



# Non-binding nominations of beneficiaries

Complete this form to make a non-binding (preferred) nomination of beneficiaries in relation to your smartMonday Group Insurance account.

## Section 1 Important Information

Under Superannuation Law, the Trustee of a fund has the final say as to how a member's death benefits are distributed if that member has not submitted a valid binding nomination of beneficiaries form. A Non-binding beneficiary form will provide the Trustee with guidance as to the distribution of the member's benefits but is not bound to follow it. The Trustee has the discretion to pay to any one or more of your dependant(s) or legal personal representative(s) or a combination of both.

If you would prefer to make a binding nomination, please use the alternate form 'Non-lapsing binding nomination of beneficiaries'.

### Who can you nominate?

You can nominate your legal personal representative and/or one or more of your dependants or persons whom you have an interdependency relationship, as your beneficiaries.

### How long does your nomination last?

Your nomination will continue unless or until you amend or revoke it. You can amend or revoke your nomination at any time. As your personal circumstances change, it's important to keep your nomination up to date. Any new and valid nomination will replace any previous nomination you have made.

## Section 2 Personal Details

Given Name

Last Name

Member Number

Date of Birth

Phone (Mobile)

Email

Residential Address

City

State

Postcode



**Section 3**  
**Beneficiary Details**

Please add or update my Nominated Beneficiaries as below.

The total must add to 100%.

Legal Personal Representative % of benefit

**Beneficiary 1**

Name in Full % of benefit

Date of Birth Relationship to you

**Beneficiary 2**

Name in Full % of benefit

Date of Birth Relationship to you

**Beneficiary 3**

Name in Full % of benefit

Date of Birth Relationship to you

If you would like to add additional beneficiaries, please include a second copy of this page. Note that the total must add to 100%.

**Section 4**  
**Declaration & Signature**

By completing this form, I declare that:

- > All details I have provided on this form are true and correct.
- > I authorise the Trustee to change the details of my smartMonday Group Insurance account as shown on this form.
- > I may revoke this nomination at any time by completing a new form.
- > I understand this form overrides any previous death benefit nomination for this member number.
- > I have read and understood the smartMonday Privacy Statement (available at [smartMonday.com.au](http://smartMonday.com.au)) and understand how smartMonday Group Insurance will use my personal information.
- > I consent to my personal information being used for the purposes of making this nomination. If I am disclosing personal information about another person, I have obtained their consent to disclose their personal information and I have made them aware that the Trustee may disclose their information to third parties that are reasonably necessary to assist in the processing of this nomination. If I have not obtained the consent of the other person, I will inform the Trustee of such.
- > Beneficiaries nominated on this form are considered Dependants under superannuation law, or will be my legal personal representative, at the time of nomination and at the time of a death benefit assessment.

Signature Date

**RETURN TO: [smartmonday@iasas.com.au](mailto:smartmonday@iasas.com.au) OR smartMonday Group Insurance PO Box 1305 South Melbourne VIC 3205 Queries: 1800 861 856**

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