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NON-LAPSING BINDING NOMINATION OF BENEFICIARIES FORM

Complete this form to make a non-lapsing binding nomination in relation to your Future Super account. You can also use this form to change or cancel an existing nomination.

You can find detailed information about Future Super in our Product Disclosure Statement (PDS), How Future Super Works Guide, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from **www.futuresuper.com.au** or on request by phoning **1300 658 422.**

This form must be posted to **GPO Box 2754, Brisbane QLD 4001.**

To have your nomination applied as Binding, please note:

- You must complete this nomination in either black or blue pen.
- Your witnesses must be present and sign the declaration at the time you complete this nomination.
- If you need to make a correction it must be clearly legible. Please make sure all corrections or changes are initialled and dated by the member and both witnesses.

Section 1 Personal details

Given Name(s)	
Surname	
Member number	
Date of Birth	
Mobile Phone number	
Email address	
Residential Address	

City		State		Postcode	

Section 2 Important Information about Nominating Beneficiaries

Non-lapsing binding nomination

A non-lapsing binding nomination is a legally binding instruction to the Trustee on the beneficiaries that should receive your benefit (being your account balance and any applicable insurance proceeds) in the event of your death whilst a member of Future Super. So long as the nomination itself is valid, the Trustee is bound to follow it. In the event that the non-lapsing binding nomination is found to be invalid, it will be treated as a non-binding nomination.

Who can you nominate?

You can nominate your legal personal representative, **or** one or more of your dependants or persons with whom you have an interdependency relationship, as your beneficiaries.

How long does your nomination last?

Your nomination lasts unless or until you amend or revoke it. You can amend or revoke your 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 nomination details each year as part of the information provided in your Annual Statement.

Dependants –

A 'dependant' is:

(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 for maintenance or support.

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 will also 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.

Making a Valid Nomination

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 no 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 3 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%.

Please tick one of the boxes below:

☐ I would like to nominate my Legal Personal Representative
(Please note if you tick this box, you cannot nominate individual beneficiaries below)

OR

☐ I would like to nominate the beneficiary or beneficiaries listed below

Beneficiary 1

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 2

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 3

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 4

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 5

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

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

Section 4 Cancellation of nomination of beneficiaries

If you would like to remove any existing beneficiaries from your account, but do not want to make a new nomination at this time, please tick the below box. Do not complete this section if you are making a beneficiary nomination under section 3.

☐ I would like to cancel my current death benefit nomination.

Section 5 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided in this form are true and correct.
- I have made an informed decision because I have read and understand the information in the Future Super Product Disclosure Statements (PDS) and How Future Super Works Guiderelevant to beneficiary nominations.
- I authorise the Trustee to change the details of my Future Super account as shown on this form.
- I understand that if this form is invalid or has not been received by the Trustee before I die, 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.
- I understand that it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
- I understand that this form overrides any previous death benefit nomination for this member number.
- I consent to my personal information being used for the purposes of making this nomination.
- I have read and understood the Privacy Statement and understand how Future Super will use my personal information.

x

……

Signature

……../……/……

Date

Please provide a wet signature (signed with a blue or black pen).
We do not accept electronic signatures.

Section 6 Witness Declaration

Two witnesses must sign and date this declaration to ensure that your non-lapsing binding nomination is valid. Signatures must be made by hand and all changes or amendments must be initialed.

I declare that:

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

Witness 1

×

……

Signature

……../……/……

Date

……

Print name

……../……/……

DOB

Witness 2

×

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Signature

……../……/……

Date

……

Print name

……../……/……

DOB

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.futuresuper.com.au/privacy or phone 1300 658 422.