Additional binding death benefit nomination

1800 005 166

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GPO Box 1547, Hobart TAS 7001

Interdependency relationship

Financial dependant

Estate/legal personal representative

Section 1 Member number Date of birth (DD MM YYYY) Your details Last name Given name(s) Residential address Suburb/Town/City State **Postcode Section 2** This nomination applies to the accounts you've specified in section 2 of your original Make a binding death benefit nomination form. My beneficiaries (continued next My beneficiaries are: page) **Details** Relationship (tick one only) Benefit % Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) **Spouse Example only** Child Given name(s) 20.00 %

Use this form to nominate extra beneficiaries in addition to your Make a binding death benefit nomination form. It must be signed by you

in the presence of the same witnesses who signed your Make a binding death benefit nomination form.





Last name

Section 2

My beneficiaries (continued)

Details	Relationship (tick one only)	Benefit %
Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) Given name(s) Last name Details	Spouse Child Interdependency relationship Financial dependant Estate/legal personal representative Relationship (tick one only)	Example only 20.00 % Benefit %
Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) Given name(s) Last name	Spouse Child Interdependency relationship Financial dependant Estate/legal personal representative	. % Example only 20.00 %
Details Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) Given name(s) Last name	Relationship (tick one only) Spouse Child Interdependency relationship Financial dependant Estate/legal personal representative	Benefit % . % Example only 20.00 %
Details Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) Given name(s) Last name	Relationship (tick one only) Spouse Child Interdependency relationship Financial dependant Estate/legal personal representative	Benefit % Example only 20.00 %
The combined total on this form and your <i>Make a binding</i> nomination form must equal 100%.	g death benefit	100.00 %





Section 3

Member declaration

Section 4

Witness declaration

I understand that these extra nominations form part of my *Make a binding death benefit nomination* form and has been made in line with the same conditions as noted and agreed in the original form.

Important information:

A power of attorney can't sign this form on behalf of a member. You must sign and date this form in front of two witnesses – see **section 4** below.

Note, we can't accept digital/electronic signatures for binding nominations. Please print the form and sign/witness it with a black or blue pen.

Your signature	Date (DD MM YYYY)		
Each witness must sign and date this form and the original <i>Make a binding death benefit nomination</i> form on the same date as the member.			
I declare that:			
I saw the member sign and date this form			
I'm over 18 years of age and			
I'm not listed as a beneficiary on this form			
Witness A Full name of witness A			
Signature witness A	Date witnessed (DD MM YYYY)		
Witness B			
Full name of witness B			
Signature witness B	Date witnessed (DD MM YYYY)		

This form may be invalid if corrections have been made.





Return the completed, signed and dated form via:

- upload using the Contact Us portal in Member Online
- email to info@caresuper.com.au
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001