

Binding death benefit nomination

You should use this form if you are a Personal, Employer sponsored, Police Blue Ribbon Super or Ambulance Officers' Super member and you wish to make a new lapsing or non-lapsing binding death benefit nomination.

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.

If you have any questions, please refer to the *Member Booklet Supplement: Nominating beneficiaries* on our website or call us on **1300 650 873**.

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

i You **MUST** select **X** either lapsing or non-lapsing.

i **IMPORTANT!**
If you nominate more than one beneficiary and/or your legal personal representative, your nominations **MUST** add up to **100%**.
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, and attached to this form.

1. Your personal details

Member number

Account number*

Date of birth (DD-MM-YYYY)

* **IMPORTANT!** If you have more than one account, it is important that you read **How this nomination will apply to your accounts** in the **Notes** on page 4.

Title

Last name

Given name(s)

Address

Suburb

State

Postcode

Daytime contact number

Mobile number

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)

2. Type of nomination

I would like my binding nomination to be: lapsing OR non-lapsing

3. Details of beneficiaries

You can nominate one or more **beneficiaries** and/or your **legal personal representative**. Please record the percentage of your benefit you would like to go to each and make sure your total nominations add to 100%.

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

% of benefit %

(see over for additional beneficiary nominations)



3. Details of beneficiaries (continued)

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

% of benefit
 %

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

% 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

% of benefit
 %

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. We **do not** need a name or any other details.

% of benefit
 %

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 %

4. 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.

5. Member and witness declarations and signatures

IMPORTANT!
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.

Member declaration

- I have read the information in this form and in the *Member Booklet Supplement: Nominating beneficiaries* 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 *Binding death benefit nomination* form.
- I can cancel my nomination by completing a *Binding death benefit 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.
- If I have made this nomination as a Police Blue Ribbon Super or Ambulance Officers' Super member, I understand that this nomination will apply to my compulsory insurance account and any Police Blue Ribbon Super or Ambulance Officers' Super superannuation account I hold.
- I have read and understood the First State Super privacy policy.

Please sign and date form here.

Member signature

Date signed (DD-MM-YYYY)

This **MUST** be the same date that the form is witnessed

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

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 (print in BLOCK letters)

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 (print in BLOCK letters)

Signature

Date (DD-MM-YYYY)

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

Address

Suburb State Postcode

Send the form to this address.

6. 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**.

Before you make a decision about making a death benefit nomination, you should read the current *Member Booklet Supplement: Nominating beneficiaries*. This supplement is available on our website or if you require a paper copy, please contact us and one will be mailed to you free of charge.

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. 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 a *Binding death benefit cancellation* form and returning it to us.

How this nomination will apply to your accounts

This nomination only applies to the account shown in **Section 1 Your personal details***. If you have more than one account, you will need to complete a separate death benefit nomination form for each account. Other accounts could include additional super accounts, income stream accounts, or defined benefit (including deferred benefit) accounts. The appropriate forms are available on our website at firststatesuper.com.au/forms, and from customer service.

* If you are a Police Blue Ribbon Super or Ambulance Officers' Super member, this nomination will apply to your compulsory insurance account and any Police Blue Ribbon Super or Ambulance Officers' Super superannuation account you hold; you cannot make a separate nomination for each account. You can nominate either account number in **Section 1 Your personal details**.

Type of nomination

Lapsing and non-lapsing nominations

A binding nomination can be either lapsing or non-lapsing. A lapsing binding death benefit nomination is valid for up to three years from the day after the date it was first signed, or last confirmed or amended. For the nomination to remain valid, you must confirm the nomination in writing every three years before the three-year period expires. We will send you a renewal notice shortly before the three-year expiry date so you can confirm your nomination. You must sign and date the confirmation but it does not need to be witnessed.

A non-lapsing binding death benefit nomination does not expire, so it does not need to be confirmed every three years. However, we will still send you a courtesy letter every three years to give you an opportunity to update the details of your nomination.

Details of beneficiaries

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

- 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 declarations 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.