

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 csc.gov.au/beneficiary
- 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 [csc.gov.au](https://www.csc.gov.au)

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:

☐ Navy

☐ Army

☐ RAAF

Membership Number or
ADF PMKeys

Salutation

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

Date of birth

D

D

/

M

M

/

Y

Y

Y

Y

Residential address

Street

Suburb/town

State

Postcode

Postal address
(if different from your
residential address)

Street

Suburb/town

State

Postcode

 Continued on next page



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

Mobile number

Email

B Your options

I want to:

- ☐ Nominate my beneficiaries or change my currently listed beneficiaries (cancelling your existing binding nomination): Complete **ALL sections**.



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 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 **before** 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.

- ☐ Cancel my existing binding nomination: Complete **Sections A, B and D** of this form.

C 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 witnesses **must** initial and date (next to or above) each of the additional beneficiaries listed on the second form. If not, the form will be invalid.

If you make a mistake on this form, you and your two witnesses **must** initial and date (next to or above) the correction. If not, the form will be invalid.

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.


- Nominations must be made in **whole percentages** when splitting between multiple beneficiaries. *Example: 33% (not 33.3%)*

Relationship	Full name and DOB	% of benefit
1 <input type="checkbox"/> Spouse	Date of birth D D / M M / Y Y Y Y <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="checkbox"/> Child	First name(s) <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Interdependant	Last name <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> LPR		

Continued on next page

Relationship	Full name and DOB	% of benefit																																																															
2 <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant <input type="checkbox"/> LPR	Date of birth <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> First name(s) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Last name <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y																																																			<table border="1"> <tr><td></td><td></td><td></td></tr> </table> %			
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D	D	/	M	M	/	Y	Y	Y	Y																																																								
Total percentage must equal 100% from the above (Beneficiaries and/or LPR):		<table border="1"> <tr><td></td><td></td><td></td></tr> </table> %																																																															

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.

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 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.

 Continued on next page

☐

- I have read and understood the **CSC Privacy Policy**.



Signature

D	D	M	M	Y	Y	Y	Y

E

- The member named above signed and dated this nomination in my presence.

Full name

[illegible]

Signature

D	D	M	M	Y	Y	Y	Y

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

Full name

[illegible]

Signature _____

D	D	M	M	Y	Y	Y	Y

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

