

Binding nomination of beneficiaries: confirmation/revocation



INSTRUCTIONS / CHECKLIST

Note: When completing the form please use a **BLACK PEN** and write clearly using **BLOCK LETTERS**.

1. If you wish to re-confirm your binding nomination made by you previously, please complete steps 1 and 3. Done
2. If you wish to amend your binding nomination made by you previously, please complete steps 1, 2, 3 and 4. Done
3. If you wish to change your binding nomination to a non-binding nomination, please complete steps 1, 2 and 3. Done
4. If you wish to revoke your nomination made by you previously, please complete steps 1, 3 and 4.
5. Your nomination will be binding if it complies with the requirements set out below and is accepted by the trustee. If you have more than one Summit or Generations Superannuation account, please complete a separate form for each account. Done
6. Please send the completed form to Summit Service, GPO Box 2754 Melbourne VIC 3001. Done
7. It is recommended that you seek financial advice as to any possible tax consequences prior to completing this form. Done

Please ensure this request is complete before submitting. Incomplete requests will require follow up and are likely to result in processing delays.

NOMINATION CONDITIONS

You may choose from two options for nominating how a death benefit would be paid in the event of your death. The options are:

- binding death benefit nomination, or
- non-binding death benefit nomination.

Your financial adviser can assist you in assessing your estate planning options.

Regardless of the option chosen, the Trustee must generally ensure that the benefits are paid to your legal personal representative and/or 'dependants' as defined in the Fund's Trust Deed and applicable superannuation law.

Who is a dependant?

A dependant is defined as:

- your spouse
- each child (including an adopted child, step child or an ex-nuptial child) of a member and the child of a member's spouse
- any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care)
- any person who in the opinion of the Trustee is, or was at the relevant time, dependent in whole or in part upon the member, and
- any other person treated for the purpose of superannuation law as a dependant.

The beneficiary of your death benefit can ask to receive a payment in lump sum or pension form or a combination of both.

Who is a spouse?

A spouse is a person who is legally married to the member or a de facto spouse of the member, and includes a same-sex partner.

Option 1 Binding death benefit nomination

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death.

The Trustee is bound to pay your benefit to the person(s) you have nominated as long as your nomination:

- is valid
- has been made in the prescribed manner
- is received by the Trustee before your death
- has not expired, and
- the nominated person(s) is a dependant at the time of your death and/or your legal personal representative.

If your nomination is no longer valid or has expired, the Trustee will have discretion to determine to whom your death benefit is paid.

To be valid, a binding nomination must:

- be fully completed, signed and dated by you
- be witnessed by two people who are 18 years of age or older and neither of whom are nominated on the form. Each witness must also sign and date the witness declaration section, and
- nominate one or more dependants and/or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100 per cent.

Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update your nomination as your personal circumstances change. It is your responsibility to keep your nomination up to date and review it every three years. You may update your nomination by completing a new binding death benefit nomination form at any time.

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<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/>
Client reference number (eg 0013102-D2-01)	Client name

STEP 2: DETAILS OF NOMINATED BENEFICIARIES

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Given name	Surname	Date of birth	% of benefit	

Address

Relationship to client: Spouse Child De facto Interdependent Legal personal representative Dependant (other - please specify)

2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Given name	Surname	Date of birth	% of benefit	

Address

Relationship to client: Spouse Child De facto Interdependent Legal personal representative Dependant (other - please specify)

3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Given name	Surname	Date of birth	% of benefit	

Address

Relationship to client: Spouse Child De facto Interdependent Legal personal representative Dependant (other - please specify)

4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Given name	Surname	Date of birth	% of benefit	

Address

Relationship to client: Spouse Child De facto Interdependent Legal personal representative Dependant (other - please specify)

STEP 3: SIGNATURE OF APPLICANT

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Client signature	Date

STEP 4: BINDING NOMINATION WITNESS SIGNATURES

Witness A - I declare that the above notice was signed and dated by the applicant in my presence and that I am 18 years of age or older.

<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	Name	Date

Witness B - I declare that the above notice was signed and dated by the applicant in my presence and that I am 18 years of age or older.

<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	Name	Date