

# Make, amend or cancel a death benefit nomination



**Complete this form if you would like to nominate a particular person, persons or legal personal representative to receive the balance of your account in the event of your death. You can also use this form to cancel your existing binding or non-binding nomination.**

- This form can be used for all Aware Super accounts except for Lifetime Pension accounts.
- A lapsing binding death benefit nomination is valid for three years from the date it is signed by you and your witnesses.
- A non-lapsing binding death benefit nomination is valid until you amend or cancel (revoke) it.
- If you are making a new binding nomination, this will cancel any previous binding or non-binding nomination made.
- For your nomination to be valid, your form must have all relevant sections fully completed, and have been correctly witnessed and received by the Trustee before your death. Only originals of this form, without alteration, will be accepted. If you make a mistake, you should complete a new form.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. If you have any questions, please contact our Member Support Team on **1300 650 873**.

**i** You **MUST** select one of the options in Step 1. If you select more than one option or no option at all, your form will not be accepted.

## Step 1: Tell us what you'd like to do

Please select (X) one of the options below:

- Make or amend a non-lapsing binding nomination (Complete steps 2, 3<sup>^</sup>, 4<sup>^</sup>, 5, 8 and 9)
- Make or amend a lapsing binding nomination (Complete steps 2, 3<sup>^</sup>, 4<sup>^</sup>, 5, 8 and 9)
- Cancel my existing lapsing or non-lapsing binding nomination without making a new nomination (Complete steps 2, 6, 8 and 9)
- Cancel my existing non-binding nomination (New non-binding nominations cannot be made) (Complete steps 2, 6 and 8)

<sup>^</sup> If you are a Police Blue Ribbon Super or Ambulance Officers' Super member, no need to complete Step 3 – just complete Step 4.

**i** \* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

## Step 2: Your personal details

Member number*	Date of birth* (DD-MM-YYYY)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name\*

Middle name

Last name\*

Home address\* (must not be a PO Box)

Suburb*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Mobile number*	Daytime contact number
<input type="text"/>	<input type="text"/>

Email (Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.)

By providing my email address I'm consenting to receive communications from Aware Super digitally as appropriate and in accordance with Aware Super's Privacy Policy. I understand I can change my communication preferences at any time by logging into Member Online or calling Aware Super on **1300 650 873**. (The above is not applicable for defined benefit accounts as correspondence notifications for these accounts will not be sent via email and you will not be able to view any correspondence items or account information specific to defined benefits online).

**i** If you hold a Police Blue Ribbon Super or Ambulance Officers' Super account, you do not need to complete Step 3. Please complete Step 4 to provide your account number/s to which your nomination applies.

### Step 3: Select the Aware account/s for which this nomination applies

Please select (X) one of the options below:

- Apply to all my Aware Super accounts, **OR**
- Apply to my below advised nominated account number/s only

**Account number/s**

**OR**  New account

Note: You cannot make a binding death benefit nomination on an existing Retirement Income or Term Allocated Pension account if there is already a reversionary nomination in place. If you would like to make a binding nomination, you must first cancel the existing reversionary beneficiary nomination on your account by completing the *Make, amend or cancel a reversionary beneficiary nomination (V211)* form.

### Step 4: Police Blue Ribbon Super and Ambulance Officers' Super account/s for which this nomination applies

**This step is to be completed by Police Blue Ribbon Super or Ambulance Officers' Super members only.**

If you are a Police Blue Ribbon Super or Ambulance Officers' Super member, your nomination will apply to your compulsory insurance account **and** any Police Blue Ribbon Super or Ambulance Officers' Super superannuation account you hold. You cannot make a separate nomination for each account.

If you have both accounts, you can nominate either account number for the nomination to apply across both your accounts. Please provide either your Police Blue Ribbon Super or Ambulance Officers' Super account number:

**Account number**

**i** If you wish to nominate more than four beneficiaries, please provide the necessary beneficiary and witness details on another form or in a separate letter, which is signed and witnessed, and attached to this form.

### Step 5: Make or amend a death benefit nomination

You can choose to have your death benefit paid to your **legal personal representative** and/or one or more **dependants** or a combination of both. If you are nominating multiple beneficiaries, the proportions must add up to 100% and must be in whole numbers, we cannot accept fractions or decimals.

Full name	Portion of benefit %
<b>Beneficiary #1</b>	
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Date of birth (DD-MM-YYYY)	Contact phone number
<input type="text"/>	<input type="text"/>
Relationship: <input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependant <input type="checkbox"/> Financial dependant	
<b>Beneficiary #2</b>	
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Date of birth (DD-MM-YYYY)	Contact phone number
<input type="text"/>	<input type="text"/>
Relationship: <input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependant <input type="checkbox"/> Financial dependant	
<b>Beneficiary #3</b>	
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Date of birth (DD-MM-YYYY)	Contact phone number
<input type="text"/>	<input type="text"/>
Relationship: <input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependant <input type="checkbox"/> Financial dependant	
<b>Beneficiary #4</b>	
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Date of birth (DD-MM-YYYY)	Contact phone number
<input type="text"/>	<input type="text"/>
Relationship: <input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependant <input type="checkbox"/> Financial dependant	

