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

# TOPDOCS

**COMPLEX 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 Complex 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 (III): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for a Complex 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:     -     - |
| 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** | 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 |
| Trustee / Directors Contact Phone Number: | | | |

**SECTION D: 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: PERSONS TO BENEFIT UNDER THE 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 to a Dependant:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of dependant and / or “legal personal representative”\*\* to receive benefit** | **Relationship to the member** | **Specific asset to be attributed to the dependant** | **Will the asset be paid in specie, as a lump sum or as a pension?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*Write “Legal Personal Representative” if the Member wishes to leave a Specific Asset to their Estate

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

*Complete the following to indicate who will receive the remainder of your benefits, after your Specific Asset Allocations have been paid:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of dependant and / or “legal personal representative”\*\* to receive benefit** | **Relationship to the member** | **% of remaining total benefit attributed to this dependant** | **Will the benefit be paid in the form of a lump sum or pension?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*Write “Legal Personal Representative” if the Member wishes to leave their benefits to their Estate

**E (II) SECONDARY SURVIVING BENEFICIARIES**

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

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

*If you would like to nominate Secondary Surviving Beneficiaries for the Specific Asset Allocations in Section E (I)(a) please note their details below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of dependant initially nominated above** | **Specific asset attributed to the initially nominated dependant** | **Name of person taking the place of the initially nominated dependant\*\*** | **Relationship to the member** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*Write “Legal Personal Representative” if the Member wishes to leave a Specific Asset to their Estate

**E (II)(b) Balance of Asset Allocations**

*If you would like to nominate Secondary Surviving Beneficiaries for the Balance of your Asset Allocations in Section E (I)(b) please note their details below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of dependant initially nominated above** | **% of remaining Total benefit attributed to the initially nominated dependant** | **Name of person taking the place of the initially nominated dependant\*\*** | **Relationship to the member** |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |

\*\*Write “Legal Personal Representative” if the Member wishes to leave their benefits to their Estate

**E (III) Final Surviving Beneficiaries**

*This section provides for circumstances where an initially nominated Dependant and the respective Secondary Surviving Dependant nominated in Section E (II) predecease the Member, and allows the Member to nominate a replacement Dependant to receive a Secondary Surviving Dependant’s benefits should that Secondary Surviving Dependant predecease the Member.*

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

*If you would like to nominate Final Surviving Beneficiaries for the Specific Asset Allocations in Section E (II)(a) please note their details below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of secondary surviving dependant nominated above** | **Specific asset attributed to the secondary surviving dependant** | **Name of person taking the place of the secondary surviving dependant\*\*** | **Relationship to the member** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*Write “Legal Personal Representative” if the Member wishes to leave a Specific Asset to their Estate

**E (III)(b) Balance of Asset Allocations**

*If you would like to nominate Final Surviving Beneficiaries for the Balance of your Asset Allocations in Section E (II)(b) please note their details below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of secondary surviving dependant nominated above** | **% of remaining Total benefit attributed to the secondary surviving dependant** | **Name of person taking the place of the secondary surviving dependant\*\*** | **Relationship to the member** |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |

\*\*Write “Legal Personal Representative” if the Member wishes to leave their benefits to their Estate

**SECTION F: BENEFICIARY INFORMATION**

**Enter the details of all nominated beneficiaries from Section E in this Section**

|  |  |
| --- | --- |
| Legal Personal Representative: | Occupation: |
| Address: | |

|  |
| --- |
| Beneficiary Full Name: |
| Address: |

|  |
| --- |
| Beneficiary Full Name: |
| Address: |

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| --- |
| Beneficiary Full Name: |
| Address: |

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| --- |
| Beneficiary Full Name: |
| Address: |

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| --- |
| Beneficiary Full Name: |
| Address: |

|  |
| --- |
| Beneficiary Full Name: |
| Address: |

**SECTION G: ADDITIONAL SPECIFIC INSTRUCTIONS**

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

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