

Binding Death Benefit Nomination (BDBN) Full Service Order Form

This form is only for Self-Managed Superannuation Funds ("SMSFs").

The person or persons nominated in the BDBN must be either a Dependant (see BDBN notes) or your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate". You can state your requirements as to who will receive your superannuation benefits on your death if a nominated person predeceases you or is no longer your Dependant at the time of your death.

What you are required to do to order your Document:

1. Complete this order form.
2. Attach a copy of the Fund's most recent Trust Deed.
3. Mail this form, along with the documentation outlined above, to Topdocs. Alternatively, email this form and the required documentation to Topdocs at orders@topdocs.com.au.

SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

YOUR NAME		Signature	
YOUR COMPANY NAME			
YOUR POSTAL ADDRESS			
DATE OF ORDER	/ /	Your Ref.	
Phone		Fax	
		Email	

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for an Account Based Pension for the sum of \$

Direct Debit*
 Visa Card
 MasterCard
 Cheque

Card Holder Name			
Credit Card Number	- - -		
Expiry Date	/	Authorised Card Signature	

*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.
If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42.

SECTION B: FUND DETAILS

FUND NAME			
Registered Address			
Address where the meetings of the Trustees are held			
ABN of the Fund	- - -		

SECTION C: TRUSTEE INFORMATION

If the Trustee of the Fund is a Company, enter the Company Details below:

Corporate Trustee Name		ACN	-	-
Registered Address				
Company Chairman				

Enter the details of the Individual Trustees, or if the Trustee is a Company, the Directors of the Corporate Trustee:

Trustee 1 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 2 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 3 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 4 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>

Trustee / Directors Contact Phone Number	
--	--

SECTION D: DETAILS OF MEMBER MAKING BDBN

MEMBER NAME		Title	
Date of Birth	/ /	Gender (M/F)	
Address			
Date of previous BDBN (if any)	/ /		

SECTION E: PERSONS TO BENEFIT UNDER BDBN

E (I) PRIMARY BENEFICIARIES

E (I)(a). Specific Asset Allocation (if any)

Complete the following if you wish to allocate specific assets, lump sums or pensions:

FULL NAME OF DEPENDANT AND / OR "LEGAL PERSONAL REPRESENTATIVE"***	RELATIONSHIP	SPECIFIC ASSET	IN SPECIE, LUMP SUM OR PENSION

***Write "LPR" if you wish to leave the Assets to your Estate

E (I)(b). Balance of Asset Allocations (must total 100% of remaining benefits)

FULL NAME OF DEPENDANT AND / OR "LEGAL PERSONAL REPRESENTATIVE" **	RELATIONSHIP	% OF REMAINING TOTAL BENEFIT	LUMP SUM OR PENSION

E (II) SECONDARY SURVIVING BENEFICIARIES

This section provides for the circumstance where If any of the persons nominated above predecease you, then you require the trustee to pay, upon your death, the part of my death benefit that would otherwise have been payable to the person who predeceased you.

E(II)(a) Specific Asset Allocation (if any)

FULL NAME OF DEPENDANT INITIALLY NOMINATED ABOVE	IN SPECIE, LUMP SUM OR PENSION	NAME OF PERSON TAKING THE PLACE OF THE DECEASED DEPENDANT **	RELATIONSHIP

**Write "LPR" if you wish to leave the Assets to your Estate

E(II)(a) Balance of Asset Allocations

FULL NAME OF DEPENDANT INITIALLY NOMINATED ABOVE	% OF REMAINING TOTAL BENEFIT	NAME OF PERSON TAKING THE PLACE OF THE DECEASED DEPENDANT **	RELATIONSHIP
	%		
	%		
	%		
	%		
	%		

**Write "LPR" if you wish to leave the Assets to your Estate

E(III)(a) Final Surviving Beneficiaries

This section provides for the circumstance where If any of the persons nominated at E(II) are predeceased.

E(III)(a) Specific Asset Allocation (if any)

FULL NAME OF DEPENDANT INITIALLY NOMINATED ABOVE	IN SPECIE, LUMP SUM OR PENSION	NAME OF PERSON TAKING THE PLACE OF THE DECEASED DEPENDANT**	RELATIONSHIP

**Write "LPR" if you wish to leave the Assets to your Estate

E(III)(a) Balance of Asset Allocations

FULL NAME OF DEPENDANT INITIALLY NOMINATED ABOVE	% OF REMAINING TOTAL BENEFIT	NAME OF PERSON TAKING THE PLACE OF THE DECEASED DEPENDANT**	RELATIONSHIP
	%		
	%		
	%		
	%		
	%		

**Write "LPR" if you wish to leave the Assets to your Estate

SECTION F: BENEFICIARY INFORMATION

LEGAL PERSONAL REPRESENTATIVE		Occupation	
Address			

BENEFICIARY FULL NAME		Occupation	
Date of Birth	/ /	Gender (M/F)	
Address			
BENEFICIARY FULL NAME		Occupation	
Date of Birth	/ /	Gender (M/F)	
Address			
BENEFICIARY FULL NAME		Occupation	

