

Direction to pay death benefits

Connelly Temple Super Savings Plan



Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

Personal details (please provide your current details)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Surname	<input type="text"/>			Preferred name	<input type="text"/>					
Given name(s)	<input type="text"/>					Date of birth	<input type="text"/>	/	<input type="text"/>	/
Street number	<input type="text"/>	Street name	<input type="text"/>							
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>			

Direction to pay death benefits

The Trust Deed governing this superannuation fund gives the Trustee the discretion to decide, in the event of your death, which dependants of yours to pay the benefit to and in what proportions. The Trust Deed also states that if there are no dependants at the date of your death, the benefit is to be paid to your estate.

Your dependants can be any of the following:

- your spouse, including a former spouse or de facto spouse;
- your children, including an adopted child, step child or ex-nuptial child; or
- a person financially dependent on you.

If you have any doubts as to whether a person you wish to receive any part of your death benefit is a dependant, you should seek advice from the Trustee before completing this form.

However, the Trust Deed also enables you to override the Trustee's discretion by you giving a binding direction to the Trustee to pay any death benefit payable either to your estate or to dependants specified by you and in proportions that you specify.

You can either elect for the Trustee to exercise the discretion given to it to decide who to pay your benefit to, in the event of your death, or you can give a binding direction to the Trustee by completing the direction set out below.

If you decide to give a binding direction by completing this form, it is important for you to note the following:

1. You can only direct the Trustee to pay the benefit either to your estate or to the dependants that you specify on this form (or both).
2. If you wish to give such a direction to the Trustee, you may specify the percentage of your total death benefit which is to be paid to each of the estate or your dependants.
3. You can confirm, amend or revoke this direction at any time by giving written notice to the Trustee.
4. The direction that you give automatically ceases to have any effect 3 years after the date on which you sign and date this form. If the direction ceases to have effect, the Trustee will have a discretion to decide who to pay the death benefit to.
5. If, on this form, you direct the Trustee to pay any part of your death benefit to a person who is not a dependant (as described above), your direction will be void and of no effect and the Trustee will be required to decide who to pay your death benefit to.
6. For this form to be effective, it must be signed and dated by you in the presence of two witnesses who are both at least 18 years old and neither of the witnesses can be a person who you have nominated to receive a part of your death benefit.

If you do not wish to give a direction to the Trustee as to how your death benefit is to be distributed, please tick the box in section 1 on the next page and insert requested information. If you wish to give a binding direction to the Trustee as to who your benefit is to be paid to in the event of your death, please tick the box in section 2 on the next page and insert the requested information.

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Please complete either 1 or 2.

1. Non-binding direction to the Trustee

I do not wish to give the Trustee a binding direction as to who to pay my death benefit to. I understand that the effect of ticking this box is that the Trustee has the discretion to decide who to pay my benefit to, and in what proportions, in the event of my death.

My preference is for the benefit to be paid to the following dependants of mine in the percentages specified:

Name of beneficiaries	Address	Relationship (Please tick)	% of benefit
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	

Signing this form

<input checked="" type="checkbox"/>	/ /	
Member's signature	Date	Witness' name (please print)
		<input checked="" type="checkbox"/>
		Witness' signature
		/ /
		Date

2. Binding direction to the Trustee

I wish to give the Trustee a binding direction to pay my death benefit in the manner set out below. The death benefit payable, in the event of my death, is to be paid to the following, in the percentages that I specify:

<input type="checkbox"/>	To my estate. The percentage of the total death benefit to be paid to my estate is	
<input type="checkbox"/>	To the following dependants of mine in the percentages specified:	%

Name of beneficiaries	Address	Relationship (Please tick)	% of benefit
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	

I understand that this direction is invalid and of no effect if any of the people specified immediately above are not dependants of mine.

Signing this form

If you wish to give a binding direction to the Trustee, you must sign this form in the presence of two witnesses.

	/ /
Member's signature	Date

Declaration by witnesses

I hereby declare that this form was signed by the signatory in the presence of both witnesses. I confirm that I am at least 18 years old and am not a person nominated above to receive a percentage of the death benefit.

Witness' name (please print)	Witness' name (please print)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Witness' signature	Witness' signature
/ /	/ /
Date	Date

Please forward form to: Connelly Temple Super Savings Plan
GPO Box 1576 Sydney NSW 2001