



SMSF Binding Death Benefit Nomination Order Form

Name Phone
Firm E-mail

SMSF Details

Name of Fund

Meeting Address

Trustee Details

IMPORTANT: Full, verifiable names are required.

Corporate Trustee (if applicable)
ACN
Officer Names and Roles (First Officer listed to be Chairperson, first 2 Officers to be signatories) Director Secretary
 Director Secretary
 Director Secretary
 Director Secretary
 Director Secretary
 Director Secretary
Individual Trustee/s (First person listed to be Chairperson)

Nomination Details (Members making the nomination)

Member Name
Member Address

Binding Death Benefit Nomination type(select) Lapsing Non-Lapsing
Member Name
Member Address

Binding Death Benefit Nomination type(select) Lapsing Non-Lapsing
Member Name
Member Address

Binding Death Benefit Nomination type(select) Lapsing Non-Lapsing
Member Name
Member Address

Binding Death Benefit Nomination type(select) Lapsing Non-Lapsing

Please return this completed form to acis@acis.net.au or Locked Bag 1, Fortitude Valley Q 4006

By completing and/or submitting this order form, you confirm that you have read and accepted our Terms and Conditions which can be found at www.acis.net.au/terms-and-conditions.

SMSF Binding Death Benefit Nomination Order Form

Member Name

Member Address

Binding Death Benefit Nomination type(select) Lapsing Non-Lapsing

Member Name

Member Address

Binding Death Benefit Nomination type(select) Lapsing Non-Lapsing

Additional Information/Special Instructions

Important Notes

Our standard form BDBN relates to and is prepared with reference to the standard Acis SMSF trust deed Version 2023.1.

If your fund is not currently using the standard Acis SMSF trust deed Version 2023.1 professional advice should be sought to ensure any Binding Death Nomination (lapsing or non-lapsing) is:

- (a) permitted by the governing rules of the fund; and
- (b) complies with the formalities for making a Binding Death Nomination (lapsing or non-lapsing) set out in the relevant trust deed.

Please make sure you complete the BDBN form when received to ensure that the names of all beneficiaries, the qualification of the beneficiaries to receive benefits and the percentage of the member's benefit to be paid to each beneficiary are inserted on the form in the spaces provided.