

binding beneficiary nomination form

Use this form to make or cancel and replace a binding nomination.

When completing the 'Beneficiary details' section, make sure you include everybody you wish to nominate.

There are strict rules around who is eligible to be nominated as a beneficiary, so you should check to make sure your nomination is valid. For information on who is eligible to be nominated as a beneficiary, see Section 2.

1. Your current member details

CareSuper member number	Date of birth (DD/MM/YYYY)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Family name		
<input type="text"/>		
Given names		
<input type="text"/>		
Address (postal)		
<input type="text"/>		
Suburb/town	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (other)	
<input type="text"/>	<input type="text"/>	

2. Beneficiary details

You may nominate one or more dependants and/or your legal personal representative/s.
 A dependant includes your spouse,* child or any person with whom you have an interdependency relationship.
 'Legal personal representative' is the term for the person who will administer your Will or Estate.
 You will need to identify the nature of your relationship with your beneficiaries in the table below.

Full name	Relationship	Address of beneficiary (optional)	Proportion of benefit (%)
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependent	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependent	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependent	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependent	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input checked="" type="checkbox"/>	Legal personal representative		<input type="text"/> <input type="text"/> <input type="text"/> %
Total must add up to 100%			1 0 0 %

* Spouse includes qualifying de facto partners of the same or opposite sex.

A binding death benefit nomination is only binding on the Trustee where the person (or persons) nominated to receive the benefit is a dependant or the legal personal representative. For further information about binding nominations and the definitions of dependant and interdependency relationships see [Nominating your beneficiaries at caresuper.com.au/PDS](http://caresuper.com.au/PDS).

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Please ensure that the percentage column totals 100%. Please do not use fractions or decimals.

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Important
This binding nomination will be valid for three years, after which it will expire.
For more information see **Nominating your beneficiaries** available at caresuper.com.au/PDS

See over >

3. Important information

- This binding nomination will replace any existing nomination
- A valid binding nomination is binding on the Trustee. Upon your death, any death benefit payable by CareSuper will be paid to your dependants, or personal legal representative (as listed) in the proportions outlined in Section 2
- A valid binding nomination remains in place for three years from the date it is signed and witnessed, unless it is cancelled or replaced
- A binding nomination can be cancelled or changed at any time, in accordance with CareSuper's procedures
- If this nomination is found to be invalid, the death benefit distribution will be determined by the Trustee at its discretion
- You should read this form and the accompanying information at caresuper.com.au/PDS to understand the terms upon which your nominations can be made. These terms are consistent with the CARE Super Trust Deed, a copy of which is available at caresuper.com.au/governance.

Privacy

CareSuper may collect information about members and beneficiaries and will use this information in accordance with its Privacy Policy.

4. Member declaration

In order for your nomination to be valid, you must:

- Sign and date this form in the presence of two witnesses over the age of 18, who are not nominated as beneficiaries
- Have your witnesses confirm they have witnessed this nomination by signing this form at the same time as you

If these conditions are not met, this form will be considered invalid and your nomination will not be binding on the Trustee. In this case, a new form must be completed.

By signing below, I confirm that I have read and understood the above important information and wish to making a binding nomination.

Member's signature



Signature date (DD/MM/YYYY)

Note: Please date and initial any corrections you make to the information on this form.

5. Witness declaration

I hereby declare that I am over the age of 18 years, I am not a beneficiary nominated on this form and this form was signed in my presence.

Signature of witness 1



Signature date (DD/MM/YYYY)

Printed full name

Signature of witness 2



Signature date (DD/MM/YYYY)

Printed full name

Note: Please date and initial any corrections you make to the information on this form.



Return this completed form to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information
call the CareSuperLine

1300 360 149