

# Beneficiaries Nomination

## Important notes on completing this form:

- For State Super Personal Retirement Plan and Allocated Pension Fund use only.
- Complete the form using a BLACK PEN.
- Print in clear CAPITAL LETTERS.
- Mark answer boxes with a cross (X).
- The Trustee will not accept a Beneficiaries Nomination form executed under a Power of Attorney.
- It is important to have a will that is consistent with any non-binding nomination.



## 1. INVESTOR DETAILS

Client code  Title  Mr  Mrs  Miss  Ms  Other

Surname  Given name(s)

Do you wish to apply this nomination to all investments with SSFS?

Yes  Your nomination will apply to all accounts you hold in the Personal Retirement Fund and the State Super Allocated and Term Allocated Pension Funds.

No  Select product & specify account number(s) Product PRP  AP  TAP  A/c no. 1  A/c no. 2

## 2. NOMINATED BENEFICIARIES (The total nomination must equal 100%)

### BENEFICIARY 1

Title  Mr  Mrs  Miss  Ms  Other

Surname

Given name(s)

Residential address

Street address

Suburb

State  Postcode

Client code  Home phone no. (include area code)

Date of birth  /  /  Gender M  F

Relationship to you Spouse  Child  Other dependant

Planner (Office Use Only)

### BENEFICIARY 2

Title  Mr  Mrs  Miss  Ms  Other

Surname

Given name(s)

Residential address

Street address

Suburb

State  Postcode

Client code  Home phone no. (include area code)

Date of birth  /  /  Gender M  F

Relationship to you Spouse  Child  Other dependant

Planner (Office Use Only)

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<b>BENEFICIARY 1</b> – Specify % of benefit	A	<input type="text"/>	%
<b>BENEFICIARY 2</b> – Specify % of benefit	B	<input type="text"/>	%
<b>YOUR ESTATE</b> – Specify % of benefit	C	<input type="text"/>	%

Please complete additional forms if you wish to nominate more than 2 beneficiaries.

<b>TOTAL NOMINATION</b>	A + B + C	<input type="text"/>	%
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◀ Total nomination A + B + C above MUST equal 100%

### 3. INVESTOR DECLARATIONS AND SIGNATURE

I declare that:

- All information provided by me in this form is accurate and complete.
- I have read, or have had the opportunity to read, the death benefits and nominations section in the current Product Disclosure Statement for the State Super Retirement Fund (PDS), as well as in any supplements or on-line updates to the PDS.
- I request that the trustee accept my death benefit nomination.

The Trustee will not accept a Beneficiaries Nomination form executed under a Power of Attorney.

#### Signature of Investor

X

Date signed

/ /

If you are making a **Binding Nomination** Section 4 must be completed ►

#### IMPORTANT INFORMATION

##### Who is a dependant?

A "dependant" is defined under superannuation law and is generally any of the following:

- Your spouse
- De facto spouse
- Child (including step or adopted child);
- Any person with whom you were in an interdependency relationship\*; or
- Any other person financially dependent on you at the time of your death.

\* An "interdependency relationship" is one where two persons, whether or not related:

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

Where there is a close personal relationship between two people but because of a disability a person is unable to meet the other requirements as listed above then this will still qualify as an interdependency relationship.

##### Binding Nominations

If you indicate that your nomination(s) is to be binding on the trustee, the trustee is bound to pay to the Estate the percentage of your account balance specified, provided your binding nomination is current and valid at the time of your death.

Please note that special conditions apply in order for your binding nomination(s) to be valid. These include:

- A binding nomination must be witnessed and signed on the same day by two persons over age18 who are NOT your nominated beneficiaries for this investment.
- A binding nomination is only valid for 3 years from the date it became effective, after which time it lapses. After that time, you must provide a fresh nomination to bind the trustee;
- Your nominated beneficiary must survive you; and
- If you nominate a beneficiary other than your Estate, that person must be a dependant at the time of your death.

### 4. WITNESS SIGNATURES

Complete this section only if you wish to make a **binding nomination**. If this section is completed the Trustee will treat this as a binding nomination.

Each of us declare that:

- I am 18 years or over;
- I am not a nominated beneficiary of this investor;
- this form was signed and dated by the investor in my presence.

#### IMPORTANT NOTE

The **INVESTOR** must sign this form in the presence of **BOTH WITNESSES**. And **BOTH WITNESSES** must sign on the **SAME DATE** as the **INVESTOR**.

If these dates are not the same, or one or more dates are not provided, the nomination will not be valid.

#### Signature of Witness 1

X

Name

Date signed – *Must be the same date that the Investor signed*

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#### Signature of Witness 2

X

Name

Date signed – *Must be the same date that the Investor signed*

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