



# Non-Binding Beneficiary Nomination Form

## Important information about this form

This is the **Non-Binding Beneficiary Nomination Form** for **ADF Cover** members. ADF Cover allows members to nominate a beneficiary subject to the requirements set out in this form.

You may use this form to nominate, change or cancel an existing nomination of one or more persons who you would like your ADF Cover benefit paid to after your death. CSC will consider your nomination as part of its process in determining the recipient/s of the death benefit.

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

The explanatory notes below are provided to help you make an informed decision.

## Privacy

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](http://csc.gov.au)

## ADF Cover beneficiary nomination

The *ADF Cover Act 2015* allows for a death benefit of a covered ADF member who died without a surviving spouse and eligible children to be paid as a lump sum death benefit to a person or persons nominated by the member subject to the following legislative requirements being met.

You can nominate more than one person. In order for a lump sum benefit to be payable to a person each of the following conditions must be met:

- you must have made provision for the person/s in your Will,
- the person/s must be dependent on you at the time of your death,
- your benefit must not be otherwise payable to a surviving spouse or eligible children, and
- you must notify CSC in writing confirming the above factors.

If your nomination does not meet these conditions and you are not survived by a spouse or eligible child, the lump sum benefit is payable to the executor of your Will or the administrator of your estate.

**In the event that you are survived by a spouse or eligible child, CSC will make a determination in accordance with the legislative provisions rather than your nomination.**



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➡ About this form continued on next page

## Who is a surviving spouse?

A surviving spouse is defined as:

- a person who had a marital or couple relationship with the member at the time of death;  
or
- a person who previously had a marital or couple relationship and was still legally married to the member at the time of death;  
and
- was wholly or substantially dependent upon the member at the time of death

## What is a marital or couple relationship?

A marital or couple relationship is defined as:

- ordinarily lived with the member on a permanent and bona fide domestic basis for a continuous period of at least 3 years;  
or
- less than 3 years but where CSC, having regard to the relevant evidence, is of the opinion that the person ordinarily lived with the member on a permanent and bona fide domestic basis.

## Who is an eligible child?

A person is an eligible child if the person is a child of the deceased covered member or pensioner and the person is either:

- under 18 years of age;  
or
- at least 18 but under 25 years of age and receiving full-time education at a school, college or university or other full-time education approved by CSC.

A person is a child of the deceased covered member or pensioner if the person:

- is a child or ex-nuptial child of the pensioner or member;  
or
- was a step-child, an adopted child, a foster child or a ward of the pensioner or member when the pensioner or member died;  
or
- is a child or ex-nuptial child of a surviving spouse of the pensioner or member and was wholly or substantially dependent upon the pensioner or member when the pensioner or member died.

## If you need more information

Before making any financial decisions, visit [csc.gov.au](http://csc.gov.au) and consider seeking advice from a licensed professional such as a financial planner.

Should you wish to discuss your circumstance with a CSC authorised\* Financial Planner please contact our Financial Planning team on **1300 277 777** to schedule an appointment.

Appointments and advice is on a fee-for-service basis and will be discussed with you at the time.

\*Our authorised financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 156 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide members with specialist advice, education and strategies.

## ADF Cover Enquiries

Phone: 1300 001 977  
Fax: (02) 6272 9001  
Web: [csc.gov.au](http://csc.gov.au)  
Email: [members@adfcover.gov.au](mailto:members@adfcover.gov.au)

## 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.

Sign your name where needed, if you do not sign the form it will be returned to you

## Submitting your form

Please send this form with your certified proof of identity documents (if applicable) to:

**ADF Cover beneficiary nomination**  
**GPO Box 2252**  
**Canberra ACT 2601**

or

Email to:  
[formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au)





# ADF Cover

## Beneficiary Nomination

**Important!**  
Nominations must be made in whole percentages when splitting between beneficiaries.  
Example: 33%, not 33.3%

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 3 beneficiaries, attach the same details on a separate sheet.

### Beneficiary 1

Surname

Given name(s)

Is this person dependant on you?  Yes  No

Percentage of benefit to be paid  %

### Beneficiary 2

Surname

Given name(s)

Is this person dependant on you?  Yes  No

Percentage of benefit to be paid  %

### Beneficiary 3

Surname

Given name(s)

Is this person dependant on you?  Yes  No

Percentage of benefit to be paid  %

### Will

Copy of Will attached  Yes  No

# D Declaration

I declare:

- the information I have provided on this form is complete and correct
- I have read and understood the ADF Cover Death benefits factsheet
- I understand that this nomination form is only valid if:
  - I am not survived by an eligible spouse or eligible child
  - I have made provisions for the nominated beneficiaries in my Will, and
  - the nominated beneficiaries are dependant on me at the time of death

I understand:

- this nomination is effective from the date it is signed, and is received by CSC before my death
- I can cancel or amend a nomination at any time by completing a new Non-Binding Beneficiary Nomination form
- subject to the law, I understand that it is at CSC's discretion to determine the amount or proportion of benefit to be paid to or for each person to or for whom payment is to be made
- The beneficiary of any death benefit payable through ADF Cover, may be different to any beneficiaries you may have nominated for the purposes of ADF Super or any other superannuation fund
- CSC accepts no responsibility for an incorrect nomination or for the nomination being invalid whether through incorrect completion or otherwise
- this nomination revokes any previous nomination I have made

 Sign

SIGNATURE

Date of declaration

D	D	/	M	M	/	Y	Y	Y	Y

# E Submit your form

Please send this form with your certified proof of identity documents (if applicable) to:

**ADF Cover beneficiary nomination**  
GPO Box 2252  
Canberra, ACT 2601

or

Email to:  
[formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au)

 End Form

 We're here to help

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

**Customer Service Centre: 1300 001 977**

 Email  
[members@adfcover.gov.au](mailto:members@adfcover.gov.au)

 Phone  
1300 001 977

 Fax  
(02) 6275 7010

 Post  
ADF Cover  
GPO Box 2252  
Canberra ACT 2601

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

 Overseas Callers  
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