

Use this form: **To update the beneficiaries who will receive the benefit that is payable if the Member under myFutureFund dies. Send completed form to SuperLife Limited.**

Member's details

SuperLife number

Name: _____

Date of birth: _____ / _____ / _____ (dd/mm/yyyy)

This form replaces the previous beneficiary notifications.

If the Member dies, the Trustee should pay the death benefit, i.e. the Member's FutureFund Account, to *(tick one)*

- The Member's estate
- or
- My family trust. Name of trust _____
- or
- To the following people in the percentages shown

Name	Date of birth <i>(dd/mm/yyyy)</i>	Relationship <i>(e.g. spouse/child)</i>	Percentage share
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____	_____
			100%

Name (FutureFundGuardian): _____

Signature (FutureFundGuardian): _____

Date: _____ / _____ / _____ (dd/mm/yyyy)