

BINDING DEATH BENEFIT NOMINATION

Use this form to make a new binding beneficiary nomination
or to renew, change or cancel an existing binding beneficiary nomination

1. PERSONAL INFORMATION:

Nationwide Super Member ID:

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Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given Name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

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Postcode:

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Date of Birth:

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--	--	---	--	--	---	--	--

Best Phone No.:

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Email:

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2. MAKE OR CANCEL NOMINATION:

Refer to **Important Information** for more details.

I would like to:

Make a binding death benefit nomination (either a new nomination, renewal or change to an existing nomination)
Go to next question

Cancel my existing binding death benefit nomination
Go to question 4

3. YOUR BINDING NOMINATION:

Refer to **Important Information** for more details.

When nominating your beneficiaries please ensure that you nominate a dependant beneficiary including a spouse, a child, a person who is financially dependent on you or a person in an interdependency relationship with you.

In the event of my death, I direct the Trustee of Nationwide Super to pay my death benefit in accordance with the following direction.

Beneficiary 1

Legal personal representative
(Executor of estate)

Select this option if nominating your benefit to be paid to your Estate.
Complete the contact details for your Executor below (optional) or skip to 'Portion of benefit'

Full Name:

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Postal Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

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Postcode:

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Date of Birth:

		/			/		
--	--	---	--	--	---	--	--

Daytime Phone No.:

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Relationship to me:

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(e.g. spouse, child). Not applicable for
Legal personal representative

Portion of benefit:

							%
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Beneficiary 6

Full Name:

Postal Address:

Suburb: State: Postcode:

Date of Birth: / / Daytime Phone No.:

Relationship to me: (e.g. spouse, child)

Portion of benefit: %

4. DECLARATION AND SIGNATURE:

By signing this form I am making the following statements:

- I declare I have fully read this form and the Important Information section and the information completed is true and correct.
- I acknowledge that my binding death benefit nomination is not effective until it has been received and accepted by the Trustee of Nationwide Super.
- I acknowledge that my new nomination replaces any previous nomination(s).
- I acknowledge that it is my responsibility to ensure that that my binding nomination is valid and remains in effect and that this nomination will expire three years after the date it is signed.
- I understand I can cancel (in writing) or change my binding death benefit nomination (by submitting a new valid *Binding Death Benefit Nomination* form) at any time.
- I understand that if my binding nomination is not valid for any reason or is not in effect at the time of my death, the Trustee of Nationwide Super will make the final decision as to whom the benefit will be paid.

Signature

Date:

To make a binding nomination, your signature must be witnessed by two adult witnesses who are not nominated beneficiaries. The date of this declaration must be the same as the date written by the two witnesses.

Please return your completed form to **PO Box 42 Charlestown NSW 2290**

5. WITNESS SIGNATURES:

Your signature must be witnessed by two adult independent witnesses. Please note that witness signatures are not required to cancel an existing binding nomination.

Witness 1

I declare that I am over the age of 18, have not been nominated as a beneficiary and that this nomination was signed and dated by the member in my presence and in the presence of the other witness.

Name:

Signature

Date:

This date must be the same as the date written by the member and other witness.



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Witness 2

I declare that I am over the age of 18, have not been nominated as a beneficiary and that this nomination was signed and dated by the member in my presence and in the presence of the other witness.

Name:

Signature

Date:

This date must be the same as the date written by the member and other witness.

6. CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Have you signed and dated at Question 4? | <input type="checkbox"/> Have you only nominated dependant beneficiaries or your legal personal representative? |
| <input type="checkbox"/> Have you had two adults who are not named beneficiaries witness your declaration? | <input type="checkbox"/> Have you and your witnesses signed and dated the form on the same date? |
| <input type="checkbox"/> Does your portion of benefit allocated to each beneficiary total to 100%? | <input type="checkbox"/> Are my nominated beneficiaries clearly identified? |



IMPORTANT INFORMATION

What is a Binding Death Benefit Nomination?

- A binding death benefit nomination is legally binding on the Trustee of Nationwide Super. This means that on your death, your Nationwide Super benefit would be paid as you instructed, as long as your nomination is valid and any named beneficiaries are dependent upon you at the time of your death.
- To make a non-binding (your preferred) beneficiary nomination instead of a binding nomination please login to your account via MemberAccess or complete a *Member Change of Details* form.
- For more information on your beneficiary options, please refer to the *Product Disclosure Statement* and *Member Guide* available at nationwidesuper.com.au/forms., or by contacting us.

How many beneficiaries can I choose?

You can nominate as many beneficiaries as you wish. If you wish to nominate more than 6 beneficiaries, please contact us to request a longer form.

Can I change my nomination?

You can cancel an existing binding nomination or make a new binding nomination to override an existing binding nomination at any time by completing and submitting a valid *Binding Death Benefit Nomination* form.

How long does my nomination last?

- Any binding nomination you make will remain in place for a period of three years from the date you made the nomination (unless you cancel it or submit a new binding nomination) and would need to be renewed prior to expiry to remain valid. We will send you a notice prior to the expiry date to provide you with time to renew your nomination.
- Upon the expiry of your nomination (should you choose not to renew or make another binding nomination before the expiry date), your nomination will convert to a non-binding (your preferred) beneficiary nomination and the Trustee will make the final decision as to whom any benefit would be paid upon your death, which may not necessarily reflect your wishes.
- It's important to regularly review a binding death benefit nomination and keep it up to date as your circumstances change, as a valid nomination cannot be overridden by the Trustee or your dependants.

Who can I nominate as a beneficiary?

You can nominate your legal personal representative (i.e. Estate) and/or any dependants*. The nominee must be dependent at the time of your death to remain valid and binding on the Trustee.

*Dependant Definitions:

Spouse

A spouse is the person that the member was married to or in a de facto (including same sex) relationship with at the time of their death. A spouse does not need to be financially dependent on the member.

Child

A child includes any person who at the time of the member's death was their natural, step, adopted or ex-nuptial child. A child can be any age and does not need to be financially dependent on the member.

Financial Dependant

A dependant includes any person who was financially dependent on the member at the time of their death. Financial dependency means that a person relied wholly or in part on the member for his or her means of subsistence.

Interdependency Relationship

A dependant includes any person who was in an interdependency relationship with the member at their time of death. An interdependency relationship between two people includes the following characteristics:

- They have a close personal relationship;
- They live together;
- One or each of them provides the other with financial support; and
- One or each of them provides the other with domestic support and personal care (above that which might be provided by a friend or flatmate).

An interdependency relationship may also exist where there is a close personal relationship between two people and the reason they do not satisfy the other criteria (set out above) is because either or both them suffer from a physical, intellectual or psychiatric disability.

Contact Nationwide Super

P: 1800 025 241

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