



NON-LAPSING BINDING NOMINATION OF BENEFICIARIES

This is the form you fill out to make a death benefit nomination for your Future Super account. You can also use this form to cancel your current nomination. You should read the Product Disclosure Statement (PDS) for Future Super before completing this form.

The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from www.myfuturesuper.com.au or on request by phoning 1300 658 422

This form must be posted to Future Super GPO Box 1858, Sydney, NSW 2001

Section 1 Personal details

Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Member number	<input type="text"/>				
Date of Birth	<input type="text"/>				
Gender	<input type="text"/>				
Phone number	<input type="text"/>				
Email address	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Section 2 Important information about nominating beneficiaries

Non-lapsing binding nomination

A valid non-lapsing binding nomination is legally binding on the Trustee. In order to be valid the person(s) nominated must qualify for payment under the law and meet the definition of a dependant as outlined below:

You can nominate a dependant, your legal personal representative or a person with whom you have an interdependency relationship as your beneficiary. 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.

Dependants - 'Dependant' is defined as:

- (a) the spouse of the person, any child of the person and any person with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of their death); and
- (b) any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of their death) wholly or partially dependent on the person.

Interdependency:

Two persons have an interdependency relationship if:

- (a) they have a close personal relationship; and
- (b) they live together; and
- (c) one or each of them provides the other with financial support; and
- (d) one or each of them provides the other with domestic support and personal care.

Two people have interdependency if they have a close personal relationship but do not satisfy the other requirements of an interdependency relationship because either or both of them suffer from physical, intellectual or psychiatric disability.

You may confirm, amend or revoke your death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date.

Once properly made, your nomination replaces any previous nomination you may have made. We will write to you and confirm any new, amended or cancelled nomination. We will confirm your current binding death benefit nomination details each year with your annual statement.

A death benefit nomination will become invalid if:

- one of your beneficiaries dies before you do
- one of your nominated dependants is not a dependant at the time of your death, or
- the nomination was not made directly by you (it is the Trustee policy not to accept nominations through Power of Attorneys, or from anyone other than you)

If your nomination is invalid at the time of your death it will be treated as a non-binding nomination.

Section 4 Beneficiary details

If you would like your benefit to be paid to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option, otherwise please complete the details of the people you would like your benefit to be paid to as well as the percentage of the benefit they should receive. The total must add to 100%.

Legal Personal Representative

Beneficiary 1

Full Name	Date of Birth	Relationship to you	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2

Full Name	Date of Birth	Relationship to you	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 3

Full Name	Date of Birth	Relationship to you	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 4

Full Name	Date of Birth	Relationship to you	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 5

Full Name	Date of Birth	Relationship to you	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to nominate more than 5 beneficiaries please include more than one copy of this page.

Section 5 Cancellation of nomination of beneficiaries

Only tick this box if you would like to remove any existing beneficiaries from your account and will not be making a new nomination at this time.

I would like to cancel my current death benefit nomination.

Section 6 Declaration and Signature

By completing this form I confirm that:

- I have read and understand the information in the Future Super Product Disclosure Statements (PDS)
- I authorise the Trustee to change the details of my Future Super account as shown on this form
- I understand that a non-lapsing binding nomination will be binding on the Trustee
- In the event of my death any benefit payable should be paid in accordance with the instructions on this form.
- I understand that if this form is non-binding or invalid the Trustee may not pay my benefit to the people named in this form.
- I may revoke this nomination at any time by completing a new form
- It is my responsibility to ensure my nomination remains valid and continues to reflect my wishes
- This form overrides any previous death benefit nomination for this member number.

x

.....
Signature Date/...../.....

Section 7 Witness Declaration

I declare that the member signed and dated this nomination form in my presence. I am over 18 years of age and I am not listed as a beneficiary on this form.

Witness 1

x

.....
Signature Date/...../.....

.....
Print name DOB/...../.....

Witness 2

x

.....
Signature Date/...../.....

.....
Print name DOB/...../.....