



# Binding Beneficiary Nomination Form

## Important information about this form

This is the **Binding Beneficiary Nomination Form** for **PSSap** and **ADF Super** members.

Use this form to nominate, renew or revoke an existing nomination of, one or more dependants and/or a legal personal representative, who you would like your benefit paid to when you die.

To support you to make an informed decision, see the **Beneficiary nomination factsheet**, and/or the relevant **Product Disclosure Statement** at [csc.gov.au](http://csc.gov.au)

To ensure your nomination is valid, complete all fields in **Sections A** and **B**. Then complete **Sections C, D** and **E** as directed from **Section B**.

Your nomination will remain valid for three years from the date you first sign, last confirm or amend this form.

## How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this  with a ✓ or ✗ then fill out the next question or section.

## Submitting your form

Post:

**PSSap Beneficiary Nomination**

Locked Bag 20117

Melbourne VIC 3001

Email:

[formsandapplications@pssap.com.au](mailto:formsandapplications@pssap.com.au)

Post:

**ADF Super Beneficiary Nomination**

Locked Bag 20116

Melbourne VIC 3001

Email:

[formsandapplications@adfsuper.gov.au](mailto:formsandapplications@adfsuper.gov.au)

## Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details.

Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at [csc.gov.au/Members/Privacy-policy/](http://csc.gov.au/Members/Privacy-policy/)







# D Declaration

I declare:

- I have read and understand the [factsheet](#).
- The information I have provided on this form is complete and correct.
- I have read and understand the **PSSap/ADF Super PDS**.
- I understand that this beneficiary nomination form is only valid if:
  - The beneficiaries listed are either my spouse (incl. de facto), children (incl. adopted, step or ex-nuptial children, or a child within the meaning of the *Family Law Act 1975*), a person with whom I have an interdependency relationship, or Legal Personal Representative (the executor nominated in my Will or the administrator otherwise appointed to my estate).
  - I am nominating a new beneficiary, renewing or changing an existing nomination, this form is signed by me in the presence of two witnesses, who are 18 years of age or older and not listed as a beneficiary on this form.

I understand:

- Both witnesses (if applicable) have signed and dated on the same day as me.
- A binding nomination is only effective for three years from the date it is first signed, last confirmed or amended and received by Commonwealth Superannuation Corporation (CSC) before my death.
- My beneficiaries and I will be bound by the provisions of the PSSap/ADF Super Trust Deed.
- I can cancel or amend a binding nomination at any time by completing a new **Binding Beneficiary Nomination Form**.
- If I have made a binding nomination, subject to the law, this binding nomination binds CSC to distribute my benefit as specified, unless this binding nomination is invalid or has expired, in which case I understand it is at CSC's discretion to identify and pay beneficiaries.
- CSC accepts no responsibility for an incorrect nomination or for the nomination being invalid whether through incorrect completion, expiry or otherwise.
- This beneficiary nomination revokes any previous beneficiary nomination I have made.
- I have read and understood the [CSC Privacy Policy](#).

Must be signed with a 'wet ink' signature. Digital or electronic signatures will not be accepted.



Sign

SIGNATURE												Date signed			
D		D		M		M		Y		Y		Y		Y	
FULL NAME															

# E Witness declaration

This Section E is only required to be completed if you are making or changing a binding nomination. Your beneficiary nomination is not required to be witnessed if you are renewing or cancelling an existing binding nomination.

I declare:

- I am 18 years of age or older.
- I am not a beneficiary nominated on this form.
- The member named above signed and dated this nomination in my presence.

Witness 1

FULL NAME															



Sign

SIGNATURE												Date signed			
D		D		M		M		Y		Y		Y		Y	

Must be signed and dated on the same day as the member.

Witness 2

FULL NAME															



Sign

SIGNATURE												Date signed			
D		D		M		M		Y		Y		Y		Y	

Must be signed and dated on the same day as the member.



# Checklist

I have:

- Downloaded and read the beneficiary nomination [factsheet](#).
- Obtained the information I require to make an informed decision.
- Provided my personal details in **Section A**.
- Made an election in **Section B**.
- Nominated my beneficiaries and/or LPR in **Section C** (if applicable).
- Made my election(s) in **Section C** in whole percentages ensuring it adds up to 100%.
- Signed and dated the declaration in **Section D**.
- Had my witnesses sign and date **Section E** on the same date as me (if applicable).
- Checked my current nomination won't expire before the fund receives my renewal (if applicable).
- Read and agree with the [privacy policy](#).

## Submit your form

Post:  
**PSSap Beneficiary Nomination**  
 Locked Bag 20117  
 Melbourne VIC 3001  
 Email:  
[formsandapplications@pssap.com.au](mailto:formsandapplications@pssap.com.au)

Post:  
**ADF Super Beneficiary Nomination**  
 Locked Bag 20116  
 Melbourne VIC 3001  
 Email:  
[formsandapplications@adfsuper.gov.au](mailto:formsandapplications@adfsuper.gov.au)



## We're here to guide you.

If you have any questions or require support to fill out this form, we're available to chat between 8:30am – 6:00pm, Monday to Friday AEST.

**Customer Service Centre**  
**PSSap:** 1300 725 171  
**ADF Super:** 1300 203 439



**Email**  
 PSSap: [members@pssap.com.au](mailto:members@pssap.com.au)  
 ADFS: [members@adfsuper.gov.au](mailto:members@adfsuper.gov.au)



**Phone**  
 PSSap: 1300 725 171  
 ADFS: 1300 203 439



**Financial Advice**  
 1300 277 777



**Post**  
 PSSap: Locked Bag 20117,  
 Melbourne, VIC 3001  
 ADFS: Locked Bag 20116,  
 Melbourne, VIC 3001



**Web**  
[csc.gov.au](http://csc.gov.au)



**Overseas Callers**  
 PSSap: + 61 2 4277 1086  
 ADFS: + 61 2 4277 1083