

# Income stream death benefit nomination, update or cancellation

You should use this form if you wish to **make, update** or **cancel** a death benefit nomination for your First State Super income stream. There are three types of income stream death benefit nomination that you can make, update or cancel:

- **Reversionary** beneficiary death benefit nomination (only your spouse or de facto may be nominated as your reversionary beneficiary); or
- **Binding** death benefit nomination; or
- **Non-binding** death benefit nomination.

**Reversionary beneficiary nomination:** If you nominate your spouse or de facto as a reversionary beneficiary, they will continue to receive your income stream (or have the option of cashing your income stream account balance as a lump sum) as long as they are your spouse at the time of your death. If you have not nominated a reversionary beneficiary, and you have not made a binding death benefit nomination, then the Trustee can decide who your death benefit will be paid to in the event of your death.

**Binding nomination:** A valid binding death benefit nomination binds the Trustee to pay your death benefit according to your wishes. It provides certainty about who will receive your death benefit in the event of your death.

**Non-binding nomination:** A non-binding death benefit nomination will be taken into consideration by the Trustee but the Trustee is not bound to follow it. The Trustee may exercise its own discretion when deciding who will receive the benefit in the event of your death.

The people you may nominate under a binding or non-binding nomination must be one or more of the following at the time the Trustee pays the benefit:

- your current spouse or de facto
- your children, including step, adopted and ex-nuptial children
- any person(s) financially dependent on you
- a person in an interdependency relationship with you
- your legal personal representative – the executor or administrator of your estate.

Refer to the Explanatory notes on page 6 and the First State Super Superannuation Income Streams **Member Booklet** (Product Disclosure Statement) under **Tailor your income stream/Choosing your beneficiaries** for more information.

**Please print clearly in black ink.**

## 1. Your personal details

Member number	Title (Mr Mrs Ms Miss Dr)	Male	Female	Birth date	(DD-MM-YYYY)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name					
<input type="text"/>					
Given name/s					
<input type="text"/>					
Postal address					
<input type="text"/>					
Suburb				State	
<input type="text"/>				<input type="text"/>	
Work or Home		Daytime contact telephone number		Mobile number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Email address					
<input type="text"/>					
<input type="text"/>					

## 2. What would you like to do?

Please  cross the appropriate box.

### Reversionary beneficiary nomination

- I would like to nominate my **spouse or de facto** as my **reversionary** beneficiary and this nomination will **cancel and replace** any existing reversionary beneficiary, binding or non-binding death benefit nomination.

*If you are making a new **reversionary** beneficiary nomination, or cancelling and replacing an existing **reversionary** beneficiary or **non-binding** death benefit nomination, please complete, sign and date **Section 3 Reversionary beneficiary nomination**. No witnesses are required.*

*If you are replacing an existing **binding** death benefit nomination, please complete, sign and date **Section 3 Reversionary beneficiary nomination AND ALSO** sign and date **Section 5 Member declaration for new, updated and cancelled binding nominations**, and ensure that two witnesses sign and date **Section 6 Witness declarations for new, updated and cancelled binding nominations**. The date on the member declaration and witness declarations **MUST** be the same.*

OR

- I would like to **cancel and not replace** my existing **reversionary** beneficiary nomination.

*Please sign and date **Section 3 Reversionary beneficiary nomination**. No witnesses are required.*

OR

### Binding death benefit nomination

- I would like to make a **binding** death benefit nomination that will **cancel and replace** any existing reversionary beneficiary, binding or non-binding death benefit nomination.

*Please complete the table at **Section 4 Details of beneficiaries**; read, sign and date **Section 5 Member declaration for new, updated and cancelled binding nominations**; and ensure that two witnesses sign and date **Section 6 Witness declarations for new, updated and cancelled binding nominations**. The date on the Member declaration and Witness declarations **MUST** be the same.*

OR

- I would like to **cancel and not replace** my existing **binding** death benefit nomination.

