

Income stream death benefit nomination

Use this form if you want to make a reversionary or binding death benefit nomination for your First State Super income stream.

This form should not be used to make a non-binding death benefit nomination, or to nominate beneficiaries for a defined benefit income stream. There are separate forms for these nominations.

Please use a dark pen and CAPITAL letters, or type directly into this form online, print it and send it to us. Use (X) to mark boxes. Forms are located on our website at firststatesuper.com.au/forms.

The **Notes** on page 4 will help you complete this form. If you have any questions, please refer to the section **Choose your beneficiaries** in the relevant *Member Booklet* for income stream members on our website or call us on 1300 650 873.

1. Your personal details

Member number	Account number	Date of birth (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Last name	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime contact number	Mobile number	
<input type="text"/>	<input type="text"/>	
Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as employee_title@company.com.au)		
<input type="text"/>		

2. Reversionary beneficiary nomination

Complete this section if you wish to nominate your **spouse** or **de facto spouse** as your reversionary beneficiary. Your reversionary beneficiary will continue to receive your income stream (or have the option of cashing your income stream account balance as a lump sum) as long as they are your spouse at the time of your death. Please provide the details below and sign and date the signature panel. Your reversionary beneficiary nomination DOES NOT need to be witnessed.

Title	Male	Female	Other	Unspecified	Date of birth (DD-MM-YYYY)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Last name					
<input type="text"/>					
Given name(s)					
<input type="text"/>					
Relationship to you					
<input type="text"/>					
Signature					Date signed (DD-MM-YYYY)
<input type="text"/>					<input type="text"/>

NOTE: You have now completed this form. You do not need to complete Sections 3, 4 and 6.

3. Type of nomination

I would like my binding nomination to be: **lapsing** OR **non-lapsing**
See notes on page 4 for more information.

IMPORTANT!
We cannot accept forms which have alterations. If you make a mistake please complete a new form.

Please sign and date form here.

Complete Sections 3, 4 and 6 if you would like to make a binding death benefit nomination.



4. Binding death benefit nomination

i Record the details of your nominations here. See **Who you can nominate under a binding nomination?** in the **Notes** for details. If you wish to nominate more than four beneficiaries, please provide the necessary beneficiary and witness details on another form or in a separate letter, which is signed and witnessed, attached to this form.

Beneficiary #1

Last name

Given name(s)

Title

Male

Female

Other

Unspecified

Date of birth (DD-MM-YYYY)

Relationship

(Mark **X** to select)

Spouse/
de facto

Child

Financial
dependant

Interdependency
relationship

Other
individual

% of benefit

Beneficiary #2

Last name

Given name(s)

Title

Male

Female

Other

Unspecified

Date of birth (DD-MM-YYYY)

Relationship

(Mark **X** to select)

Spouse/
de facto

Child

Financial
dependant

Interdependency
relationship

Other
individual

% of benefit

i **IMPORTANT!** We cannot accept forms which have alterations. If you make a mistake please complete a new form.

Beneficiary #3

Last name

Given name(s)

Title

Male

Female

Other

Unspecified

Date of birth (DD-MM-YYYY)

Relationship

(Mark **X** to select)

Spouse/
de facto

Child

Financial
dependant

Interdependency
relationship

Other
individual

% of benefit

Beneficiary #4

Last name

Given name(s)

Title

Male

Female

Other

Unspecified

Date of birth (DD-MM-YYYY)

Relationship

(Mark **X** to select)

Spouse/
de facto

Child

Financial
dependant

Interdependency
relationship

Other
individual

% of benefit

i **IMPORTANT!** We must receive your nomination in writing prior to your death for it to be valid.

My legal personal representative

Your legal personal representative is the executor or the administrator of your estate.

% of benefit

i **IMPORTANT!** Your nominations **MUST** add up to **100%**.

TOTAL NOMINATIONS

Your nominations (beneficiaries plus any legal personal representative nomination) must add up to 100%, otherwise your nomination will be invalid.

1 0 0 %

5. Privacy

The personal information provided on this form is collected by and held for First State Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on 1300 650 873 or visit firststatesuper.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

i You must sign and date this declaration in the presence of **two witnesses**, who must also sign and date the witness declarations **ON THE SAME DAY AS YOU**. The witnesses must be 18 years of age or older and must not be beneficiaries nominated on this form.

p Please sign and date form here.

i Only originals or certified copies of this form will be accepted.

