

Please complete this form using **BLOCK LETTERS** and a **BLACK** or **BLUE** pen. Write **X** in the appropriate boxes.

1 MEMBER DETAILS

Member Number

ERF

Title Surname

Given Name(s)

Address

City/Suburb State Postcode

Tel (Home) Tel (Work) Mobile

Date of Birth (DD-MM-YYYY)

Email Address

2 NOMINATION DETAILS

List below your preferred beneficiary(s) and the proportion of the benefit you would like each to receive. Note that the Trustee is restricted to paying the benefit to a spouse (or defacto), children, financial dependants, a person with whom you have an interdependent relationship or your legal personal representative on behalf of your estate. Please refer to the Product Disclosure Statement for further information or clarification of "dependants".

The Trustee will take into account the beneficiaries nominated but is obliged to ensure that the benefit is distributed equitably. If there are more than 4 nominations please attach a separate page or photocopy this one.

Making or amending your non-binding nomination

Please Note: The total of a and b must equal 100%.

a) Payment to your legal personal representative on behalf of your estate

Please pay my death benefit to my estate. The percentage of the total death benefit to be paid to my estate is %

b) Payment to my nominated dependant

Name of Nominated Beneficiary (Dependant) 1

Address

City/Suburb State Postcode

Relationship to Member Date of Birth (DD-MM-YYYY) Percentage %

Category of relationship to member (must be completed, please mark one option)

Spouse Child Financial Dependant/ Interdependent Relationship

Nomination of Beneficiaries continued

2 NOMINATION DETAILS continued

Name of Nominated Beneficiary (Dependant) 2

Address

City/Suburb

State

Postcode

Relationship to Member

Date of Birth (DD-MM-YYYY)

Percentage

%

Category of relationship to member *(must be completed, please mark one option)*

Spouse

Child

Financial Dependant/
Interdependent Relationship

Name of Nominated Beneficiary (Dependant) 3

Address

City/Suburb

State

Postcode

Relationship to Member

Date of Birth (DD-MM-YYYY)

Percentage

%

Category of relationship to member *(must be completed, please mark one option)*

Spouse

Child

Financial Dependant/
Interdependent Relationship

Name of Nominated Beneficiary (Dependant) 4

Address

City/Suburb

State

Postcode

Relationship to Member

Date of Birth (DD-MM-YYYY)

Percentage

%

Category of relationship to member *(must be completed, please mark one option)*

Spouse

Child

Financial Dependant/
Interdependent Relationship

3 MEMBER DECLARATION

I am aware that under the terms of the Trust Deed governing the SMF Eligible Rollover Fund, the entitlement payable in the event of my death will be paid at the absolute discretion of the Trustee to such a person or persons from amongst my dependants and/or my legal personal representatives as may be selected by the Trustee. However, it is my desire that the Trustee will pay the entitlement to the persons listed above in the proportions indicated opposite their respective names. I understand that this notification may be revoked by me at any time and will be cancelled automatically by any subsequent notification.

Important Note: Information provided to the Trustee will only be used for the purposes specified. It may be accessed and updated by you through SMF Customer Service on 1800 677 306. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg Beneficiary). If you do not provide all of the requested information we may not be able to action your request.

I consent to the collection and use of the above information by the Trustee for the purposes specified.

Member Signature

Date of Birth (DD-MM-YYYY)