Reversionary beneficiary nomination

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

Use this form to add, change or remove a reversionary beneficiary to/from your retirement income account with CareSuper.

Important information

Adding, changing or removing a reversionary nomination may impact your social security benefits. You must inform Centrelink or the Department of Veteran's Affairs if you add, change or remove a reversionary beneficiary.

You should seek personal advice to confirm if this request will have tax or social security implications.

You can only nominate your spouse as a reversionary beneficiary. If at the time of your death, they're no longer your spouse, the benefit will be paid at the discretion of the trustee.

For more information, read our Nominating your beneficiaries fact sheet available at caresuper.com.au/forms-publications or call us.

Section 1 Your details	Member number Date of birth (DD MM YYYY)	Account number		
	Last name			
	Given name(s)			
	Residential address			
	Suburb/Town/City		State	Postcode
	Preferred phone			
	Email			





Section 2	I want to:				
Type of nomination	Add a new reversionary beneficiary or change my existing reversionary nomination. This will override any previous beneficiary nomination on this account. Go to section 3. OR				
	Remove my existing reversionary beneficiary.				
	You won't have a nomination on your account until a new nomination is made. Go to section 4.				
Section 3	Spouse details				
Add or change a reversionary nomination	Last name				
	Given name(s)				
	Date of birth (DD MM YYYY)				
	Residential address				
	Suburb/Town/City State Postcode				
	Preferred phone				
	Email				
Section 4	I authorise CareSuper to add, change or remove my reversionary beneficiary nomination as instructed on this form.				
Member declaration	By signing this form I acknowledge that:				
	to the best of my knowledge, the information I've provided is true and correct				
	 I understand that adding, changing or removing a reversionary nomination may impact my social security benefits 				
	 the trustee has advised me to obtain personal financial advice and I've received all the information I need to understand the choices I've made 				
	 I consent to the use of my personal information as outlined in CareSuper's Privacy policy available at <u>caresuper.com.au/privacy-policy</u> or by calling us on 1800 005 166 				
	Your signature Date (DD MM YYYY)				





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