

MAP FUNDS MANAGEMENT

NON-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.

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 non-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 not 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

Signature

Date

 / /

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

Contact Us

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