

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.

Note: Reversionary beneficiary – the nominated person (generally a spouse) will automatically continue receiving the pension after your death

Nomination Type (Please select one only)

Non-lapsing Binding Nomination Binding Nomination Reversionary Nomination

1. Applicant Details

Member No.	<input type="text"/>	(This nomination only applies in respect of this member number)		<input type="text"/>
Surname	<input type="text"/>			
Given Name(s)	<input type="text"/>			
Address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	P Code
Phone	<input 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 %

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

Name of nominated beneficiary	Address	Relationship to Member	Date of Birth	Proportion of death benefit
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

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

Signature of Applicant

Date

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

Date

Witness Name 2 (please print clearly)

Witness Date of Birth

Signature of

Date