

binding beneficiary nomination form

Guaranteed Income

Use this form to make a binding beneficiary nomination for your Guaranteed Income account. Please fill in the details of ALL your nominated beneficiaries in section 2, and make sure the percentage column adds to 100%. Please complete the form in blue or black pen and block letters.

* If you don't know your CareSuper Guaranteed Income account number, please leave this space blank.

This form is not to be used to nominate a reversionary beneficiary.



Important

The person(s) you nominate must be your spouse,* child or any person who is financially dependent on you or meets the definition of interdependency. You will need to identify the nature of this relationship in the table to the right. You may also nominate your legal personal representative – e.g. they may be the executor of your will or administrator of your estate.

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

You must sign and date this form in the presence of two witnesses over the age of 18 who are not nominated as beneficiaries. This form will be invalid if your witnesses do not correctly witness and sign it on the same date as you. If you make a mistake and cross it out, the form becomes invalid. Please complete a new form if this occurs.

If any part of this form, including the member declaration section, is not completed correctly, this form will not be binding on the Trustee. In this case a new form would have to be completed.

1. Your current member details

CareSuper Guaranteed Income member number* Date of birth (DD/MM/YYYY) Title

Surname

Given names

Address (postal)

Suburb/town State/Territory Postcode

Telephone (home) Telephone (other)

2. Beneficiary details

Name	% of Benefit	Relationship	Address
Total	100%		

3. Member declaration

I declare that, to the best of my knowledge, the information I have provided is true and correct. I acknowledge that by completing this form:

- I am cancelling any existing written binding nominations provided to the Trustee. It is my intention that this nomination will be binding on the Trustee, as permitted by law
- I am giving the Trustee notice that upon my death any death benefit payable by CareSuper will be paid to my dependants, interdependents or legal personal representative (as listed) in the proportions outlined in Section 2
- I recognise that this form is valid for three years from the date I have signed and dated this document
- I may cancel or change a binding nomination at any time, in accordance with CareSuper's procedures
- I have read the back of this form and the additional information in this PDS, which sets out the terms upon which this nomination is made; I understand that these terms are consistent with the CareSuper Trust Deed, a copy of which is available at caresuper.com.au or upon request.

Member's signature

Date (DD/MM/YYYY)

4. Witness declaration

I hereby declare that I am over the age of 18 years, I am not a beneficiary nominated on this form and I witnessed the member sign the binding nomination form.

Signature of Witness 1 Date (DD/MM/YYYY)

Printed name Your date of birth (DD/MM/YYYY)

Signature of Witness 2 Date (DD/MM/YYYY)

Printed name Your date of birth (DD/MM/YYYY)

See over >

Important notice

Binding beneficiary nominations

To provide greater certainty about who receives your benefit when you die, you can make a nomination that binds CareSuper's Trustee to pay your death benefit to specified persons (providing you are still a member of the fund when you die and your nomination is valid and binding at the time of your death).

Your benefit may be paid as a lump sum.

The person(s) you nominate must be any one or more of the following:

- Your spouse*
- Your children
- Any person(s) financially dependent on you
- Any person who satisfies the interdependency definition
- Your legal personal representative, which means the executor or administrator of your estate.

It is important to note that all your nominated beneficiaries must be alive and fall within one of these categories after your death.

* Please note: The definition of spouse for superannuation purposes includes same sex couples.

How long is the nomination valid?

If you make a binding nomination, it will be valid for three years from the day you date and sign the form. It is important that you update your nomination regularly to ensure that your wishes are met. You may renew, change or cancel your nomination at any time.

If your nomination is valid, we must follow it no matter how your circumstances have changed. For example, if you nominate your husband or wife and you later separate, but have not yet obtained a divorce, your nomination remains valid and binds the Trustee unless you vary or cancel it, or it expires. This remains a valid nomination as a spouse meets the definition of dependant.

Your dependants have the right to raise a complaint with the Superannuation Complaints Tribunal (SCT) about the Trustee's decision. The SCT will review the decision and all supporting documentation and may be able to change the decision in some circumstances (for example, if the nomination had expired at the date of death).

What is a valid nomination?

To make a nomination valid, you must also follow these procedures. Your nomination must:

- Be made to us in writing on the application form over the page
- Clearly set out the proportion of the benefit to be paid to each person nominated (total must add up to 100 per cent)
- Be signed and dated by you in the presence of two witnesses over the age of 18 who are not nominated on the form
- Be signed and dated by the two witnesses in your presence
- Be sent to us (a nomination will not be valid until we receive it).

You may also wish to inform your nominated beneficiaries of your nomination.

How do I update my binding nomination?

If you want to make or cancel a binding nomination, you must follow the procedures as outlined below.

- **Make a new nomination:** If you want to make a nomination, you must write your chosen beneficiaries' details in Section 2 of the form. Your beneficiaries must be your spouse (legal or defacto), child (including adopted or step-children), financial dependant, or legal personal representative, and the 'percentage of benefit' column must total 100 per cent. The form must be signed, dated and witnessed.
- **Cancel a nomination:** If you want to cancel a current binding nomination and not replace it, you must write 'cancel previous nomination' in the 'Beneficiary details' section of the form. Please note that the form must still be signed, dated and witnessed to cancel a previous nomination.

We will write to you to confirm your new or cancelled nomination. We will also write to you seeking your instructions prior to the expiry of any existing nomination. Additional **Binding beneficiary nomination** forms can be obtained from CareSuper by calling **1300 664 781**.

Default option

If, at the time of your death:

- You have not made a binding beneficiary nomination, or
- Your nomination has been cancelled, or
- Your nomination is invalid (for example, it is not correctly signed and witnessed, it is more than three years old and has not been renewed, or any of the people nominated dies before you or no longer falls within one of the permitted categories), the Trustee of CareSuper will use its discretion to determine how your benefit should be paid.

Is there a fee for binding nominations?

No

Privacy

CareSuper only collects information on this form that is essential for the administration of your binding beneficiary nomination. CareSuper will not use the information about you, or your witnesses, for any other purpose, or pass it to any other organisations without express permission.

You should consider consulting your legal adviser before making or cancelling a binding death benefit nomination.

Proof of Identity

Under the *Anti-Money Laundering and Counter Terrorism Financing Act 2006* superannuation funds are required to identify, monitor and mitigate the risk that the fund may be used for the laundering of money or the financing of terrorism.

To meet these requirements, CareSuper reserves the right to request further information to verify your proof of identity before making any cash payment.

Note:

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



Return this completed form to:

CareSuper Pension
Locked Bag 5042
Parramatta NSW 2124

For more information call the CareSuper PensionLine

1300 664 781