T O P D O C S . C O M . A U

# TOPDOCS

**STANDARD BINDING DEATH BENEFIT NOMINATION (BDBN)**

**FULL SERVICE ORDER FORM**

**(FOR TOPDOCS DEEDS ONLY)**

*The person or persons nominated in the BDBN must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)) or your legal personal representative. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "LPR" as the Dependant. 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.*

*Please note the duration of your BDBN will be determined by the Trust Deed for your Fund. If the Fund’s Trust Deed allows for a non-lapsing BDBN’s, your BDBN will be non-lapsing, otherwise, your BDBN will be lapsing and valid for the term determined by your Fund’s Trust Deed.*

To order your Standard BDBN package:

1. Complete all relevant fields in BLOCK LETTERS
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 [**or**](mailto:orders@topdocs.com.au)[**ders@topdocs.com.au**](mailto:ders@topdocs.com.au)

**SECTION A(I): REVOCATION OF EXISTING BDBNS**

Please note that we will include a clause purporting to revoke any existing BDBNs or binding instruments for this member when preparing your BDBN, **UNLESS YOU MARK THE BOX BELOW**

**DO NOT REVOKE** PRIOR BDBNS OR OTHER BINDING INSTRUMENTS FOR THIS MEMBER

**SECTION A (II): PERSON/ADVISER ORDERING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Signature: | |
| Company Name: | | | |
| Postal Address: | | | |
| Date Of Order:    /    / | | Your Ref: | |
| Phone: (     ) -       - | Fax: (     ) -       - | | Email: |

**SECTION A (II): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for a Standard BDBN for the sum of: $ | | | | |
| Direct Debit\* | Visa | 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 agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on **1300 65 92 42**

**SECTION B: FUND DETAILS**

|  |
| --- |
| Fund Name: |
| Address where the meetings of the Trustees are held: |

**SECTION C: TRUSTEE INFORMATION**

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

|  |  |
| --- | --- |
| Corporate Trustee Name: | ACN:     -     - |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Trustee 1** | Full Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 2** | Full Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 3** | Full Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 4** | Full Name: | Individual Trustee | Director of Corporate Trustee |

**SECTION D(I): DETAILS OF THE MEMBER MAKING THE BDBN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member** | Full Name: | | Title: | |
| Date of Birth:    /    / | | Male | | Female |
| Address: | | | | |
| Date of previous BDBN (if any):    /    / | | | | |

**SECTION E: BENEFICIARIES**

**E (I) BENEFICIARY ASSET ALLOCATIONS (must total 100% of the Member’s benefits)**

*The person or persons nominated as Beneficiaries must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)) or your legal personal representative (LPR). If you wish to nominate your LPR, please write LPR in the Beneficiary Name column below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Beneficiary Name** | **Full Address of Beneficiary (write N/A if the Beneficiary is your LPR)** | **Beneficiary’s Relationship to the Member** | **Proportion of Total Member Benefit Payable to Beneficiary** |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |
| **Total must equal 100%** | | | 100% |

**E (II) ALTERNATE BENEFICIARY ASSET ALLOCATIONS   
(in circumstances when an initially nominated Beneficiary predeceases the Member)**

*This section provides for circumstances where a nominated Beneficiary from Section E (I) predeceases the Member, and allows the Member to nominate an Alternate Beneficiary to receive the benefits of an initially nominated Beneficiary should that Beneficiary predecease the Member.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the deceased Beneficiary initially nominated** | **Name of the Alternate Beneficiary taking the place of the deceased Beneficiary** | **Alternate Beneficiary’s Relationship to the Member** | **Proportion of the deceased Beneficiary’s Benefit payable to the Alternate Beneficiary** |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |

**SECTION F: ADDITIONAL SPECIFIC INSTRUCTIONS**

**If you have any additional specific instructions, please enter them here:**

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