



# Binding Beneficiary Nomination 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.
- Your nomination will remain valid for three years from the date you first sign, last confirm or amend this form.
- To help you make an informed decision, you can find more information about beneficiaries at <u>csc.gov.au/beneficiary</u>
- You can also refer to the relevant Product Disclosure Statement.
- 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.

### **Privacy**

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improving 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 <a href="mailto:csc.gov.au/privacy">csc.gov.au/privacy</a>.

Please use CAPITAL LETTERS and a black or blue pen. Mark boxes like this	with a cross ( $old x$ ) then fill out the next question or section.

## Your details

How to use this form

Scheme	PSS	PSSap AE									_ Na	avy		A	rmy	,		RAA	F						
Membership Number or ADF PMKeys																									
Salutation	Mr			_ M	1rs			Ms	3	Miss		8	Other												
Surname																									
Given name(s)																									
Date of birth	D D	] /	M	М	/	Y	Y	Y	Y																
Residential address	Street																								
	Suburb/tov	wn																		State		F	Postco	de	
Destal adduses	Street													1											_
Postal address (if different from your																									
residential address)	Suburb/tov	wn																		State		F	Postco	de	





Any financial product advice provided in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. Before making any decision in relation to a scheme or financial product referred to in this document, you should obtain a copy of the Product Disclosure Statement for that scheme or product.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601 | Trustee of the Australian Defence Force Superannuation Scheme (ADF Super) ABN: 90 302 247 344 RSE: R1077063

Phone Business hours After hours																													
Phone																													
	Mobile	number																		_									
Email																													
Your options  I want to:  Nominate my beneficiaries or change my currently listed beneficiaries (cancelling your existing binding nomination):																													
I want to:																													
Nominate my beneficiaries or change my currently listed beneficiaries (cancelling your existing binding nomination): Complete <b>ALL sections</b> .																													
Section D must be signed in the presence of two witnesses. Your two witnesses cannot be nominated as beneficiaries on this form  Renew my existing binding nomination: Complete Section D only. Select this option if you're not making any changes (including															orm	۱.													
percentages) to your current binding beneficiary nomination.  You can also renew your existing binding nomination online via CSC Navigator, no forms needed.  Your renewal must be received <b>before</b> your current nomination expires. If it has already expired, you will need to submit a new																													
You can also renew your existing binding nomination online via CSC Navigator, no forms needed.  Your renewal must be received <b>before</b> your current nomination expires. If it has already expired, you will need to submit a new nomination and complete all sections of this form instead.															٧														
nomination and complete all sections of this form instead.  Cancel my existing binding nomination: Complete Sections A, B, D and E of this form.																													
Cancel my existing binding nomination: Complete <b>Sections A, B, D</b> and <b>E</b> of this form.																													
Beneficiary nomination																													
Beneficiary nomination  Fill in the details of the people you wish to nominate as your beneficiaries, along with the percentage of your benefit you'd like each person to receive. If you want to nominate more than four beneficiaries, attach their details on a separate Section C: Beneficiary nomination sheet.															)														
You and your two w			<b>ust</b> in	itial ar	nd da	te (ne	ext	to or	ab	ove	) ead	ch of	the	ado	litio	nal	ber	efic	ciar	ies l	iste	d o	n th	e se	cor	nd fo	rm.		
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Binding nomination																													
This type of nomination redeath, unless it would be any of the name or address	unlaw	ful to	do so	. If you	ı inclı	ude a	Le	gal P	ers	sona	al Re							-									-		n
Nominations must	be ma	ide in	whole	eperc	entag	ges w	he	n spl	itti	ng b	etw	een i	mult	iple	ber	nefi	ciar	es.	Exa	mp	le: 3	3%	(no	t 33	.3%	5)			
Relationship		Full n	ame a	and D	ОВ																				%	of b	en	efit	
1 Spouse		Date o	of birtl		D D	] / [	М	М	/	Y	Y	Y	Y												Г	T			<b>%</b>
Child			name(			」′ L 			' 		<u> </u>	<u> </u>									<u> </u>							┙,	J
Interdependant				-, <u> </u>	<u> </u>					<u> </u>	<u> </u>	<u> </u>				<u> </u>	<u> </u>	<u> </u>	$\frac{\perp}{\perp}$		$\frac{\perp}{\Box}$								
∟ LPR	I	Last n	ame																										

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В

	Relationship	Full name and DOB	% of benefit
2	Spouse Child Interdependant LPR	Date of birth	%
3	Spouse Child Interdependant LPR	Date of birth  Do Do Mo Mo Mo Young	%
4	Spouse Child Interdependant LPR	Date of birth DDD MMM YYYYYY  First name(s)  Last name	%
	Total percentage must	equal 100% from the above (Beneficiaries and/or LPR):	<u> </u>

Your beneficiary nominations plus any Legal Personal Representative nomination must add up to **100%**, otherwise your nominations will be invalid. If you would like to nominate more than four beneficiaries, supply another copy of this page to the form.



**Important**: Binding nominations are only valid for three years from the date you sign this form. If you nominate a person other than a Legal Personal Representative, and that person is no longer a dependant under superannuation law at the time of your death, we are not required to pay your benefits according to that nomination. If this is the case, CSC will use its discretion to decide who will receive your death benefit.

# Declaration

I declare:

- I have read and understand the factsheet.
- The information I have provided on this form in complete and correct.
- I have read and understand the PSSap/ADF Super Product Disclosure Statement (PDS).
- I understand that this beneficiary nomination form is only valid if:
  - $\,-\,$  The nominations I have made are in whole percentages and add up to 100% of my benefit
  - This form is received by CSC before my death
  - This form is still valid (within three years of date I submit it) at the time of my death
  - The beneficiaries listed qualify as dependants at the time of my death, and 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
    - a 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.

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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	signe	d							
	D	D		М	М		Υ	Υ	Υ	Υ
			/			/				

### Witness declaration

Only complete Section E if you're making a new binding nomination, updating an existing one or cancelling a nomination. This section is not required if you are renewing (without making changes) 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



ignature	Date	signe	d							
	D	D		М	М		Υ	Υ	Υ	Υ
			/			/				

Important: Must be signed and dated on the same day, in the presence of the member

### Witness 2

Full name



Sig	nature						<b>Date</b> D	<b>signe</b> D	ed	М	М		Υ	Υ	Υ	Υ				
									/			/								

Important: Must be signed and dated on the same day, in the presence of the member



**ADF Super Beneficiary Nomination** 

Email: formsandapplications@adfsuper.gov.au, or

Post: ADF Super.

> Locked Bag 20116 Melbourne VIC 3001

For more information visit csc.gov.au

**PSSap Beneficiary Nomination** 

Email: formsandapplications@pssap.com.au, or

Post: **PSSap** 

Locked Bag 20117 Melbourne VIC 3001