*Please read, sign and date **Section 5 Member declaration for new, updated and cancelled binding nominations** and ensure that two witnesses sign and date **Section 6 Witness declarations for new, updated and cancelled binding nominations**. The date on the member declaration and witness declarations **MUST** be the same.*

OR

### Non-binding death benefit nomination

- I would like to make a **non-binding** death benefit nomination that will **cancel and replace** any existing reversionary beneficiary, binding or non-binding death benefit nomination.

*If you are making a new **non-binding** death benefit nomination, or cancelling and replacing an existing non-binding nomination or reversionary nomination, please complete, sign and date the table at **Section 4 Details of beneficiaries** and also read, sign and date **Section 7 Member declaration for new, updated and cancelled non-binding nominations**. No witnesses are required.*

*If you are cancelling and replacing an existing **binding** death benefit nomination with a non-binding nomination, please complete, sign and date the table at **Section 4 Details of beneficiaries**. You must read, sign and date **Section 5 Member declaration for new, updated and cancelled binding nominations**, and ensure that two witnesses sign and date **Section 6 Witness declarations for new, updated and cancelled binding nominations**. The date on the Member declaration and Witness declarations **MUST** be the same.*

OR

- I would like to **cancel and not replace** my existing **non-binding** death benefit nomination.

*Please read, sign and date **Section 7 Member declaration for new, updated and cancelled non-binding nominations**. No witnesses are required.*

### 3. Reversionary beneficiary nomination (only your spouse may be nominated)

Please provide the details below and sign and date the signature panel if you are **making** a reversionary beneficiary nomination or **amending** an existing reversionary beneficiary nomination. You can only nominate your spouse or de facto as a reversionary beneficiary. If you are **cancelling** an existing reversionary nomination, you only have to sign and date the signature panel.

Title (Mr Mrs Ms Miss Dr)      Male Female   Birth date (DD-MM-YYYY)  -  -

Family name

Given name/s

Relationship to you

Signature

Date

  /   /     

### 4. Details of beneficiaries

If you are making a binding or non-binding death benefit nomination, please record the details for each nominated beneficiary in the table.

**IMPORTANT: Only** those people listed in the **Relationship** column or your **legal personal representative** or a combination of both may be nominated as your beneficiaries. Decimals and fractions are not permitted and nominations must total 100%. If, for example, you wish to split your death benefit into thirds, you will have to round to the nearest whole percentage ie. 33%, 33% and 34%.

**In the event of my death, I nominate that my death benefit be paid as follows:**

Title	Beneficiary Name	Date of birth	Gender M or F	Relationship (only these people may be nominated)	% of lump sum benefit*
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Family Name <input type="text"/> <input type="text"/> Given Name (s) <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Spouse / de facto, <b>or</b> <input type="checkbox"/> Child, <b>or</b> <input type="checkbox"/> Financially dependent, <b>or</b> <input type="checkbox"/> Interdependency relationship	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Family Name <input type="text"/> <input type="text"/> Given Name (s) <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Spouse / de facto, <b>or</b> <input type="checkbox"/> Child, <b>or</b> <input type="checkbox"/> Financially dependent, <b>or</b> <input type="checkbox"/> Interdependency relationship	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Family Name <input type="text"/> <input type="text"/> Given Name (s) <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Spouse / de facto, <b>or</b> <input type="checkbox"/> Child, <b>or</b> <input type="checkbox"/> Financially dependent, <b>or</b> <input type="checkbox"/> Interdependency relationship	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Family Name <input type="text"/> <input type="text"/> Given Name (s) <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Spouse / de facto, <b>or</b> <input type="checkbox"/> Child, <b>or</b> <input type="checkbox"/> Financially dependent, <b>or</b> <input type="checkbox"/> Interdependency relationship	<input type="text"/> <input type="text"/> <input type="text"/> %
To my legal personal representative as per my legal will					<input type="text"/> <input type="text"/> <input type="text"/> %
<b>*Decimals are not permitted and nominations must total 100%</b>					<b>100%</b>





