

Nomination of Beneficiaries



Use this form to make a Binding or Non-binding nomination to indicate who will receive your benefit in the event of your death. This form should also be used to replace an earlier nomination. Simply complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all appropriate check boxes are marked with an ().

Once the form is complete, remember to sign and date it. Return the form to:

Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicsuper.com.au

@ fundoffice@catholicsuper.com.au

! Take note

You must be age 18 or over to make a **Binding nomination**.

If you do not renew your **Binding nomination** at three years, your current nomination will be considered a **Non-binding nomination**.

A **Non-binding nomination** may be appropriate if your personal situation is unsettled.

i You cannot change your reversionary beneficiary by completing this form. If you wish to change your reversionary beneficiary please contact the Fund. Please also note a reversionary option only applies to your pension account.

What is the difference?

A **Binding nomination** is an instruction to the Trustee on who is to receive your benefit in the event of your death. The Trustee is legally bound to follow this instruction, providing the nomination is legally valid and the person(s) you have nominated are eligible by law to receive the benefit. A Binding nomination is valid only for a three-year period from the date we receive your request. At the end of three years you will need to renew your nomination.

A **Non-binding nomination** is a request to the Trustee to pay your benefit in a certain way in the event of your death. Your nomination is not legally binding, but is taken into account when you die.

What if I don't make a nomination?

If you die without making a nomination or your nomination has expired, is invalid or the nominated person(s) has died before you die, the Trustee will pay your account balance to one or more of your dependants and/or your personal legal representative – in accordance with the Australian Catholic Superannuation *Trust Deed*.

Who is deemed a dependant?

You can only nominate a person(s) who is a dependant and/or a legal representative of your estate to receive your death benefit.

A dependant for superannuation purposes is defined as:

- Your spouse (legal or de facto)
- Children (including children aged 18 or over)
- Any person financially dependant on you at the time of your death, or
- Any person with whom you have an interdependency relationship.

What is an interdependency relationship?

An interdependency relationship exists between two people if the following four conditions are met:

- They have a close personal relationship,
- They live together,
- One or each provides for the other with financial support,
- One or each provides the other with domestic support and personal care.

i Important

This form must be received by the Fund within 30 days of signing form.

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM 🔍

! Completion Checklist

The following checklist will assist in ensuring the form is correctly executed which will allow for prompt processing:

- Use a **BLACK INK** pen.
- Make sure you complete **all** applicable sections of this form.
- Percentage totals in Section 4 must be listed in whole numbers and total 100%.
- Form **must** be submitted to the Fund within 30 days of being signed and dated.
- No alterations are to be made in Section 6 once signed and dated. **This applies to binding beneficiary nominations only.**
- Members' signature and witness declarations **must** be signed and dated on the **same day. This applies to binding nominations only.**



Form continues overleaf ▶

Australian Catholic Superannuation – Brisbane, Canberra, Perth, Port Macquarie, Sydney, Townsville

Nomination of Beneficiaries

i Important

By completing this form, you override any previous beneficiary nomination you have made with Australian Catholic Superannuation.

i Important

Client ID login allows you to access our service via the internet. Ask us about setting up this convenient service.

1 Select your account choose () one option only

I wish to change my: Super account only RetireChoice account only RetireSmart account only All my accounts

2 Select your nomination type

I wish to make the following nomination – mark () the relevant box

A Binding nomination – Complete sections 3, 4, 5 and 6 **OR** **A Non-binding nomination** – Complete sections 3, 4 and 5

i You cannot change your reversionary beneficiary by completing this form. If you wish to change your reversionary beneficiary please contact the Fund. Please also note a reversionary option only applies to your pension account.

3 Your current details

| | | | |
|------------------------|-----------------------|--------------------------|--------------------------|
| Client ID | Date of birth | Male | Female |
| 1 <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title | Surname | | |
| <input type="text"/> | <input type="text"/> | | |
| Given names | | | |
| <input type="text"/> | | | |
| Postal address | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Country | | | |
| <input type="text"/> | | | |
| Mobile | Home telephone number | | |
| <input type="text"/> | <input type="text"/> | | |
| Email | | | |
| <input type="text"/> | | | |

4 Nominate your beneficiaries

The share of the benefit must be a whole number.

