

BENEFICIARY NOMINATION

Instructions – Fully complete all sections and return this form to the above address

- Please ensure all sections are fully completed or the form will be returned to you for completion.
- A valid binding nomination means that you will decide who is to get your benefit when you die and in what proportions.
- In completing the proportions of benefits, your nominations must add up to 100%.
- This binding nomination is valid for three years from the date it is signed, unless revoked earlier.
- 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 your death benefit will be subject to Trustee discretion.
- 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 benefit.
- 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.
- You can nominate a dependant or legal personal representative (e.g. executor of your Will) or a combination of both. Please refer to Section 2 of the Incorporated Information Booklet for the definition of 'dependant'.

1. Applicant Details

Member No.	<input style="width: 95%;" type="text"/>	(This nomination only applies in respect of this member number)
Surname	<input style="width: 100%;" type="text"/>	
Given Name(s)	<input style="width: 100%;" type="text"/>	
Street	<input style="width: 100%;" type="text"/>	
Place	<input style="width: 100%;" type="text"/>	
Phone	<input style="width: 45%;" type="text"/>	<input style="width: 10%;" type="text"/>
	<input style="width: 100%;" type="text"/>	

2. Making or amending your binding nomination

(A) Payment to your estate

- Please pay my death benefit to my estate. The percentage of the total death benefit to be paid to my estate is %

(B) Payment to your nominated beneficiaries (please print clearly)

Name of nominated beneficiary (dependants)	Address	Relationship to Member	Date of Birth	Proportion of death benefit
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	%
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	%
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	%
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	%

Total of (A) + (B) should add up to 100%

Signature of Applicant	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature of Witness	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Witness Name 2 (please print clearly)	Witness Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature of Witness	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>