

# Binding Nomination of Beneficiary Form

Superannuation and Pension Services



FREEDOM OF CHOICE

This form is used when you want to override the Trustee's discretion when determining how a death benefit is to be paid. Please note: A binding nomination of beneficiary expires three years after the date on which you sign and date the 'Binding Nomination of Beneficiary Form'. If you do not make another nomination at this time, your binding nomination will no longer be valid and the Trustee will have discretion to decide to whom the benefit is paid.

## Section 1: PERSONAL DETAILS

Full Name:

Member Number:  Date of Birth:

Postal Address:

Suburb:  State:  Postcode:

## Section 2: YOUR INSTRUCTIONS

I request that my death benefit be paid to the following beneficiaries:

Tick to nominate your estate

Full Name:  % of benefit:

### Beneficiary A

Full Name:  Date of Birth:

Relationship to you:  spouse/de-facto  child  financial dependent  interdependency relationship % of benefit:

Postal Address:

Suburb:  State:  Postcode:

### Beneficiary B

Full Name:  Date of Birth:

Relationship to you:  spouse/de-facto  child  financial dependent  interdependency relationship % of benefit:

Postal Address:

Suburb:  State:  Postcode:

### Beneficiary C

Full Name:  Date of Birth:

Relationship to you:  spouse/de-facto  child  financial dependent  interdependency relationship % of benefit:

Postal Address:

Suburb:  State:  Postcode:

### Section 3: IMPORTANT INFORMATION ABOUT BINDING NOMINATION OF BENEFICIARIES

Read these notes before making your nomination.

1. The Trust Deed for the Fund provides for your death benefit to be paid to one or more of your dependents or to your estate at the Trustee's discretion. Use this form if you want to override the Trustee's discretion in determining how your benefit is paid in the event of your death.
2. This nomination should be amended if your personal circumstances change.
3. When you make a valid binding nomination of beneficiary, you override the Trustee's discretion in determining who should receive your superannuation benefits in the event of your death.
4. The Trustee must pay the benefits to the beneficiaries specified by you and in the proportions that you specify provided your nomination is valid when the benefit is paid.
5. A binding nomination of beneficiary expires three years after the date on which you sign and date the 'Binding Nomination of Beneficiary Form'. If you do not make another nomination at this time, your binding nomination will no longer be valid and the Trustee will have discretion to decide to whom the benefit is paid.
6. If, on the 'Binding Nomination of Beneficiary Form', you nominate a person who is not a dependent, your nomination will be invalid and the Trustee will be required to decide to whom the benefit is paid.
7. For the Binding Nomination of Beneficiary form to be valid and effective:
  - i. all percentages of benefit must add up to 100%; AND
  - ii. it must be signed and dated by you in the presence of two witnesses who are both at least 18 years old AND who have not been nominated to receive a part of your death benefit.
8. Nominated beneficiaries may include eligible dependents or a legal representative. Refer to the Reference Guide for an explanation of eligible dependents.
9. You may revoke or change your nomination at any time by completing a new 'Binding Nomination of Beneficiary Form'.

### Section 4: SIGNATURES

<b>Member</b>	I acknowledge that I read the 'Important Information about Binding Nomination of Beneficiaries' above and agree to these conditions.	Signature: <input type="text"/>	Date: <input type="text"/>
<b>Witness 1</b>	I acknowledge that I am at least 18 years old, that I am not a nominee on this form, and that the above notice was signed and dated by the member in my presence.	Signature: <input type="text"/>	Date: <input type="text"/>
<b>Witness 2</b>	I acknowledge that I am at least 18 years old, that I am not a nominee on this form, and that the above notice was signed and dated by the member in my presence.	Signature: <input type="text"/>	Date: <input type="text"/>

If you wish to nominate more than three people, please photocopy this form and write the total number of forms used in this box:

**Total number of forms used:**

**Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173**

Phone: 1800 806 013 Fax: (07) 3899 7299 Email: [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au) Website: [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)