

Use this form to notify the Trustee of e-Clipse Super of your intentions of what happens to your super account should you die before your benefit is paid out in full to you.

You should read and consider the important information about Nomination of Beneficiaries in e-Clipse Super before making a decision. Go to section 3 – Nomination of Beneficiaries in the e-Clipse Super Additional Information Guide that is available by contacting the fund’s Administrator or can be accessed at the e-Clipse Super website, www.e-Clipse.com.au/document/.

You can choose from either:

- Non-binding nomination of beneficiary (complete section 2 of this form); **OR**
- Binding nomination of beneficiary (complete section 3 of this form)

1 MEMBER DETAILS							
Member Number	<input type="text"/>	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title (Mr, Mrs, Ms, etc)	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Given Name(s)	<input type="text"/>						
Surname	<input type="text"/>						
Postal Address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Home Phone	() <input type="text"/>		Work Phone	() <input type="text"/>			
Mobile	<input type="text"/>						

2 NON-BINDING NOMINATION OF BENEFICIARY				
<p>As a member of e-Clipse Super you may nominate a legal personal representative and/or dependant who may receive your benefits upon death. This type of nomination is not binding on the Trustee although the Trustee will consider any nomination(s) made when determining how your death benefit should be paid. You may change your nomination(s) at any time by completing and submitting to the Trustee an updated Nomination of Beneficiary form at any time.</p>				
	Surname	First Name	Relationship	% of Benefit
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total must equal:				100%

3 BINDING NOMINATION OF BENEFICIARY

As a member of e-Clipse Super, you may nominate a legal personal representative and/or dependant to receive your benefits upon death that the Trustee will implement provided that the nomination is valid at the time of your death. Refer to the important information detailed in section 3 of the e-Clipse Super Additional Information Guide. You may change your nomination(s) at any time by completing and submitting to the Trustee an updated Nomination of Beneficiary form at any time.

Beneficiary 1

Surname	<input type="text"/>	Given name/s	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Relationship	<input type="text"/>		
<small>(Spouse, Child, Financial Dependent, Legal Personal Representative, Interdependent)</small>			
Date of Birth	<input type="text"/>	/	<input type="text"/>
<small>(dd/mm/yyyy)</small>		/	<input type="text"/>
			<input type="text"/>
Allocation (%)	<input type="text"/>		

Beneficiary 2

Surname	<input type="text"/>	Given name/s	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Relationship	<input type="text"/>		
<small>(Spouse, Child, Financial Dependent, Legal Personal Representative, Interdependent)</small>			
Date of Birth	<input type="text"/>	/	<input type="text"/>
<small>(dd/mm/yyyy)</small>		/	<input type="text"/>
			<input type="text"/>
Allocation (%)	<input type="text"/>		

Beneficiary 3

Surname	<input type="text"/>	Given name/s	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Relationship	<input type="text"/>		
<small>(Spouse, Child, Financial Dependent, Legal Personal Representative, Interdependent)</small>			
Date of Birth	<input type="text"/>	/	<input type="text"/>
<small>(dd/mm/yyyy)</small>		/	<input type="text"/>
			<input type="text"/>
Allocation (%)	<input type="text"/>		

Beneficiary 4

Surname	<input type="text"/>	Given name/s	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Relationship	<input type="text"/>		
<small>(Spouse, Child, Financial Dependent, Legal Personal Representative, Interdependent)</small>			
Date of Birth	<input type="text"/>	/	<input type="text"/>
<small>(dd/mm/yyyy)</small>		/	<input type="text"/>
			<input type="text"/>
Allocation (%)	<input type="text"/>		

To nominate further beneficiaries as a binding nomination, please attach a separate page listing the details (as above).

4 DECLARATION & SIGNATURE	
<p>I hereby declare that the above information is true and correct to the best of my knowledge. I have read and understood the terms of the e-Clipse Super Product Disclosure Statement and Additional Information Guide to which this nomination relates and, as applicable, the declarations above.</p>	
Members Signature	<input style="width: 250px; height: 25px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 150px; height: 25px;" type="text"/>
Surname	<input style="width: 670px; height: 25px;" type="text"/>
Given Name/s	<input style="width: 670px; height: 25px;" type="text"/>
<p>Sign in the presence of two independent witnesses who are over the age of 18 if you are providing a binding nomination.</p>	

Ensure that your witnesses sign this declaration.

5 INDEPENDENT WITNESSES	
<p>Independent Witness Declaration (Binding Nominations only)</p> <p>This section must be completed by 2 independent witnesses that are over the age of 18 years and neither of whom are mentioned in this Nomination of Beneficiary Form as beneficiaries</p>	
Independent Witness 1	
<p>I declare that I am over 18 years of age, am not nominated as a beneficiary and this form was signed in my presence and the other witness's presence by the member whose name and signature appears on this form.</p>	
Signature	<input style="width: 280px; height: 35px;" type="text"/>
Date of Signing <small>(dd/mm/yyyy)</small>	<input style="width: 180px; height: 35px;" type="text"/>
Surname	<input style="width: 680px; height: 25px;" type="text"/>
Given name/s	<input style="width: 680px; height: 25px;" type="text"/>
Date of Birth	<input style="width: 280px; height: 35px;" type="text"/>
Independent Witness 2	
<p>I declare that I am over 18 years of age, am not nominated as a beneficiary and this form was signed in my presence and the other witness's presence by the member whose name and signature appears on this form..</p>	
Signature	<input style="width: 280px; height: 35px;" type="text"/>
Date of Signing <small>(dd/mm/yyyy)</small>	<input style="width: 180px; height: 35px;" type="text"/>
Surname	<input style="width: 680px; height: 25px;" type="text"/>
Given name/s	<input style="width: 680px; height: 25px;" type="text"/>
Date of Birth	<input style="width: 280px; height: 35px;" type="text"/>

Please forward your completed form to the Administrator, or contact them for all general enquiries:

Administrator

SMA Super Pty Ltd (ABN 74 006 877 872, AFS Licence Number 246883)

Postal: PO Box 1282 Albury NSW 2640

Location: Level 1, 540 Swift Street, Albury NSW 2640

Telephone: 1300 728 525

Facsimile: 02 6041 9355

Email: service@e-clipsesuper.com.au

e-Clipse Super ABN 45 960 194 277 RSE Registration Number R1072914
 Issued by CCSL Limited ABN 51 104 967 964 AFSL 287084 RSE Licence L0000758

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