Non-Lapsing Binding Nomination of Beneficiaries

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

This form and accompanying documents must be posted to **Verve Super, GPO Box 2753, Brisbane QLD 4001**.

Please refer to the Important Information section of this form. If you have any questions or need assistance in completing this form, please contact us on **1300 799 482** or **hello@vervesuper.com.au**.

Section 1: Personal Details

GIVEN NAME(S)

SURNAME

MEMBER NUMBER

DATE OF BIRTH (DD/MM/YYYY)

MOBILE PHONE

EMAIL ADDRESS*

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

*By providing your email address, you consent and authorise us to send you communications, including information required by law, in electronic format (email or similar technologies) whenever possible. You can elect to receive communications by post at any time by contacting Verve Super on **1300 799 482** or by email at **hello@vervesuper.com.au**.

Section 2: 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%.

You can use this section to update an existing beneficiary nomination that you have previously made. So long as the form is valid, this form will override any previous death benefit nomination held by the Trustee for you.

☐ LEGAL PERSONAL REPRESENTATIVE

% OF BENEFIT

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If you wish to nominate more than five beneficiaries, please provide the requested details of each additional beneficiary on a separate page and attach it to this form. *Please refer to the Important Information section of this form.

BENEFICIARY 1

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 2

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 3

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 4

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 5

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO YOU

% OF BENEFIT

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Section 3: 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 4: Declaration and Signature

By completing this form, I declare that:

- I have made an informed decision because I have read and understood the **Product Disclosure Statement** and all related documents to which this non-lapsing binding nomination of beneficiary request applies, available at **www.vervesuper.com.au**
- All the details that I have provided are true and correct.
- I have read the Privacy Statement (below) and consent to Verve Super using my personal information for the purposes as stated.
- I authorise the Trustee to change the details of my Verve 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 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 understand that 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 held by the Trustee for this member number.

SIGNATURE*

.....

* Please ensure that this is an **original signature**. We are unable to accept electronic signatures.

PRINT NAME

DATE

☐☐ / ☐☐ / ☐☐☐☐

PRIVACY STATEMENT: By signing this form you consent to Verve Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed, and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an 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, in order to administer your account. For more information about how your personal information is handled, please view our Privacy Policy at **www.vervesuper.com.au**, phone **1300 799 482** or email us at **hello@vervesuper.com.au**. The Trustee's privacy statement can be found at **stewarda.com.au/privacy-policy**

Section 5: Witness Declaration

Two witnesses must sign and date this declaration to ensure that your non-lapsing binding nomination is valid.

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.

SIGNATURE OF WITNESS 1*

.....

* Please ensure that this is an **original signature**. We are unable to accept electronic signatures.

PRINT NAME

DATE

SIGNATURE OF WITNESS 2*

.....

* Please ensure that this is an **original signature**. We are unable to accept electronic signatures.

PRINT NAME

DATE

CHECKLIST

- ☐ All of your details are correct.
- ☐ You and your two eligible witnesses have signed and dated this form on the same date, and in each other's presence.
- ☐ The form has been signed using original, 'wet' signatures. Digital signatures cannot be accepted.
- ☐ Listed beneficiaries add to a total of 100%.
- ☐ Any errors or changes made on the form have been initialled.
- ☐ Completed form must be posted to **Verve Super, GPO Box 2753, Brisbane QLD 4001.**

Important Information About Nominating Beneficiaries

A non-lapsing binding death benefit 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 Verve Super. **So long as the nomination itself is valid, the Trustee is bound to follow it.**

A non-lapsing binding death benefit nomination will become invalid if one of your nominated dependants dies before you do or is found not to be a dependant at the time of your death, or if the nomination was not made directly by you (it is the Trustee's policy not to accept nominations through Powers of Attorney, or from anyone other than the member).

In the event that the non-lapsing binding death benefit nomination is found to be invalid, it will be treated as a non-binding death benefit 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.

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 Relationship

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.

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.

You can find detailed information about Verve Super in our **Product Disclosure Statement (PDS)**, **Target Market Determination (TMD)**, **How Verve Super Works Guide**, **Insurance Guide**, **Financial Services Guide** and **Privacy Policy**, all of which can be obtained from **www.vervesuper.com.au** or on request by phoning **1300 799 482**.

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