



416 Flinders Mall (PO Box 991)  
Townsville Qld 4810

Ph: (07) 4771 5664 Fax: (07) 4772 5742

## SMSF BINDING DEATH BENEFIT DIRECTIONS *Please complete all details in block letters.*

date: \_\_\_\_\_  
from (your firm name): \_\_\_\_\_ ref: \_\_\_\_\_  
email address: \_\_\_\_\_

### DELIVERY

#### PLEASE SEND DOCUMENTS FOR EXECUTION

by overnight courier   
by overnight courier tomorrow   
by local courier   
by email   
in due course

### FUND DETAILS

name of fund \_\_\_\_\_ superannuation fund

address for service of notices on the fund (must be street address) \_\_\_\_\_

\_\_\_\_\_ postcode \_\_\_\_\_

email address for service of notices and correspondence on the fund

\_\_\_\_\_

address for correspondence to the fund (can be p.o. box address) \_\_\_\_\_

\_\_\_\_\_ postcode \_\_\_\_\_

if the contact for the ATO is care of the fund's accountant

contact person \_\_\_\_\_

name of firm \_\_\_\_\_

tax agent's no. \_\_\_\_\_

phone \_\_\_\_\_

facsimile \_\_\_\_\_

email address \_\_\_\_\_

**CURRENT TRUSTEE DETAILS**

full name (ACN / ARN / ABN if applicable) \_\_\_\_\_

residential address / registered office (must be street address) \_\_\_\_\_

full names of directors of trustee (if applicable) \_\_\_\_\_

chairperson of directors' meeting (if applicable) \_\_\_\_\_

**CURRENT MEMBERSHIP**

**MEMBER 1**

full name \_\_\_\_\_ date of birth \_\_\_\_\_

occupation \_\_\_\_\_ tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

email address \_\_\_\_\_

**phone** work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile** work: \_\_\_\_\_

position held by member \_\_\_\_\_

**MEMBER 2**

full name \_\_\_\_\_ date of birth \_\_\_\_\_

occupation \_\_\_\_\_ tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

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email address \_\_\_\_\_

**phone** work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile** work: \_\_\_\_\_

position held by member \_\_\_\_\_

**MEMBER 3**

full name \_\_\_\_\_ date of birth \_\_\_\_\_

occupation \_\_\_\_\_ tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

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email address \_\_\_\_\_

**phone** work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile** work: \_\_\_\_\_

position held by member \_\_\_\_\_

**MEMBER 4**

full name \_\_\_\_\_ date of birth \_\_\_\_\_

occupation \_\_\_\_\_ tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

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email address \_\_\_\_\_

**phone** work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile** work: \_\_\_\_\_

position held by member \_\_\_\_\_

**ACCOUNTANTS OF THE FUND**

firm name \_\_\_\_\_  
address \_\_\_\_\_  
state \_\_\_\_\_ postcode \_\_\_\_\_  
email address \_\_\_\_\_  
phone \_\_\_\_\_ contact person \_\_\_\_\_

**PROPOSED BENEFICIARIES OF DEATH BENEFIT**

**BENEFICIARY 1**

full name \_\_\_\_\_ date of birth \_\_\_\_\_  
occupation \_\_\_\_\_ tax file no. \_\_\_\_\_  
address (must be street address) \_\_\_\_\_  
\_\_\_\_\_  
email address \_\_\_\_\_  
**phone** work: \_\_\_\_\_  
home: \_\_\_\_\_  
mobile: \_\_\_\_\_  
**facsimile** work: \_\_\_\_\_  
relationship to member \_\_\_\_\_

**BENEFICIARY 2**

full name \_\_\_\_\_ date of birth \_\_\_\_\_  
occupation \_\_\_\_\_ tax file no. \_\_\_\_\_  
address (must be street address) \_\_\_\_\_  
\_\_\_\_\_  
email address \_\_\_\_\_  
**phone** work: \_\_\_\_\_  
home: \_\_\_\_\_  
mobile: \_\_\_\_\_  
**facsimile** work: \_\_\_\_\_  
relationship to member \_\_\_\_\_

**BENEFICIARY 3**

full name \_\_\_\_\_ date of birth \_\_\_\_\_

occupation \_\_\_\_\_ tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

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email address \_\_\_\_\_

**phone** work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile** work: \_\_\_\_\_

relationship to member \_\_\_\_\_

**BENEFICIARY 4**

full name \_\_\_\_\_ date of birth \_\_\_\_\_

occupation \_\_\_\_\_ tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

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email address \_\_\_\_\_

**phone** work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile** work: \_\_\_\_\_

relationship to member \_\_\_\_\_