Nomination of Beneficiary Form

Important information before you get started

There are three ways to tell First Super who you want to receive your super benefit, including any insurance payable, when you die.

1. Lapsing Binding Beneficiary Nomination
2. Non-Lapsing Binding Beneficiary Nomination
3. Non-Binding Beneficiary Nomination.

To help you decide what type of beneficiary nomination is better for you, read First Super's *Nominating Beneficiaries Fact Sheet* at **firstsuper.com.au/fact-sheets**.

What are the differences between Lapsing Binding, Non-Lapsing Binding, and Non-Binding Nominations?

A Binding Nomination instructs the Trustee (First Super) about who you want to receive your benefit and in what proportions. As long as it's valid at the time of your death, we are legally bound to follow your instructions.

There are two types of **Binding Nomination.**

> A Non-Lapsing Binding Nomination is valid indefinitely unless you cancel or amend it.

> A Lapsing Binding Nomination only lasts for three years, so you will need to keep it updated for your wishes to be followed. Members with a Lapsing Binding Nomination in place will be reminded to update it before it expires.

A **Non-Binding Nomination** is a request for First Super to pay your benefit to the person or people you've asked. It is not legally binding, so while we will take it into account, we must ultimately follow super and tax laws when deciding who receives your money.

Make your Non-Lapsing Binding Nomination or your Non-Binding Nomination online
Log into your firstonline account at **firstsuper.com.au/login** and go to 'Beneficiaries' under 'My details' to make your nomination instantly online.

Who can be nominated as a beneficiary?

You can nominate:

1. One or more dependants. A dependant is generally a child, spouse, financial dependant, or person with whom you have an interdependency relationship. See the *Nominating Beneficiaries Fact Sheet* for examples of these relationships.
2. Your Legal Personal Representative. This is the executor of your Will or the person responsible for administering your estate if you do not have a Will. If you want to leave your benefit to a non-dependant, nominating a Legal Personal Representative means all or part of your super can be distributed under the terms of your Will.

What is an interdependency relationship?

Two people may have an interdependency relationship if:

> they have a close personal relationship

> they live together

> one or each of them provides the other with financial support

> one or each of them provides the other with domestic support and personal care.

An interdependent relationship can also exist if a close personal relationship exists but the other requirements for interdependency are not satisfied because of a physical, intellectual or psychiatric disability that requires a person to live in an institution.

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Valid Binding Nominations

A Binding Nomination is assessed when you pass away. For both Lapsing Binding and Non-Lapsing Binding Nominations in paper-form, it is only valid if:

> you have made it using this form and completed all sections clearly and correctly
> you have signed and dated the form in the presence of two eligible witnesses, who have signed and dated the form at the same time as you
> you have only chosen beneficiaries who are eligible to be nominated
> First Super receives this form from you before you die.

Your nomination could become invalid if:

> it is cancelled or, for a Lapsing Binding Nomination, it lapses after three years and you do not renew it, in which case it will revert to a Non-Binding Nomination
> a beneficiary you nominated is no longer a dependant
> you do not provide all details requested in the form, or it is not properly witnessed (in this case, we will consider your nomination to be Non-Binding)
> a beneficiary you nominated dies before you (if you have nominated more than one beneficiary, this person's part will be distributed equally among the other dependants or your Legal Personal Representative, and if there are no other beneficiaries it will be distributed according to super and tax laws).

Changing or cancelling a beneficiary nomination

You can use this form to change or cancel an existing beneficiary nomination. Whenever we receive a new *Nominating Beneficiary Form* from you it automatically overrides any instructions you have provided in the past. Refer to the form on page 2 for which sections to complete to change or cancel a beneficiary nomination.

Tax on death benefits

Death benefits paid to dependants (generally limited to your spouse and minor children) are tax free. The taxable component of a death benefit paid to non-financial dependants will be taxed at special rates. For more information contact the Australian Taxation Office on **13 10 20**.

Privacy

We only use the information received as part of this form to follow your requests. Find out more about how First Super collects and manages your personal information by reading the Privacy Policy at **firstsuper.com.au/privacy-policy** or calling us on **1300 360 988**.

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FIRST super

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Please complete this form with **CAPITAL LETTERS** using a blue or black pen.

> If you are making or changing a Binding or Non-Lapsing Binding Nomination, complete **every** section.

> If you are making or changing a Non-Binding Nomination, complete sections **1, 2, 3** and **5** only.

> If you are cancelling an existing beneficiary nomination, complete sections **1** and **5** only.

Office Use Only: Member Number

Section 1 | Your personal details

Title (Mr, Mrs, Ms etc)

Date of birth (DD/MM/YYYY) / /

Gender ☐ M ☐ F ☐ Other

Member number

Account number

Surname

Given name(s)

Residential address

Suburb

State

Postcode

Postal address ☐ (Tick box if same as above)

Suburb

State

Postcode

Telephone (home)

Telephone (work)

Mobile

Email address

Section 2 | Your beneficiary's details

To make sure your nomination is valid, read page 1 to see who can be nominated as a beneficiary.
The total % of your nomination must add up to 100%. It if doesn't, it will be invalid.

☐ **Legal Personal Representative** — **% of benefit**

Beneficiary 1: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Beneficiary 2: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Beneficiary 3: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Beneficiary 4: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Have more than four beneficiaries? Provide their details on a separate piece of paper and attach it to this form. Make sure any additional Binding Nominations are signed, dated and witnessed (refer to section 4).

Section 3 | Your nomination type

Tick one box only.

This is a: Lapsing Binding Nomination ☐ **Non-Lapsing Binding Nomination** ☐ **Non-Binding Nomination** ☐

First Super accepts original copies both electronically and by mail.

Section 4 | Witness declaration

This section is for Lapsing and Non-Lapsing Binding Nominations only. I declare that I am over the age of 18, not named as a beneficiary on this form, and this Binding Nomination was signed by the member in my presence on the same date it was signed by me.

Witness 1

Full name

Date of birth (DD/MM/YYYY) / /

Address

Signature

✗

Date (DD/MM/YYYY) / /

Witness 2

Full name

Date of birth (DD/MM/YYYY) / /

Address

Signature

✗

Date (DD/MM/YYYY) / /

Section 5 | Member declaration

I request and direct the Trustee (First Super) to distribute any benefit payable when I die in accordance with this form.

This form supersedes any previous beneficiary nomination I have made.

I acknowledge that I have read and understand the information about Binding Nominations on page 1 and my nomination meets these requirements.

I confirm that I am authorised to provide the personal details included on this form and I consent to my information being checked by First Super or the official record holder via third-party systems for the purpose of confirming my identity.

Please sign here

✗

Date (DD/MM/YYYY) / /

How to send us this form

Mail your form to:

First Super, PO Box 666, Carlton South, VIC 3053

OR

Email us your form:

Email a copy to **mail@firstsuper.com.au**

Need help?

For more information about how to make a beneficiary nomination, read the *Nominating Beneficiaries Fact Sheet* at **firstsuper.com.au/fact-sheets** or call Member Services on **1300 360 988**.

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