smart Monday | Group Insurance

Non-lapsing binding nomination of beneficiaries

Complete this form to make a non-lapsing binding nomination of beneficiaries in relation to your smartMonday Group Insurance account.

You can also use this form to revoke or change your nomination.

This form must be printed and signed and may be returned by scanning and emailing to us or by post.

Section 1
Important Information

A non-lapsing binding nomination is a legally binding instruction to the Trustee on the beneficiaries that should receive your benefit (being your insurance proceeds) in the event of your death whilst a member of smartMonday Group Insurance. So long as the nomination is valid, the Trustee is bound to follow it. In the event that the nomination is found to be invalid, it will be treated as a non-binding nomination. (See section 7 for more information).

Who can you nominate?

You can nominate your legal personal representative and/or one or more of your dependants or persons whom you have an interdependency relationship, as your beneficiaries. See section 7 of this document for more information.

How long does your nomination last?

Your nomination will continue 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 keep your nomination up to date. Any new and valid nomination will replace any previous nomination you have made.

Making a valid nomination

If you have completed your form incorrectly, your non-lapsing binding nomination will not be in force until a correctly completed form is received and acknowledged by the trustee. Please ensure you have nominated appropriate beneficiaries and your form has been witnessed.

Section 2
Personal Details

Given Name

Last Name

Member Number

Date of Birth

Phone (Mobile)

Email

Residential Address

City

State

Postcode

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Section 3
Beneficiary Details

If you would like your benefit to be paid (in part or in full) to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option. Otherwise, please complete the beneficiary details below. The total must add to 100%.

☐ Legal Personal Representative % of benefit

Beneficiary 1

Name in Full

% of benefit

Date of Birth Relationship to you

Beneficiary 2

Name in Full

% of benefit

Date of Birth Relationship to you

Beneficiary 3

Name in Full

% of benefit

Date of Birth Relationship to you

Beneficiary 4

Name in Full

% of benefit

Date of Birth Relationship to you

Beneficiary 5

Name in Full

% of benefit

Date of Birth Relationship to you

If you would like to add additional beneficiaries, please include a second copy of this page. Note that the total must add to 100%.

Section 4
Revoking Your Nomination

DO NOT COMPLETE THIS SECTION IF YOU ARE MAKING A BENEFICIARY NOMINATION UNDER SECTION 3.

If you would like to revoke/cancel your existing nomination of beneficiaries from your account, but do not wish to make a new nomination at this time, please tick the box below.

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

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Section 5
Declaration & Signature

By completing this form, I declare that:

- All details I have provided on this form are true and correct.
- I have made an informed decision because I have read and understood the information in the smartMonday Group Insurance Product Disclosure Statement (PDS) and additional information on this form relevant to beneficiary nominations.
- I authorise the Trustee to change the details of my smartMonday Group Insurance 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 insurance benefit to the people named in this form. The trustee may treat this as a non-binding nomination and may be guided by it, but otherwise will pay my death benefit at their discretion and in accordance with the superannuation laws.
- 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 this form overrides any previous death benefit nomination for this member number.
- I have read and understood the smartMonday Privacy Statement (available at smartMonday.com.au) and understand how smartMonday Group Insurance will use my personal information.
- I consent to my personal information being used for the purposes of making this nomination.
- If I am disclosing personal information about another person, I have obtained their consent to disclose their personal information and I have made them aware that the Trustee may disclose their information to third parties that are reasonably necessary to assist in the processing of this nomination. If I have not obtained the consent of the other person, I will inform the Trustee of such.
- Beneficiaries nominated on this form are considered Dependants under superannuation law, or will be my legal personal representative, at the time of nomination and at the time of a death benefit assessment.

Signature

Date

Section 6
Witness Declaration

TWO WITNESSES MUST SIGN AND DATE THIS DECLARATION TO ENSURE THAT YOUR NON-LAPSING BINDING NOMINATION IS VALID. WITNESSES MUST ALSO VALIDATE ANY REVOCATION OF YOUR NOMINATION (SECTION 4).

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

Witness 2

Signature

Date

Print Name

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Section 7

Additional Information and Definitions

You do not need to return this page to us when completing this form.

Dependants

A dependant is:

- 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
- 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:

- They 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.

Making a Valid Nomination

A death benefit 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 Trustee policy not to accept nominations through Power of Attorneys, or from anyone other than you).

Nominations must be signed and witnessed to be valid. The form must be returned in hard copy by post, or by scanning and emailing signed copies.

If your nomination is invalid at the time of your death it will be treated as a non-binding nomination. This means the Trustee may be guided by the nomination, but otherwise will pay my death benefit at their discretion and in accordance with the superannuation laws.

Please note: a binding nomination does not override any court orders that may be in place at the time of assessment of your death benefit.

Contact Information

Please return your completed form to us at: smartMonday Group Insurance, PO Box 1305, South Melbourne VIC 3205. Your form may also be scanned and emailed to us at smartmonday@iasas.com.au

If you have any questions please phone us on 1800 861 856.

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