

BENEFICIARY NOMINATION FORM

IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

You can use this form to:

- Make a **binding** beneficiary nomination, which means Vision Super must pay your death benefit in accordance with your wishes (provided the nomination is valid at the time it is made)
- **Revoke** an existing beneficiary nomination
- Make a **preferred** beneficiary nomination, which means Vision Super will consider your wishes but can exercise its discretion about who to pay your death benefit to and how much each beneficiary receives.

WHO CAN YOU NOMINATE AS A BENEFICIARY?

You can nominate your dependants or your Estate.

You can nominate:

1. Your dependants as per the *Superannuation Industry (Supervision) Act 1993*:
 - a. Your spouse or partner – whether you are married or not, a partner you live with in a genuine domestic relationship as a couple, including same-sex partners.
 - b. Your children, including adopted children and your spouse/partner's children. If your children are over 18, there may be tax consequences of paying them a death benefit.
 - c. A person in an interdependent relationship with you, where you have a close personal relationship with each other, and you live together and provide each other with financial and/or domestic support and personal care. You may also have an interdependent relationship if you satisfy all of the other criteria, but do not live together because of a disability that requires one or both of you to live in a medical facility.
 - d. A person who is financially dependent on you
2. Your Estate – Vision Super will deal with the Legal Personal Representative, who is the person appointed to that role by being named as the executor in your Will or if there is no Will, by being appointed administrator of the estate by the Supreme Court.

HOW TO MAKE A BINDING BENEFICIARY NOMINATION

- Complete sections 1, 2, 3, 4, 5 and 6 of this form.
- You need two adults over the age of 18 to witness your signature. They must see you sign the form, and then sign the form themselves. They cannot be your beneficiaries.
- You will need to renew your binding nomination every three years from the date you sign it to keep it valid. You may also need to update your beneficiary nomination if your circumstances change – for example, you get married or start living with a partner, have a child, or one of your beneficiaries is no longer dependent on you or dies.
- You must post the original form back to Vision Super – we cannot accept faxed or emailed forms as we need to see the original signatures.

HOW TO MAKE A PREFERRED BENEFICIARY NOMINATION

- Complete sections 1, 2, 3, 4 and 7 of this form.
- Preferred nominations are not binding on Vision Super, but they are an important consideration when Vision Super has to pay your benefit.

HOW TO REVOKE A BENEFICIARY NOMINATION

You can revoke your beneficiary nomination at any time by completing a new Beneficiary nomination form.

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WHEN WILL A BINDING NOMINATION BE INVALID?

A binding nomination will normally become invalid and no longer be in effect when one of the following happens:

- Three years have elapsed from the date the binding nomination form was signed,
- Any nominated beneficiary dies before you die,
- Any nominated beneficiary is not a dependant at the time of your death. For example, if your spouse is nominated and you are divorced or your de facto relationship ended.

Also the trustee is not required to pay the death benefit in accordance with a valid and effective binding nomination in some circumstances including if:

- The trustee is subject to a court order and doing so would breach the court order, or
- The trustee is aware that the giving of, or failure to amend or revoke a nomination was a breach of a court order.

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Binding and preferred beneficiary nominations are explained at:
activesuper.com.au/the-basics/tools-and-resources/fact-sheets/ in the 'Nominating Beneficiaries' fact sheet.

1. PERSONAL DETAILS

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State: Postcode:

Contact email address:

Contact phone number: Mobile number:

2. YOUR NOMINATIONS

☐ Please use (✓) to mark this box if you wish the binding nomination to apply to all accounts you hold with us (excluding Active Super Income For Life accounts) as at the date of your death

OR

If you prefer to make a nomination on specific accounts you hold with Active Super, please provide the member number for each account below.

☐ Active Super Saver	☐ Active Super Account Based pension	☐ Active Super Transition to Retirement pension
Member number	Member number	Member number
☐ Active Super Retirement Scheme	☐ Active Super Deferred Benefit	
Member number	Member number	

* Please note that if you have nominated a reversionary beneficiary for your Active Super Pension plan and it is still valid it will override your nomination of a binding or preferred beneficiary.

If you have not completed any of the boxes, we'll apply this binding nomination to all of the accounts you hold with us (excluding any Active Super Income For Life accounts) as at the date of your death. If you hold multiple accounts and you intend to make different nominations for each account, you are required to complete separate binding nomination forms for each account you hold.

3. I WANT TO MAKE A:

☐ **Binding** beneficiary nomination (complete sections 4, 5 and 6) **OR** ☐ **Preferred** beneficiary nomination (complete sections 4 and 7)

continued over...



Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Contact Centre: 1300 547 873 hello@activesuper.com.au activesuper.com.au

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the
 Local Authorities Superannuation Fund ABN 24 496 637 884

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4. NOMINATION DETAILS

Full name		Relationship (please tick one)	Benefit %
Address		☐ Spouse	
Date of birth	/ /	☐ Child	
		☐ Interdependent relationship	
		☐ Financial dependant	

Full name		Relationship (please tick one)	Benefit %
Address		☐ Spouse	
Date of birth	/ /	☐ Child	
		☐ Interdependent relationship	
		☐ Financial dependant	

Full name		Relationship (please tick one)	Benefit %
Address		☐ Spouse	
Date of birth	/ /	☐ Child	
		☐ Interdependent relationship	
		☐ Financial dependant	

My Estate		Benefit %
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Should you wish to nominate additional beneficiaries please add them on a separate piece of paper and attach to this form.

TOTAL = **100%**

5. BINDING DEATH BENEFICIARY DECLARATION

- I understand that this nomination is binding and that the Trustee must pay my death benefit to my nominated dependants and/or to my Estate as specified on this form.
- I understand that it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
- I understand that my nomination will be valid for three years from the date I sign this form.
- I have read and understood the information on binding nominations in the relevant Product Disclosure Statement.

This information is collected for the sole purpose of managing and paying superannuation benefits and entitlements and will be protected in accordance with the *Privacy Act 1988* and Vision Super's privacy policy, which is available on request or on the Fund's website.

Signature: Date[^]: [^] Must be the same date as witnesses' signature.

6. WITNESS DECLARATION – FOR BINDING NOMINATIONS ONLY

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:	Printed name:	Date of birth:	Date*:

Signature of witness 2:	Printed name:	Date of birth:	Date*:

*** MUST BE THE SAME DATE AS MEMBER'S SIGNATURE OTHERWISE NOMINATION WILL NOT BE VALID.**

7. PREFERRED BENEFICIARY DECLARATION

I understand that this nomination is not binding on the Trustee and is a preferred beneficiary nomination only. Death benefits from the Active Super Saver, Active Super Choice and the Active Super Pension products will be paid to, or applied for the benefit of:

- My dependants; and/or
- My Estate.

The Trustee will determine in what proportions (if any) your benefit is paid. Please refer to page 1 for who is considered a dependant.

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Signature: Date:

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