



Binding Beneficiary Nomination Form

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

- Use this form to nominate, vary, 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, or last confirm or change your nomination using this form.
- To help you make an informed decision you can visit our website at csc.gov.au/beneficiary, or if you have additional questions, please give us a call.
- You can also refer to the relevant **Product Disclosure Statement**.
- To ensure your nomination is valid, complete all fields in **Sections A, B** and **D**. Then complete **Sections C** 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 csc.gov.au/privacy

How to use this form

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

A Your details

Scheme PSSap ADF Super

Membership Number or ADF PMKeys

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Residential address
Street
Suburb/town State Postcode

Postal address
(if different from your residential address)
Street
Suburb/town State Postcode

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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

- 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
 / /

E Witness declaration

Only complete **Section E** if you're making a new binding nomination, or changing, or cancelling an existing nomination. This section is not required if you are renewing an existing binding nomination (without making any changes), provided it is not expired.

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

Witness 1

Full name

 **Sign**

Signature

Date signed
 D D / M M / Y Y Y Y
 / /

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

Witness 2

Full name

 **Sign**

Signature

Date signed
 D D / M M / Y Y Y Y
 / /

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

Lodge application

ADF Super Beneficiary Nomination

Email: formsandapplications.adfsuper@contact.csc.gov.au
 Post: **ADF Super**
GPO Box 2252
Canberra ACT 2601

PSSap Beneficiary Nomination

Email: formsandapplications.pssap@contact.csc.gov.au
 Post: **PSSap**
GPO Box 2252
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 For more information visit csc.gov.au