6. Member and witness declarations and signatures

- I have read the information in this form and in the section **Choose your beneficiaries** in the relevant First State Super *Member Booklet* for income stream members and I understand the terms on which this nomination is made.
- This nomination will only be valid if the beneficiaries listed are my spouse, child, financial dependant, interdependent or legal personal representative of my estate when I die, and the nomination is signed by me in the presence of two witnesses who are 18 years of age or older and not listed as beneficiaries.
- I can amend this nomination by completing a new *Income stream death benefit nomination* form.
- I can cancel my nomination by completing an *Income stream death benefit nomination cancellation* form.
- If this nomination is invalid or has not been received by First State Super when I die, the trustee will decide how my death benefit will be paid, guided by superannuation law.
- My beneficiaries and I will be bound by the provisions of First State Super's trust deed, and the trustee accepts no responsibility for the correct nomination of beneficiaries.
- I have read and understand the First State Super privacy policy.

Member signature

Date signed (DD-MM-YYYY)

This MUST be the same date that the form is witnessed

Witness declarations

I declare that I am 18 years of age or older and this nomination was signed and dated by the member in my presence.

Witness 1 name

Witness 1 signature

Date (DD-MM-YYYY)

This MUST be the same date that the form is signed by the member

Address

Suburb

State

Postcode

Witness 2 name

Witness 2 signature

Date (DD-MM-YYYY)

This MUST be the same date that the form is signed by the member

Address

Suburb

State

Postcode

7. Where to send your completed form

Return the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.

e Send the form to this address.

Notes

Before you make a decision about making a death benefit nomination, you should read the section **Choose your beneficiaries** in the relevant *Member Booklet* for income stream members. Member booklets are available on our website or if you require a paper copy, please contact us and one will be mailed to you free of charge.

Forms are located on our website at firststatesuper.com.au/forms. You can type data directly into these forms, print them and send them to us. If you prefer to write on the forms, please use a dark pen and print clearly.

This form allows you to choose from two types of death benefit nominations for your income stream:

1. a reversionary beneficiary nomination OR
2. a binding nomination (lapsing or non-lapsing)

Only originals or certified copies of this form, without alteration, will be accepted. If you make a mistake you should complete a new form.

For the nomination to be valid, you must complete, sign and date this form correctly. If you make a binding nomination, the form must be signed and dated by two witnesses on the same date that you sign the form.

A binding nomination can only be cancelled by completing an *Income stream death benefit nomination cancellation* form and returning it to us.

If you have more than one account, note that this nomination will only apply to the account details you have entered in **Section 1 Your personal details**. Separate forms apply for accumulation and defined benefit (including deferred benefit) accounts. All forms are located on our website at firststatesuper.com.au/forms.

Important information

Nominating a reversionary beneficiary

If you nominate a reversionary beneficiary, then your income stream will continue to be paid to your reversionary beneficiary when you die. Alternatively, the reversionary beneficiary can choose to withdraw all or part of the income stream as a lump sum once the death claim has been approved by the trustee.

Unless you have nominated a reversionary beneficiary, your account balance will be automatically transferred to the Cash investment option when we receive satisfactory proof of your death until it is paid out in accordance with the fund's rules.

You can only nominate your spouse (including a de facto spouse) as your reversionary beneficiary. You can make the nomination when you start your income stream by completing the reversionary beneficiary nomination section of the relevant income stream application form. You can change this nomination at any time by completing and returning an *Income stream death benefit nomination* form.

A binding nomination can be lapsing or non-lapsing

A binding nomination directs the trustee to pay your account balance to your chosen beneficiary or beneficiaries. It is binding on the trustee as long as it is valid.

It is important to review your binding nomination as your personal circumstances change to ensure that you maintain a valid binding nomination that reflects your wishes. You can choose to make your binding nomination either lapsing or non-lapsing:

- A lapsing binding nomination will remain in force for three years from the day after it was first signed or last confirmed or amended.
- You may renew a lapsing binding nomination for a further three years. To do so, you must advise us in writing before the original lapsing binding nomination expires.
- A non-lapsing binding death benefit nomination does not expire, so it does not need to be confirmed every three years.

Who can you nominate under a binding nomination?

The people you may nominate under a binding nomination must be one or more of the following at the time of your death for your nomination to be valid:

- your spouse or de facto spouse (whether of the same sex or a different sex)
- your children, including step, adopted and ex-nuptial children
- any person(s) financially dependent on you
- a person in an interdependency relationship with you
- your legal personal representative – the executor or administrator of your estate.

The total of your nominations (whether you make one or more nominations) MUST add up to 100%. Your nomination(s) will be invalid if the total is not 100%. No decimals are allowed. If, for example, you want to split your death benefit into thirds, you should round the split to the nearest whole percentage e.g. 33%, 33% and 34%.

You should ensure that you review your nomination when your personal circumstances change.

Member and witness declaration and signatures

You must sign and date this declaration in the presence of two witnesses, who must also sign and date the witness declarations **ON THE SAME DAY AS YOU**. The witnesses must be 18 years of age or older and must not be beneficiaries nominated on this form.