

Super Savings Binding death benefit nomination

Important

We are unable to accept your form if it contains whiteout or material alterations. If you need to make alterations to sections 2, 3 or 4 please complete a new form. This form needs to be signed and dated by both witnesses on the same day as the member.

This form can also be used to cancel your beneficiary nomination. See section 2B.

Important: Please provide us with as much information as possible. If all fields are not completed, the form may be rejected. Please tick boxes where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.

Member number

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M <input type="text"/> F
! Please complete for identity purposes.		
Street address / PO Box*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

2 Your beneficiaries

Refer to the Important information section on page 2 of this form for an explanation of eligible beneficiaries and definitions to ensure your nomination is valid.

Your beneficiaries need to be valid dependants when you make your nomination and at the time of your death.

Note: if you're providing an extra piece of paper to list more beneficiaries, ensure that you and your witnesses have **signed** and **dated** this document **and** the extra piece of paper on the **same day**.

2A

I'd like to nominate the individual(s) listed below:

First name*	Last name*	Date of birth (DD/MM/YYYY)*	Relationship* ¹	Portion of benefit*
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> . <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> . <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> . <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> . <input type="text"/> %

¹ If your beneficiary doesn't fit into any of the above categories, your nomination may be invalid.

and/or

I'd like to nominate the executor or administrator of my estate (my Legal Personal Representative).

Portion of benefit*

. %

Total must equal 100% or all of the nominations will be invalid. You may nominate a percentage up to two decimal places. **Must add up to TOTAL**



100.00%

2B

I'd like to cancel my current binding death benefit nomination.

I have an *Income account* and I'd like to cancel my current reversionary beneficiary nomination

Note: ticking either of these boxes will cancel your current nomination and add any new nominations if you have requested and provided details in 2A.

 You and your witnesses **MUST** all sign.
 Please continue over page

Important information

For more information visit australianretirementtrust.com.au/beneficiary or contact us.

What is a Binding death benefit nomination?

It is a legal instrument that "binds" the Trustee of Australian Retirement Trust to pay your death benefit to your nominated beneficiaries. A binding death benefit nomination allows you to have greater certainty about where your death benefit will be paid. Provided the nomination is valid and less than three years old, then the Trustee has no discretion in relation to whom the benefit is to be paid.

In the event of your death, if your nomination is found to be invalid, the Trustee of Australian Retirement Trust will use its discretion to determine how your benefit will be paid. An invalid nomination may still be an important consideration for the Trustee when determining the payment of your death benefit, however this does not ensure the benefit will be paid in the same way as a valid binding death benefit nomination.

Who can I nominate as a beneficiary?

You can nominate dependant(s) and/or your legal personal representative (that is the executor or administrator of your estate). If you nominate your Legal Personal Representative it is important that you have a valid Will and keep it up-to-date, as the Trustee must pay your death benefit to your estate.

Under superannuation law, "dependants" include the following:

- your spouse (includes married and defacto couples),
- your child (includes an adopted child, step child, ex-nuptial child or child of your spouse),
- any person in an 'interdependent relationship' with you, or
- any other person who the Trustee considers was dependent on you for maintenance or support, at the date of your death.

Someone can be in an **interdependent relationship** with you if: you have a close personal relationship, you live together, one or each of you provides the other with financial support, and one or each of you provides the other with domestic support and personal care. **Interdependency** can also arise where two

people have a close personal relationship but don't live together or provide each other with financial support or personal care because of physical, intellectual or psychiatric disability. In most cases, your parents are not considered to be your dependants. If you want your death benefit to go to your parents, you should seek legal advice about arranging for your Will to cater for this.

If your nominated beneficiary doesn't fit into any of the above categories, your nomination may be invalid. Contact us to discuss further.

How do I ensure my Binding death benefit nomination is valid?

When you initially fill in your form you must do the following:

- complete all sections of the form
- ensure the beneficiaries are dependants or your Legal Personal Representative
- ensure the benefit allocation between your beneficiaries adds up to 100.00%, and
- ensure you sign and date the form in front of two witnesses, who must be over 18 years of age and not nominated as beneficiaries.

Your nomination may become invalid if:

- your form was signed more than three years before you die. You must complete a new form or amend or confirm your existing form at least every three years,
- your form is not received by Australian Retirement Trust prior to your death,
- one of your beneficiaries dies before you do,
- one of your nominated dependants is not a dependant at the time of your death, or
- you're no longer a member of Australian Retirement Trust at the time of your death.

What will Australian Retirement Trust do?

It's important that, like a Will, you keep your binding nomination up-to-date.

We'll confirm any new, amended or cancelled nomination. We'll confirm your current binding death benefit nomination details each year with your *Annual statement*. We'll also contact you prior to the expiry of any existing nomination to help ensure you're given the opportunity to complete a new form.

3 **Member authorisation** You MUST sign in front of two witnesses.

I acknowledge and have read the *Member authorisation* below.

- a valid binding death benefit nomination will be binding on the Trustee for this member number only,
- I have read and understood the *Important information* in this form,
- this nomination becomes effective upon acceptance by the Trustee and will remain in effect for three years from the date it was first signed, or last confirmed or amended,
- this nomination will be applied to all accounts under this member number with the exception of any *Income account* where a reversionary beneficiary is recorded,
- I may at any time revoke this nomination by completing a new form,
- by signing this form I consent to the handling of my personal information,
- it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes, and
- this form overrides any previous death benefit nomination for this member number.

Please hand write your signature in blue or black pen. We are unable to accept digital signatures on this form.

Member to sign here*
(Power of Attorney not accepted)

Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

/ / 20

4 **Witness declaration** This form must be signed and dated by both witnesses on the same day as the member.

I declare that:

- The member *signed* and *dated* this *Super Savings Binding death benefit nomination* form in my presence.
- I am over 18 years of age.
- I am *not* the member's Legal Personal Representative (LPR) and I am *not* listed as a beneficiary on this form.

Please hand write your signature in blue or black pen. We are unable to accept digital signatures on this form.

Please return the form to Australian Retirement Trust via Reply Paid 2924 Brisbane Qld 4001 OR australianretirementtrust.com.au/contact-us

Witness 1 to sign here*
(Power of Attorney not accepted)

Witness 1 (please print your full name)*

Date (DD/MM/YYYY)*

/ / 20

Witness 2 to sign here*
(Power of Attorney not accepted)

Witness 2 (please print your full name)*

Date (DD/MM/YYYY)*

/ / 20

Note: If emailing your form, we are unable to accept photographs, screen shots or images captured via scanning applications (e.g. CamScanner).

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Australian Retirement Trust's Privacy Policy, visit australianretirementtrust.com.au/privacy or contact us. This communication contains general information only. Any advice does not take into account your personal objectives, financial situation or needs. You should consider the appropriateness of any advice having regard to your personal objectives, financial situation and needs before acting on that advice. A copy of the *Product Disclosure Statement (PDS)* can be obtained by visiting australianretirementtrust.com.au/pds, or your employer plan's microsite, or by contacting us. You should consider the *PDS* in deciding whether to acquire, or to continue to hold, the product.