## Step 5: Make or amend a death benefit nomination (continued)

### Beneficiary #5

	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
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Date of birth (DD-MM-YYYY)

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Contact phone number

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Relationship:  Spouse/de facto  Child  Interdependent  Financial dependant

### Beneficiary #6

	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
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Date of birth (DD-MM-YYYY)

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Contact phone number

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Relationship:  Spouse/de facto  Child  Interdependent  Financial dependant

### Beneficiary #7

	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
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Date of birth (DD-MM-YYYY)

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Contact phone number

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Relationship:  Spouse/de facto  Child  Interdependent  Financial dependant

### Beneficiary #8

	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
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Date of birth (DD-MM-YYYY)

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Contact phone number

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Relationship:  Spouse/de facto  Child  Interdependent  Financial dependant

### AND/OR

My Legal Personal Representative (My Estate)

			%
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**TOTAL**

1	0	0	%
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We must receive your nomination in writing prior to your death for it to be valid.

## Step 6: Cancel your existing death benefit nomination

If you cancel your existing death benefit nomination without making a new death benefit nomination, in the event of your death, the Trustee will decide how to pay your death benefit based on super law and the fund rules. For more information refer to the **Notes** section of this form.

I wish to cancel my current death benefit nomination on the following account/s

**Account number/s**

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**Note:** If you have an existing reversionary beneficiary nomination on your Retirement Income or Term Allocated Pension account that you wish to cancel, you need to complete the *Make, amend or cancel a reversionary beneficiary nomination (V211)* form.

## Step 7: Read our privacy information

The personal information provided on this form is collected and held by Aware Super, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts, assessing claims and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit **aware.com.au/privacy** to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.



## What is a binding nomination?

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death. If there is a valid binding death benefit nomination on a member's account at the time of their death, the Trustee is required by law to pay those beneficiaries and/or Legal Personal Representative (LPR) the death benefit. Binding nominations are subject to specific legislative conditions and witnessing formalities.

**Note: It is important that you update your binding death benefit nomination if there is a significant change to your family circumstances. This will ensure that your nomination continues to reflect your wishes. Significant changes may include the death of a dependant, the birth of a child or the end of a relationship. Your binding death benefit nomination will generally remain valid despite a change in your circumstances. Therefore, if you do not update your nomination, it may no longer reflect your wishes.**

## Who can I nominate as a beneficiary?

For your nomination to be valid, you can only nominate a person or persons who are classified as **dependants for superannuation purposes or your LPR**. The nomination will only be valid if the person is still a dependant at the time of your death and/or if an estate exists.

## Who is considered an LPR?

An LPR is either an executor named in your Will who is able to be granted Probate or the administrator of your estate (where there is no Will), who has been granted Letters of Administration.

## Who is considered a dependant?

A dependant for superannuation purposes includes, your spouse or de facto spouse, children and anyone who is wholly or partially financially dependent on you, or in an interdependency relationship with you, when you die.

**Spouse** is someone (regardless of gender) with whom you are in a relationship that is registered under a law of a State or Territory, or another person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple.

**Child** includes an adopted child, a stepchild or an ex-nuptial child, a child of your spouse, and someone who is your child within the meaning of the Family Law Act 1975.

A **financial dependant** is someone who relies on you to help them meet their daily living expenses such as utility and household expenses, rent and shared financial commitments like mortgage repayments or other loans.

An **interdependency relationship** may exist between two people 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 of a type and quality normally provided in a close personal relationship, rather than by a mere friend or flat mate

### OR

- they have a 'close personal relationship'; and they do not live together, nor provide each other with financial support, nor provide each other with domestic support and personal care because one or both suffer from a disability

### OR

- they have a 'close personal relationship'; and
- they do not live together, nor provide each other with domestic support and personal care because they are temporarily living apart.

A 'close personal relationship' is one that involves a demonstrated and ongoing commitment to the emotional support and wellbeing of the two parties. Two persons do not have an interdependent relationship if one of them provides domestic support and personal care to the other:

- under an employment contract or a contract for services; or
- on behalf of another person or organization such as a government agency, a body corporate or a benevolent or charitable organisation.

For more detailed information please read the relevant sections in the Product Disclosure Statement and Handbooks applicable to your membership (available at [aware.com.au](http://aware.com.au)).

## VicSuper Beneficiary Accounts before July 2002

If you have a VicSuper Beneficiary Account that was opened in the Victorian Superannuation Fund before 1 July 2002, a legislative requirement at that time stipulated that death benefits would be paid to your LPR in the event of your death. This still applies unless you elect otherwise. By completing this form and signing the declaration, you are giving the Trustee discretion to distribute your super benefits as you have set within this form.

## Police Blue Ribbon Super and Ambulance Officers' Super members

If you are a Police Blue Ribbon Super or Ambulance Officers' Super member, this nomination will apply to your compulsory insurance account **and** any Police Blue Ribbon Super or Ambulance Officers' Super superannuation account you hold. You cannot make a separate nomination for each account. You can nominate either account number for the nomination to apply across both your accounts (if applicable).

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