or strategy in relation to the fund that the Deed is updated. Please refer to our fee schedule for current fees.

□ Yes			
□ No – the SMSF Trust Deed has been produced by Cle	earDocs		
Diagon provide the name of the current Trustee/s			
Please provide the name of the current Trustee/s			
□ Corporate Trustee Name:			
□ Individual Trustee Names:			
Section 3 – Member Details			
Member 1			
wemper 1			
Given Family Names Name			
Given Family			
Given Family			
Given Family Names Name	fit payment arrangements?		
Given Names Family Name  Death Benefit Arrangements.  How does this member want to handle their death benefit Nomination Form  With a Binding Death Benefit Nomination Form  With a Non - Binding Death Benefit Nomination Form  With a Death Benefit Agreement	fit payment arrangements?		
Given Names Family Name  Death Benefit Arrangements.  How does this member want to handle their death bene With a Binding Death Benefit Nomination Form  With a Non - Binding Death Benefit Nomination Form  With a Death Benefit Agreement  Still to be determined			
Given Names Family Name  Death Benefit Arrangements.  How does this member want to handle their death benefit Nomination Form  With a Binding Death Benefit Nomination Form  With a Non - Binding Death Benefit Nomination Form  With a Death Benefit Agreement			
Given Names    Family Name	eficiary?		

If at the time of the members death, not all the death benefits are distributed to the above reversionary beneficiary as a pension, how does the member want the death benefits distributed?

Sti		

Given Name and Family Name: Ensure you provide the beneficiaries full name

**Address:** provide full details of beneficiaries current address **Relationship to Member:** eg. Spouse, Child, Stepchild, LPR

Proportion of Benefit %: needs to add to 100%

Form of Benefit can be selected as one of the following options:

- 1. Lump Sum
- 2. Death Benefit Pension
- 3. At the discretion of the Trustee

Given Names	Family Name	Residential Address	Relationship to Member	Proportion of Benefit %	Form of Benefit
				100%	

If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed? (tick one box in either section below)

to b	e distributed? (tick one box in either section below)
For	Death Benefit Nominations
	To the member legal personal representative In accordance with the trustee's obligations under the trust deed and superannuation law
	Death Benefit Nominations - Do you want the members death benefit nomination to bind the trustee? Yes No
For	Binding Death Agreements
	To the member legal personal representative In accordance with the trustee's obligations under the trust deed and superannuation law (this is in accordance with

Part H of the current Cleardocs Trust Deed)

	Acknowledge that I am requesting preparation of death arrangement documents per the instructions in this form.
	Acknowledge that I have not received any advice from Australian Super Manager in regards the death benefit nominations or death benefit agreements or Trust Deed and trust deed variation.
	Acknowledge that Australian Super Manager recommends that you seek legal advice in relation to the content of this form and the implications to your circumstances in relation to the signing of a new death benefit nomination of death benefit agreement;
	Declare that the information I have provided in this form is true, correct, and complete.
	Request that Australian Super Manager provide the necessary documentation/ information to complete the necessary changes to certain third parties as needed.
	Understand that Australian Super Manager may collect, use, and disclose the information in this form to third parties as needed.
	Agree to pay fees for this Death Benefit Arrangement service and Deed Variation (if applicable) as per our current feeschedule. Please contact us if you require confirmation of amount.
Sig	nature of Member:
Nan	ne of Member:
Date	e:/

By signing the below declaration I as a trustee/member of the fund:

#### Member 2

Given		Family	
Names		Name	
Death Ben	efit Arrangements		
	9		

Death Benefit Arrangements				
How does this member want to handle their death bene	How does this member want to handle their death benefit payment arrangements?			
<ul> <li>□ With a Binding Death Benefit Nomination Form</li> <li>□ With a Non - Binding Death Benefit Nomination Form</li> <li>□ With a Death Benefit Agreement</li> <li>□ Still to be determined</li> </ul> Does the member want to nominate a reversionary beneficiary?				
□ Yes – please provide details below □ No				
Given Name Family Name				

If at the time of the members death, not all the death benefits are distributed to the above reversionary beneficiary as a pension, how does the member want the death benefits distributed?

### **Instructions**

Given Name and Family Name: Ensure you provide the beneficiaries full name

**Address:** provide full details of beneficiaries current address **Relationship to Member:** eg. Spouse, Child, Stepchild, LPR

Proportion of Benefit %: needs to add to 100%

Form of Benefit can be selected as one of the following options:

- 4. Lump Sum
- 5. Death Benefit Pension
- 6. At the discretion of the Trustee

Given Names	Family Name	Residential Address	Relationship to Member	Proportion of Benefit %	Form of Benefit
				100%	

	ne beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit be distributed? (tick one box in either section below)
For	Death Benefit Nominations
	To the member legal personal representative In accordance with the trustee's obligations under the trust deed and superannuation law
For	Death Benefit Nominations - Do you want the members death benefit nomination to bind the trustee? Yes No
For	Binding Death Agreements
	To the member legal personal representative In accordance with the trustee's obligations under the trust deed and superannuation law (this is in accordance with Part H of the current Cleardocs Trust Deed)
Ву	signing the below declaration I as a trustee/member of the fund:
	Acknowledge that I am requesting preparation of death arrangement documents per the instructions in this form.
	Acknowledge that I have not received any advice from Australian Super Manager in regards the death benefit nominations or death benefit agreements or Trust Deed and trust deed variation.
	Acknowledge that Australian Super Manager recommends that you seek legal advice in relation to the content of this form and the implications to your circumstances in relation to the signing of a new death benefit nomination or death benefit agreement;
	Declare that the information I have provided in this form is true, correct, and complete.
	Request that Australian Super Manager provide the necessary documentation/ information to complete the necessary changes to certain third parties as needed.
	Understand that Australian Super Manager may collect, use, and disclose the information in this form to third parties as needed.
	Agree to pay fees for this Death Benefit Arrangement service and Deed Variation (if applicable) as per our current fee schedule. Please contact us if you require confirmation of amount.
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Date	e:/