

## Confirmation of Existing Binding Death Benefit Nomination

Use this form to notify the Trustee of the Aracon Superannuation Fund (the "Fund") to confirm an existing binding death benefit nomination.

Before completing this form, you should read and consider the important information about Nomination of Beneficiaries before making a decision. For more information, refer to the Binding Death Benefit Section of the relevant Member Guide (MG) or Additional Information Guide (AIG) that is available by contacting your sub-plan's Promoter or from your Financial Adviser.

Please note that this form will apply to all accounts you hold with the relevant Sub Plan of the Aracon Superannuation Fund.

**Name of Sub Plan:** \_\_\_\_\_

### 1. Your details:

Title (eg Mr, Mrs, Ms) \_\_\_\_\_

Member Family Name \_\_\_\_\_

Member Given Name/s \_\_\_\_\_

Date of Birth \_\_\_\_\_

Member Number/s \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_

Postal Address (No / Street) \_\_\_\_\_

Suburb / Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

### 2. Your Declaration:

You must complete this section if you wish to confirm an existing binding death benefit nomination.

- I direct Aracon Superannuation Pty Ltd (ABN 13 133 547 396) (AFSL 507184) as Trustee for the Aracon Superannuation Fund (ABN 40 586 548 205) to distribute my benefits payable from the Fund upon my death in accordance with my existing binding death benefit nomination.
- I understand that this confirmation of binding death benefit nomination is only valid for three (3) years from the date of signing, or until I revoke the nomination (by delivering to the Trustee a signed and dated original confirmation / amendment / revocation request in writing) whichever is sooner.
- I have read the information with this form and the relevant MG or AIG and understand the terms on which this confirmation of binding death benefit nomination is made.
- I declare the information provided is true and correct.
- I understand that my personal information provided on this form will be used to action my request.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please forward this completed form to:

DIY Master Pty Ltd  
PO Box 7540  
GCMC Qld 9726

Telephone: 07 5555 5656  
Email : [info@diymaster.com.au](mailto:info@diymaster.com.au)

Or your Adviser

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