## Explanatory notes

### Reversionary beneficiary nominations

You can nominate your **spouse** (and **ONLY** your spouse) as a reversionary beneficiary at any time by completing Section 3 of this form. This means that if you die with money in your income stream account, your spouse will continue to receive your income stream (or have the option of cashing out your income stream account as a lump sum), as long as he or she is your spouse at the time of your death. If you have not nominated a reversionary beneficiary, the Trustee may exercise its discretion in determining the beneficiaries of any death benefit. If you do not wish to nominate a reversionary beneficiary, you can nominate one or more of your dependants as beneficiaries by completing Sections 4 through 7 as appropriate, depending on whether you wish to make a binding or non-binding death benefit nomination.

### Binding death benefit nominations

If you want **certainty** about who will receive your benefit when you die, you can make a binding death benefit nomination which (if valid and subject to superannuation law) **binds** the Trustee to pay your death benefit according to your wishes.

A binding death benefit nomination can affect your estate planning, so consider your options and circumstances carefully, and seek help from a licensed or authorised financial adviser before making or altering a binding death benefit nomination.

While you may nominate more than one person, the people you nominate must be one or more of the following at the time the Trustee pays the benefit:

- your current spouse or de facto
- your children, including step, adopted and ex-nuptial children
- any person(s) financially dependent on you
- a person in an interdependent relationship with you
- your legal personal representative – the executor or administrator of your estate.

### Non-binding (preferred) death benefit nominations

The Trustee will take a non-binding or preferred death benefit nomination into consideration when determining who will receive your death benefit in the event of your death, but the Trustee is **not bound** to follow this nomination. This means that if you have made a non-binding death benefit nomination, the Trustee may exercise its own discretion in determining the beneficiaries of any death benefit under First State Super's Trust Deed. The people you can nominate as beneficiaries under a non-binding death benefit nomination are the same as those for binding death benefit nominations.

### To make a valid binding or non-binding nomination, you must:

- Make the nomination in writing, preferably using this form.
- Provide the full name(s), date(s) of birth and relationship to you of your nominated beneficiaries. If you wish to nominate your estate, please insert the percentage next to "To my legal personal representative as per my legal will" at the bottom of Section 4.
- Clearly state the percentage of the benefit to be paid to each nominee (in whole numbers) and make sure the percentages add up to 100%. For example, if you split between 3 people, you may wish to show the percentages as 33%, 33% and 34%.
- Sign and date the nomination. If you are making, updating or cancelling a **binding nomination**, this **MUST** be done in the presence of two witnesses, who are 18 years of age or older and not nominated as beneficiaries. The two witnesses must complete, sign and date the witness declaration on the same day that you complete, sign and date the form.
- Send the nomination to First State Super, PO Box 1229, Wollongong NSW 2500. It will only become effective once we receive it, and if all the above steps have been correctly completed.

### Further information

If you need to make a more detailed nomination, please prepare a letter which meets the conditions listed above.

Please note:

- A new **binding** nomination will override any existing binding or non-binding death benefit nomination.
- A binding death benefit nomination is valid for up to three (3) years after the day it was first signed, or last confirmed or amended.
- An existing binding death benefit nomination can be confirmed by you at any time in writing (signed and dated), without the need to be witnessed.
- If you wish to amend or cancel your binding or non-binding death benefit nomination, you must complete a new form and follow the steps outlined above.
- We will write to you to acknowledge receipt of any nominations, confirmations or changes you make. If your nomination is invalid at the time of payment of a death benefit, the Trustee may exercise its discretion in determining the beneficiaries of any death benefit.
- Please consider your options and circumstances carefully and seek help from a licensed or authorised financial adviser before making or altering a death benefit nomination.



**Return the completed form to First State Super PO Box 1229 WOLLONGONG NSW 2500**

If you have any enquiries please call Customer Service on **1300 650 873** between 8:30 am and 5:30 pm AEST from Monday to Friday for the cost of a local call (unless calling from a mobile or pay phone).