Details of nominated beneficiary

| | |
|--|--------------------------------------|
| Surname of nominated beneficiary | Date of birth |
| <input type="text"/> | <input type="text"/> |
| Title | Given names of nominated beneficiary |
| <input type="text"/> | <input type="text"/> |
| Relationship to you – place an () in the relevant box | % of benefit |
| <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship <input type="checkbox"/> Legal Personal Representative | <input type="text"/> |
| Surname of nominated beneficiary | Date of birth |
| <input type="text"/> | <input type="text"/> |
| Title | Given names of nominated beneficiary |
| <input type="text"/> | <input type="text"/> |
| Relationship to you – place an () in the relevant box | % of benefit |
| <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship <input type="checkbox"/> Legal Personal Representative | <input type="text"/> |



Form continues overleaf

Details of nominated beneficiary

| | | | | | |
|--|--------------------------------------|--|---|--|----------------------|
| Surname of nominated beneficiary | | Date of birth | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Title | Given names of nominated beneficiary | | | | |
| <input type="text"/> | <input type="text"/> | | | | |
| Relationship to you – place an () in the relevant box | | | % of benefit | | |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Financial Dependant | <input type="checkbox"/> Interdependency Relationship | <input type="checkbox"/> Legal Personal Representative | <input type="text"/> |

| | | | | | |
|--|--------------------------------------|--|---|--|----------------------|
| Surname of nominated beneficiary | | Date of birth | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Title | Given names of nominated beneficiary | | | | |
| <input type="text"/> | <input type="text"/> | | | | |
| Relationship to you – place an () in the relevant box | | | % of benefit | | |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Financial Dependant | <input type="checkbox"/> Interdependency Relationship | <input type="checkbox"/> Legal Personal Representative | <input type="text"/> |

| | | | | | |
|--|--------------------------------------|--|---|--|----------------------|
| Surname of nominated beneficiary | | Date of birth | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Title | Given names of nominated beneficiary | | | | |
| <input type="text"/> | <input type="text"/> | | | | |
| Relationship to you – place an () in the relevant box | | | % of benefit | | |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Financial Dependant | <input type="checkbox"/> Interdependency Relationship | <input type="checkbox"/> Legal Personal Representative | <input type="text"/> |

i Important: The total must equal 100% for your nomination to be valid. **Total** **1 0 0** %

If you wish to nominate more than five beneficiaries, please attach a separate page providing the above details (signed and dated).

! Take note

Don't forget to sign and date your form before sending it back to us.

We do not accept digital signatures.

5 Declaration

By signing this form, I declare that:

- All the information provided is true and correct.
- I have read and understand the relevant section of Australian Catholic Superannuation's *Product Disclosure Statement* relating to nominating beneficiaries.
- I understand my nomination may be deemed invalid if any of my nominated beneficiaries become ineligible (through their death, by no longer being a dependant or a legal personal representative or if I have remarried since making my nomination or the Trustee is legally restrained or prohibited from paying any of the people I have nominated).
- I understand that to make this nomination binding, my signature must be witnessed by two witnesses age 18 or over.
- I understand that a binding nomination is valid for a period of three years and while the Trustee will attempt to contact me before the expiry date of my nomination, ultimately it is my responsibility to ensure my nomination is up-to-date and valid.
- I understand that by signing this form, any previous nominations I have made to Australian Catholic Superannuation will be revoked.

Print full name (use BLOCK letters)

Signature



Date

PRIVACY STATEMENT: Australian Catholic Superannuation collects and uses personal information in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth) for the management and administration of the Fund as well as to comply with relevant legislation. Personal information may be disclosed to other parties, including persons authorised by the member, the Fund's insurer, government bodies and the trustee of any other fund a superannuation account is transferred to. To access personal information or for a copy of our Privacy Policy, visit catholicsuper.com.au or phone **1300 658 776**.



Form continues overleaf

i Important

If you do not complete this section your beneficiary nomination will be non-binding.

i Important

You must sign and date this form on the same day as the member's declaration. If the dates are different your beneficiary nomination will not be binding.

6 Witness declaration

To make a Binding nomination, this form needs to be signed and dated by two witnesses. Both witnesses must be age 18 or over and not be nominated as a beneficiary. **If you do not complete this section, or there are amendments to this section, your beneficiary will be non-binding.**

Witness one

I declare that the member declaration was signed and dated by the member in my presence and that I am age 18 or over and am not a nominated beneficiary.

Print full name (use BLOCK letters)

Residential address

Suburb

State

Postcode

Signature

Date

This MUST be the same date that the member has signed the form

Witness two

I declare that the member declaration was signed and dated by the member in my presence and that I am age 18 or over and am not a nominated beneficiary.

Print full name (use BLOCK letters)

Residential address

Suburb

State

Postcode

Signature

Date


This MUST be the same date that the member has signed the form


! Completion Checklist

Have you ticked the Checklist on the **front page** of this form to ensure your beneficiary form is valid?


Contact us

Please sign and date this form and return it to us:


 Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805

 (02) 9715 0090

For more information contact our helpful staff:

 1300 658 776

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