Nomination of Beneficiaries



Use this form to nominate who receives your superannuation benefit in the event of your death. Print clearly in BLOCK LETTERS.

	1. PERSONAL DETAILS						
(If you would like more details about he nationwidesuper.com.au/privacy or ca	ow we collect, use and disclose your personal all us on 1800 025 241.	information, you can access the Trustee's privacy policy at				
a.	Title (please select) Mr Mrs Miss Ms	Dr Other → Other					
b.	. Surname						
c.	First name(s)						
d.	. Date of birth (DD MM YYYY)	e. Member number					
	Tick this box if there are NO changes to your personal contact details below.						
f.	Address						
			State Postcode				
g.	Work telephone	h. Home telephone	State Postcode i. Mobile number ¹				
g.	Work telephone	h. Home telephone					
		h. Home telephone ddress to receive all future communication	i. Mobile number¹				
			i. Mobile number¹				

¹ We may SMS you from time to time.

If you provide us with your email address, you will be opted-in for e-communications. This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

2. FOR CURRENT BINDING NOMINATIONS DUE TO EXPIRE

Please	select one option and follow the instructions.
	Option A – My binding nomination is due to expire soon and I would like to renew it before it expires.
	If you select Option A, please complete the relevant details below.
	My binding nomination is due to expire soon and I would like to renew my current binding nomination. The beneficiaries nominated by me in my current binding nomination are people who I understand will receive my Death Benefit in the event of my death, because the Trustee is bound by my nomination as long as my nomination remains valid. Note: A binding nomination must be updated/confirmed at least every three years. I acknowledge that if my nomination becomes invalid or expires, the Trustee is not bound by my nomination.
	Member signature Date (DD MM YYYY)
	Member name
	You do not need to take any further action. We will renew your current binding nomination.
	Option B – My binding nomination is due to expire soon and I would like to make a new binding/non-binding nomination.
	If you select Option B, please go to section 3. Please note, you will need two people over the age of 18 to witness your signature.
NOM	IINATION OF BENEFICIARIES
Pleas	e specify the type of dependant for each person and indicate the percentage of your benefit you wish to allocate to each person
listed	. For more information, please refer to the Nomination of beneficiaries section at the end of this form.
	otal proportions nominated must equal 100% and only whole percentages may be used. s of dependants include spouse, child, financial dependant or person who is interdependant. You may also nominate your estate.
	mportant to note that each person you nominate must qualify as a dependant.
a. M	y nomination of beneficiaries:
1	Full name
	Type of dependant % of benefit
	.00%
2	Full name
	Type of dependant % of benefit
	.00%
3	Full name
	Type of dependant % of benefit
4	Full name
	Type of dependant % of benefit

3. N	ION	IINATION OF BENEFICIARIES (CONTINUED)
	5	Full name
		Type of dependant % of benefit
		.00%
	6	Full name
		Type of dependant % of benefit
		.00%
	7	Full name
		Type of dependant <u>% of benefit</u>
		.00%
	8	Full name
		Type of dependant % of benefit
		.00%
		Total = $\begin{bmatrix} 1 & 0 & 0 \end{bmatrix}$.00%
L	T	of bourfisions manipation. Places mostly and antique only and complete the vales ant details.
D.	тур	e of beneficiary nomination. Please mark one option only and complete the relevant details:
		Option 1 – Preferred nomination (non-binding)
		The beneficiaries nominated by me on this form are people who I understand may receive my Death Benefit in the event of my death, but I acknowledge that the Trustee of the Fund is not bound by my nomination.
		Member signature Date (DD MM YYYY)
		Member name

3. NOMINATION OF BENEFICIARIES (CONTINUED)

OR		
	Option	2 – Binding nomination
	•	The beneficiaries nominated by me on this form are people who I understand will receive my Death Benefit in the event of my death, because the Trustee is bound by my nomination as long as my nomination remains valid. Note: A binding nomination must be updated/confirmed at least every three years. I acknowledge that if my nomination becomes invalid or expires, the Trustee is not bound by my nomination. You need to sign and date your nomination in the presence of two witnesses.
		Member signature Date (DD MM YYYY)
		Member name
		Witness 1 signature Date (DD MM YYYY)
		Witness 1 name
		Witness 2 signature Date (DD MM YYYY)
		Witness 2 name
		By completing the above, your witnesses make the following declarations: I am at least 18 years of age. I am not a nominated beneficiary. I have witnessed the signing and dating of this form by the member.

4. ADDITIONAL INFORMATION



(i) You should nominate how you would prefer your benefit to be paid in the event of your death.

a. Who can you nominate

i. Who can receive your benefit in the event of your death?

You can pay your benefit to:

- · your estate, or
- nominated beneficiary(ies), or
- a combination of your estate and your nominated beneficiary(ies).

Any beneficiary you nominate must be either your legal personal representative (i.e. the executor or administrator of your estate) or a dependant at the date of your death.

If you nominate your estate or legal personal representative, your benefit will be paid according to your Will (or according to the law of your state or territory if you have no Will).

ii. Who qualifies as a dependant?

In terms of superannuation law, the people that you are able to nominate to receive your Death Benefit are:

- your spouse (including de facto of the same or different sex);
- your children (including step, adopted, and ex-nuptial children, or a child of your spouse);
- any person who is financially dependent on you;
- any person with whom you have an interdependency relationship including:
 - any person with whom you have a close personal relationship and live with where one or both of you also provide ongoing financial support, domestic support and personal care; and
 - any person with whom you have a close personal relationship where, because of a disability, the above requirements of living together, financial support, domestic support and personal care are not able to be satisfied.

b. Types of nominations

You can choose to make a preferred nomination (Nonbinding) or binding nomination.

i. What is a preferred nomination (non-binding)?

- When you make a preferred nomination (nonbinding), the Trustee will take into consideration any nomination you make. However, in this case, the Trustee has final discretion in deciding who will receive your superannuation benefit when you die.
- It should be updated if your circumstances change.
- It requires no witness signatures.

ii. What is a binding nomination?

- When you make a valid binding nomination, you decide who receives your benefit when you die, and how much of the benefit they receive.
- It will be treated as a binding nomination for three years from the date the nomination is made. This nomination reverts to being a preferred nomination (Non-binding) after the three-year period, if the nomination is not extended by lodging a new binding nomination request.
- It requires two witness signatures. Witnesses must be aged over 18, must not be one of your nominated beneficiaries and must be present when you sign the form. If the witnesses sign and date the form on a different date to your signature, the nomination will be invalid.
- An invalid binding nomination will be treated as a preferred nomination (Non-binding) by the Trustee and will not revoke or replace an existing, valid binding nomination.

Note: If you do not make a valid nomination, the Trustee will have final discretion in deciding who will receive your superannuation benefit when you die.

You should refer to the current Product Disclosure Statement for more information about who qualifies as a dependant and how to make a binding nomination.

It is important to note that each person you nominate must qualify as a dependant.

We're here to help

Please return your completed form to: Nationwide Super, Locked Bag A4094, Sydney South NSW 1235. If you have any questions, please call us on 1800 025 241 (Monday to Friday 8.30am to 5.30pm AEST), email enquiries@nationwidesuper.com.au or visit nationwidesuper.com.au

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