

Nominating beneficiaries form

VALID FROM 31 December 2013

Who will get your pension if you die?

You can nominate who you would like to receive your death benefit if you die while a member of Media Super. Your nominee(s) must be a Dependant* and/or your legal personal representative. **The Trustee of Media Super is not legally bound by your wishes but will take them into account.**

You can update your nomination of preferred beneficiaries any time. This form replaces any previous nomination of beneficiaries.

Note: If you have previously nominated a reversionary beneficiary, then you cannot change this nomination.

If your personal circumstances change (e.g. marriage, remarriage or birth of children), it is important to keep both your Will and your nomination of beneficiaries up-to-date.

*See Step 2 for definitions of Dependents.

If you need help

For assistance call Media Super on **1800 640 886**.

Step 1 – Complete your personal details

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

Title Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date of birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Given names <input style="width: 100%; height: 20px;" type="text"/>	
Surname <input style="width: 100%; height: 20px;" type="text"/>	
Residential address <input style="width: 100%; height: 20px;" type="text"/>	
Suburb <input style="width: 60%; height: 20px;" type="text"/>	State <input style="width: 20%; height: 20px;" type="text"/>
	Postcode <input style="width: 20%; height: 20px;" type="text"/>
Postal address (if different to above) <input style="width: 100%; height: 20px;" type="text"/>	
Suburb <input style="width: 60%; height: 20px;" type="text"/>	State <input style="width: 20%; height: 20px;" type="text"/>
	Postcode <input style="width: 20%; height: 20px;" type="text"/>
Daytime telephone <input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 30%; height: 20px;" type="text"/>	Mobile <input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 30%; height: 20px;" type="text"/>
Email <input style="width: 100%; height: 20px;" type="text"/>	
Member number <input style="width: 100%; height: 20px;" type="text"/>	

Issued by Media Super Limited ABN 30 059 502 948 AFSL 230254 as Trustee for **Media Super ABN 42 574 421 650**.



Step 2 – Make your nomination

I would prefer my death benefit to be paid to the following people in the proportion shown below:

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Proportion of payout

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you*

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Proportion of payout

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Name

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Relationship to you*

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Proportion of payout

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Name

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Relationship to you*

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Proportion of payout

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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Name

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Proportion of payout

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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Total

1	0	0
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 %

* Must be a Dependant or be your legal personal representative (the executor of your Will), if you wish to have your benefit payable to your estate.

A 'dependant' is defined as:

- your spouse – whether by legal marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners)
- your children including step-children, adopted children and your spouse's children
- any other person who the trustee considers is wholly or partially dependent on you at the time of death, and
- any person you have an interdependency relationship with.

Two people (whether or not related by family) may have an interdependency relationship if:

1. they have a close personal relationship
2. they live together, and
3. one or each of them provides the other with financial support, and
4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

Any amounts paid to your legal personal representative would be distributed according to your Will or, if you don't have a Will, according to the laws of the State in which you resided at the date of your death.



Your Privacy

I understand that:

- Media Super collects personal information, including sensitive information such as health information, in order to: process applications for, and facilitate the provision of, its superannuation fund products and services; establish and maintain insurance cover; assess and process claims; and to comply with its statutory obligations. Media Super may also collect non-sensitive personal information in order to send information about other products or services which may be of interest to me.
- This information may be disclosed to third parties who assist Media Super in providing its products and services, including the Fund's administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), insurers, mail houses, professional advisers, other super funds and financial institutions to which a benefit may be paid. Some of these service providers may be located overseas, in countries including the UK, USA, New Zealand, Bermuda or India.
- For further details including how to access or correct my personal information, or how to make a complaint about the way Media Super deals with my information, I can refer to Media Super's Privacy Policy which is available at mediasuper.com.au/privacy-policy or by phoning 1800 640 886.

Step 3 – Sign the form

By signing this form I:

- understand that the Trustee of Media Super has the discretion to determine to whom my death benefit is paid, and that the Trustee will take my nomination of beneficiaries into account, but is not legally bound by this
- understand and consent to my information being collected, disclosed and used in the manner set out in this form
- note that from time to time, Media Super may send its members communication material about products and services available to Media Super members. I understand that I may opt out from those communications in accordance with the Privacy Policy.

Signature

Date

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Please return completed form to: Media Super, GPO Box 4303, Melbourne VIC 3001.

