

MAP FUNDS MANAGEMENT

BINDING DEATH BENEFIT NOMINATION FORM

Please complete this form in BLOCK LETTERS. Questions? Call us on 1800 640 055 or email enquiries@mapfunds.com.au.
 Note: You should read our Death Benefit Nominations Factsheet before completing this form. We strongly advise you seek professional advice before making a binding nomination.

Please send the completed form to: MAP Funds Management, Reply Paid 1130, Brisbane Qld 4001

1

Member details

MAP Account Number

Date of Birth

 / /

Title

Given Name(s)

Surname

Postal Address

State

Postcode

Residential Address (if same as Postal Address write "as above")

State

Postcode

Phone (home)

 -

Phone (work)

 -

Phone (mobile)

 - -

Email

I authorise MAP to update my address and contact details if the details provided above differ to the details currently held.

Please turn overleaf to complete your binding death benefit nomination >

2

Nominee(s)

In the event of my death, I request the Trustee of the MAP Master Superannuation Plan to distribute my benefit as set out below. This nomination is to be binding on the Trustee of the MAP Master Superannuation Plan. The person(s) I have nominated below are beneficiaries as defined in the Superannuation Industry (Supervision) Act and Regulations.

1 Full Name

 Relationship Proportion % %

2 Full Name

 Relationship Proportion % %

3 Full Name

 Relationship Proportion % %

3

Member's signature

NOTE: You are required to sign this section in the presence of your witnesses

Signature Date / / / / /

4

Witness declarations and signatures

Two witnesses are required. Each witness must be over 18 years of age and must not be a beneficiary.

We declare that the above statement was signed and dated in our presence by:

<p>WITNESS 1: Full name <input type="text"/> <input type="text"/></p> <p>WITNESS 1: Address <input type="text"/> <input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p> <p>WITNESS 1: Signature <input type="text"/></p> <p>Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>WITNESS 2: Full name <input type="text"/> <input type="text"/></p> <p>WITNESS 2: Address <input type="text"/> <input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p> <p>WITNESS 2: Signature <input type="text"/></p> <p>Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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Contact Us

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 Toll Free: 1800 604 055
 Facsimile: 07 3838 1235

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