

Binding Nomination of Beneficiary Form



This form is used when you want to override the Trustee's discretion when determining how a death benefit is to be paid. You can use this form to establish a new Binding Nomination, or amend or cancel an existing Binding Nomination.

Section 1: PERSONAL DETAILS

Member Number:	<input type="text"/>		
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

Section 2: REASON FOR REQUEST

Please select the reason for your completion of this form:

- ☐ I wish to establish a new binding death benefit nomination
- ☐ I wish to renew or amend an existing binding death benefit nomination
- ☐ I wish to cancel an existing binding death benefit nomination (complete sections 1,2,5,7 and 8 only)

Section 3: TYPE OF NOMINATION

Please select which type of Binding Nomination you are declaring on this form:

- ☐ **Non-Lapsing Binding Nomination**
Non-lapsing means the nomination you make now will not expire, and will remain valid on your account until you notify us otherwise. You can revoke or change your nomination at any time by completing this form.
- ☐ **Lapsing Binding Nomination**
A Lapsing Binding Nomination will remain binding on your account for a period of three years, after which your nomination will become non-binding unless you notify us to renew the nomination. You can revoke the nomination at any time by completing this form.

Section 4: YOUR BENEFICIARIES

<input type="checkbox"/> I'd like to nominate the individual(s) listed below:			
First Name	Last Name	Date of Birth	Portion of Benefit (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependent

First Name	Last Name	Date of Birth	Portion of Benefit (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependent

First Name	Last Name	Date of Birth	Portion of Benefit (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship

☐ Spouse ☐ Child ☐ Interdependent ☐ Financial dependent

First Name	Last Name	Date of Birth	Portion of Benefit (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship

☐ Spouse ☐ Child ☐ Interdependent ☐ Financial dependent

and/or

<input type="checkbox"/> I'd like to nominate the executor or administrator of my estate (my Legal Personal Representative)	Portion of Benefit (%)
<input type="text"/>	<input type="text"/>

The total allocated must equal 100% or all of the nominations will be invalid.

100.00%

Section 5: CANCELLATION OR AMENDMENT OF BINDING DEATH NOMINATIONS

By ticking the box below, you will cancel any binding death nominations currently on your account, and **any nominations included in Section 2 will be added**.

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

Section 6: 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 dependants 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. You may need to consider changing your nomination 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. Your nomination should be reviewed regularly. If, after making a non-lapsing death benefit nomination, you marry, separate or divorce, enter a de facto relationship (including same-sex), have a child, or if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you, then you should review your non-lapsing death benefit nomination or consider making a new nomination.
6. A lapsing binding nomination of beneficiary expires three years after the date on which you sign and date the 'Binding Nomination of Beneficiaries 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. Please note that you will receive a letter prior to the three year expiry date.
7. If, on the 'Binding Nomination of Beneficiaries Form', you nominate a person who is not a dependant, or you nominate a person who is not your Legal Personal Representative, your nomination will be invalid and the Trustee will be required to decide to whom the benefit is paid.
8. For the Binding Nomination of Beneficiaries 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.
9. Nominated beneficiaries may include eligible dependants or a legal representative. Refer to the Additional Information Booklet for an explanation of eligible dependants.
10. You may revoke or change your nomination at any time by completing a new 'Binding Nomination of Beneficiaries Form'.
11. If you have made a valid non-lapsing binding nomination of beneficiary, you will receive a letter every three years to remind you of your binding nomination.

Section 7: MEMBER DECLARATION

This section must be signed by you as a member. A power of attorney signing the form on behalf of a member will not be accepted.

I acknowledge that I have read the 'Important Information about Binding Nomination of Beneficiaries' above and agree to these conditions.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Printed Name	Date

Section 8: WITNESS DECLARATION

Witness 1

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

Printed Name

Date

Witness 2

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

Printed Name

Date

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 c/- The Administrator, Freedom of Choice Super PO Box 3528, Tingalpa DC, QLD 4173

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

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