



Return completed original form to
SMARTwrap
 c/- Powerwrap Limited
 PO Box 16071
 Collins Street West VIC 8007

or email scanned originals to
operations@powerwrap.com.au

3. Witness Signature

I am aged 18 years or over, I am not named as a beneficiary on this form and the member's signature was signed and dated by the member in the presence of us both.

Witness Name 1 (please print clearly)

Witness Date of Birth

Signature of Witness

Date

Witness Name 2

Witness Date of Birth

Signature of Witness

Date

If signing under Power of Attorney, you verify that, at the time of signing, you had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, you must submit this with the completed form.

4. Adviser Declaration

I declare that all of the above details are correct.

ADVISER TO SIGN HERE

DATE

Instructions

1. Fully complete all sections and return this form to the above address
2. Please ensure all sections are fully completed or the form will be returned to you for completion.
3. A valid binding nomination means that you will decide who is to get your benefit when you die and in what proportions.
4. In completing the proportions of benefits, your nominations must add up to 100%.
5. This binding nomination is valid for three years from the date it is signed, unless revoked earlier.
6. If you have revoked and not made a new binding nomination, or you have not confirmed or made a new nomination after the three year period has expired, then payment of
7. your death benefit will be subject to Trustee discretion.
8. When you sign this binding nomination, your signature must be personally witnessed by two people aged 18 years or over who are not nominated beneficiaries for your
9. benefit.
10. A non-binding nomination will not override a current valid binding nomination. A binding nomination must be revoked before a non-binding nomination can take effect.
11. You can nominate a dependant or legal personal representative (e.g. executor of your Will) or a combination of both. Please refer to page 11 of the PDS for the definition of dependant.

OFFICE USE ONLY

SIGNATURES VERIFIED

PROCESSED

PW AUTHORISED SIGNATURE.....DATE / /