

# Non-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 non-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](http://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.

## 1. Your personal details

Member number	Account number*	Date of birth (DD-MM-YYYY)
<input type="text"/>	<input type="text" value="F S S U"/>	<input type="text"/>

\* **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
<input type="text"/>	<input type="text"/>

Given name(s)

Address

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`)

## 2. 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%.

**i** Record the details of your nominations in this section. See **Who you can nominate** in the **Notes** for details.

**i** **IMPORTANT!** If you nominate more than one beneficiary, your nominations **MUST** add up to **100%**.

### Beneficiary #1

Last name

Given name(s)

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"/>	
Relationship (Mark X to select)	<input type="checkbox"/> Spouse/ de facto	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Other individual	% of benefit
						<input type="text"/>

### Beneficiary #2

Last name

Given name(s)

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"/>	
Relationship (Mark X to select)	<input type="checkbox"/> Spouse/ de facto	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Other individual	% of benefit
						<input type="text"/>







### 3. 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](http://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.

 Please read the **Member declaration** and refer to the *Member Booklet Supplement: Nominating beneficiaries*. Call customer service on **1300 650 873** if you have any questions.

 Please sign and date form here.

 Send the form to this address.

### 4. Member declaration

I have read and understand the information in the *Member Booklet Supplement: Nominating beneficiaries*.

I understand that in deciding who will receive my death benefit, the trustee will take my non-binding death benefit nomination into consideration but is not bound to follow it.

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 understand the First State Super privacy policy.

Member signature

Date signed (DD-MM-YYYY)

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### 5. 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 *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.

Forms are located on our website at [firststatesuper.com.au/forms](http://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.

## 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 and income stream accounts. You cannot make a non-binding death benefit nomination for defined benefit (including deferred benefit) accounts. The appropriate forms are available on our website at [firststatesuper.com.au/forms](http://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.

## Who you can nominate

A non-binding nomination records your preferences for distributing your death benefit. Although we will take your preferences into account, we have the final say on how your death benefit is distributed. If you would like to provide firm instructions about who you would like your benefit paid to, you should think about making a binding death benefit nomination. A non-binding nomination lasts forever and doesn't need to be updated, unless your circumstances or preferences change.

The people you may nominate under a non-binding nomination must be one or more of the following at the time of your death, otherwise the trustee may be unable to pay your benefit to them:

- 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.

If you don't have any dependants, you may nominate one or more other individual(s) to receive your benefit. You can only nominate individual(s); not a charity, trust, company or your pets. The trustee is only able to pay another individual if you don't have any dependants (as noted above) and a legal personal representative is not appointed for your estate when you die.

If you don't have any dependants and want certainty about the payment of your superannuation benefit in the event of your death, we suggest you speak with a financial planner about estate planning.

For more information, refer to the *Member Booklet Supplement: Nominating beneficiaries*.

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, although the trustee can take any change in your personal circumstances into account in deciding who to pay.