

Binding Death Benefit Nomination form

Who'll get your super if you die?

You can nominate one or more persons that you require the trustee of Equipsuper to pay your death benefit to should you die while a member of Equipsuper, by making a 'binding death benefit nomination'.

If you make a binding death benefit nomination and it is still valid and in effect at the event of your death, the trustee of Equipsuper will be bound to follow it and pay your death benefit to the persons you have nominated and are eligible (see below) in the proportions specified by you.

If you do not wish to make a binding death benefit nomination, and the Trustee allows it, you may still nominate who you would prefer to receive your super payout in the event of your death, by completing a separate *Nominating your preferred beneficiaries* form, available from the website **www.equipsuper.com.au** or **Helpline 1800 682 626**. A preferred nomination would not be legally binding on the Trustee.

You may confirm, amend or revoke your binding death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date.

In all cases, each person you nominate must be either a Dependant* or your legal personal representative as defined in superannuation law.

Completing the form

To make a binding death benefit nomination in Equipsuper you must:

- Complete this form in full and sign and date it in the presence of two witnesses. The witnesses must be at least 18 years of age and neither of them can be nominated within this form. Each witness must also sign and date the form in Step 4.
- Only nominate someone who is your Dependant* and/or legal personal representative (administrator of your estate or executor of your Will).
- Ensure you clearly specify the percentage of your super that you wish to allocate to each person and that the total allocation equals 100%.

Once properly made, your nomination replaces any previous nomination you may have made, whether of preferred beneficiaries or a binding death benefit nomination.

To revoke a binding nomination

If you wish to revoke an existing binding death benefit nomination and not make a further nomination you need only complete Steps 1, 3 and 4 of this form, leaving Step 2 blank.

What you should know about binding death benefit nominations

In the event that you die without a valid and binding death benefit nomination in place, the Trustee of Equipsuper will be required to pay your entire death benefit to your estate or exercise its discretion and decide on payment of your death benefit to any one or more of your Dependents.*

A binding death benefit nomination will become invalid if:

- it is completed prior to your admission to the Fund
- it is not made using the required *Binding Death Benefit Nomination* form
- the *Binding Death Benefit Nomination* form has not been properly completed (for example, the nominated proportions are not clear or do not equal 100%, or the form has not been signed and witnessed correctly),
- at the time of your death, one or more of the persons nominated by you have died or is not your Dependant* or legal personal representative,
- you were legally incapable of making the nomination; or
- the trustee is legally restrained or prohibited from paying your super benefit to one or more of the persons nominated by you.

Binding death benefit nominations cease to have effect after a period of three years from the date you sign your nomination, or re-confirm it to apply for a further three years, unless revoked by you earlier. It would also cease to have effect if you are subject to a Court Order at the time of your death, that prohibited you from making a binding death benefit nomination or required you to amend or revoke a nomination, or if (and for so long as) the trustee is prevented from paying out your death benefit in accordance with your nomination due to Family Law.

If you need help

For assistance or to access the Privacy Policy and your personal information call the **Helpline 1800 682 626**.

* See Step 2 for definitions of Dependant

Issued by Equipsuper Pty Ltd ABN 64 006 964 049 AFSL 246383 as Trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 SPIN EPL0100AU.



Step 1 – Complete your personal details

Please print in black or blue pen,
in uppercase, one character per box.

A



Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other Male ☐ Female ☐ Date of birth / /

Given names

Surname

Postal address

Suburb

State

Postcode

Telephone

-

Mobile

-

E-mail

Membership number

Step 2 – Make your nomination

☐

First nomination

☐

Replacement of existing nomination

☐

Revocation (cancellation) of an existing nomination (complete only steps 1,3 and 4).

I direct the Trustee of Equisuper to distribute my death benefit to the following people in the proportions shown below, in the event of my death (please attach an additional page and sign and date this page in the presence of the two witnesses (who must also sign the additional page) if you wish to nominate more than four beneficiaries). The additional page will be treated as part of Step 2.

Name of First Nominee

Relationship to you** (Select one option only) ☒

☐

Spouse

☐

Child

☐

Financial Dependent

☐

Legal Personal Representative

☐

Interdependency Relationship

Address*

Date of birth* / /

Proportion of payout %

Name of Second Nominee

Relationship to you** (Select one option only) ☒

☐

Spouse

☐

Child

☐

Financial Dependent

☐

Legal Personal Representative

☐

Interdependency Relationship

Address*

Date of birth* / /

Proportion of payout %

Continued over





Step 3 – Sign the form

By signing this form I declare that I have read this form and understand that:

- my nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- my nomination in this form will be invalid if:
 - it has not been completed correctly, or completed prior to my admission to membership of the Fund
 - the persons nominated or my Dependants and/or legal personal representative at the time of my death are no longer alive
 - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
- my nomination in this form will expire and cease to have effect:
 - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
 - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
 - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- the information provided within this form will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or legal personal representative at the time of my death. The information may be disclosed to the administrator, my employer and other parties as required and I consent to the handling of my personal information in this way.
- this form revokes any prior binding death benefit nomination or nomination of preferred beneficiaries I may have made.
- acknowledge that if I've provided my email address details and/or mobile number in this form, the Trustee may, at its discretion, use that email address and/or mobile number to send information, including any member and exit statements and notices of any material changes or the occurrence of significant events, by electronic means.
- this nomination will only be applied to my membership that is noted in Step 1.
- this nomination takes precedence over any other binding or preferred nomination I have made.

Signature

X

Date

□□ / □□ / □□□□

Step 4 – Witness declaration

Witness One (insert full name)

I,

Date of birth □□ / □□ / □□□□

I confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

X

Date

□□ / □□ / □□□□

Witness Two (insert full name)

I,

Date of birth □□ / □□ / □□□□

I confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

X

Date

□□ / □□ / □□□□

Please return your completed form to Equisuper, GPO Box 4303, Melbourne VIC 3001.

Step 5 – Checklist

- ☐ Are your two witnesses over age 18 and not listed as beneficiaries?
- ☐ Do all three signatures have the same date?
- ☐ Do the percentages of all nominations equal 100%?
- ☐ Is each named beneficiary either a dependant or your legal personal representative?

