Issued 1 November 2026
Fund ABN 68 964 712 340 | USI 68964712340019

NON-BINDING NOMINATION OF BENEFICIARIES FORM

Complete this form to make a non-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, 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 may be posted to **GPO Box 2754, Brisbane QLD 4001** or scanned and emailed to **info@futuresuper.com.au**.

Section 1 Personal details

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

City		State		Postcode	

Section 2 Important information about nominating beneficiaries

Non-binding nomination

A non-binding nomination is a written request made by you that suggests to the Trustee the beneficiaries that may receive your benefit (being your account balance and any applicable insurance proceeds) in the event of your death whilst a member of Future Super. The Trustee must consider your nomination but is not bound to follow it. The Trustee has the discretion to pay to any one or more of your dependants or your Legal Personal Representative.

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.

Dependant

A dependant is:

(a) The spouse of the person (including a qualifying de-facto spouse of the same or opposite sex), 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); or

(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 a physical, intellectual or psychiatric disability.

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
(If you tick this box then you do not need to fill in the beneficiary details 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 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-binding nomination will not be binding on the Trustee
- I understand that if this form is 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 non-binding death benefit nomination for this member number.

x

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Signature

……../……/……

Date

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** or phone **1300 658 422**.