

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 <u>csc.gov.au</u>

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 **x** then fill out the next question or section.

Submitting your form

Post: Post:

PSSap Beneficiary Nomination ADF Super Beneficiary Nomination

Locked Bag 20117 Locked Bag 20116
Melbourne VIC 3001 Melbourne VIC 3001

Email: Email:

formsandapplications@pssap.com.au 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/





Please use CAPITAL LETTERS and a black or blue pen.

BUSINESS HOURS

MOBILE NUMBER



| Member# | PSSap | | | | | | | | | | | | | | | | | | | | | | |
|----------------|-----------|------|--------|---|---|---|------|---|---|----|---|--|----------|-------|--|-------|------|----------|--|------|------|--|--|
| | ADF Super | | | | | | | | | | | | lavy | ′ | | Ar | my | | | RAA | ١F | | |
| Title | | | Mr | | | N | ⁄lrs | | | Ms | ; | | Viss | | | Ot | ther | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | | | |
| Given name(s) | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | D | D | / | М | М | / | Y | Y | Υ | Υ | | | | | | | | | | | | | |
| Residential a | ddress | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBI | JRB | | | | | | | | | | | | | STATI | | | | POST | CODE | | |
| Postal address | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SUBURB | | | | | | | | | | | STATE | | | , | POSTCODE | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

AFTER HOURS

Your options

Phone

Email

| I want to: | Nominate my beneficiaries or change my currently listed beneficiaries (cancelling your existing binding nomination): Complete ALL sections . |
|------------|---|
| | Important: Section D must be signed in the presence of two witnesses. Your witnesses cannot be nominated as beneficiaries on this form. |
| | Renew my existing binding nomination: Complete Section D only. Select this optic if no changes (incl. percentage) are to be made to your existing binding beneficiar nomination without the need for two witness signatures. |
| | * Important: If renewing, your nomination must be received prior to your current expiration date. If your nomination has already expired, you will need to make a new nomination. |
| | Cancel my existing binding nomination: Complete Sections A , B and D of this form. |



Beneficiary nomination

Fill in the details below of the people you would like to nominate as your beneficiaries, and the percentage of your benefit that you wish to allocate to each of them. If you want to nominate more than five beneficiaries, attach the same details on a separate sheet, then have it signed and dated by your two witnesses in the same manner as Section E of this form.



Important: Any corrections made on this form must be initialled and dated (next to or above the correction) by yourself and both witnesses (if applicable), or the form will be invalid.

Important!

Nominations must be made in whole percentages when splitting between multiple beneficiaries.

Example: 33%, not 33.3%

Binding nomination

This type of nomination requires CSC to pay your superannuation benefit to your nominated beneficiary or beneficiaries in the event of your death, unless it would be unlawful to do so. If you include a Legal Personal Representative (LPR) in your nominations, you do not need to fill in any of the name or address details, however you must still include a % value.

| Relationship | Full name and DOB | % of benefit |
|--|---|--------------|
| Spouse Child Interdependant LPR | Title Date | % |
| Spouse Child Interdependant LPR | Title Date D D M M M Y Y Y Y Y O D D D D D D D D D D D D D D | % |
| Spouse Child Interdependant LPR | Title Date | % |
| Spouse Child Interdependant LPR | Title Date of birth / / / / / / / / / / / / / / / / / First name(s) Last name | % |
| Your beneficiary nomination must add up to 100%, other | t equal 100% from the above (Beneficiaries and/or LPR) ons plus any Legal Personal Representative nomination erwise your nominations will be invalid. If you would like to 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



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 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 <u>not</u> be accepted.



| SIGI | IATU | RE | | | | | | Dat | e sig | gnec | d | | | | | | |
|------|------|----|--|--|--|--|--|-----|-------|------|---|---|---|---|---|---|---|
| | | | | | | | | D | D | | M | M | | Υ | Υ | Υ | Υ |
| | | | | | | | | | | / | | | / | | | | |
| FULL | NAM | E | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |



Witness declaration

FULL NAME

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



| SIGNATURE | Da | te si | gne | k | | | | | | |
|-----------|----|-------|-----|---|---|---|---|---|---|---|
| | D | D | _ | M | M | | Υ | Υ | Υ | Υ |
| | | | / | | | / | | | | |

Witness 2

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

FULL NAME



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



I have:

| Downloaded and read the beneficiary nomination <u>factsheet</u> . |
|---|
| 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

Post:

ADF Super Beneficiary Nomination

Locked Bag 20116 Melbourne VIC 3001

Email:

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
ADFS: members@adfsuper.gov.au



Prione 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,



