

To remain valid, your binding death benefit nomination must be confirmed at least every three years.

Page 1 of 1

## 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 DECLARATION

You must complete this section if you wish to confirm an existing binding death benefit nomination.

- I direct Vision Super Pty Ltd (ABN 50 082 924 561) (AFSL 225054) as Trustee for Local Authorities Superannuation Fund (ABN 24 496 637 884) to distribute my benefits payable from the Trustee upon my death in accordance with my existing binding nomination.
- I understand that:
  - this confirmation is only valid for three (3) years from the date of signing, or until I replace or revoke the nomination (by delivering to the Trustee a new signed and dated form),
  - this confirmation will only be valid if the beneficiaries listed are my spouse, child, a person with whom I have an interdependency relationship or legal personal representative when I die; and
  - if this confirmation is invalid or has not been received and accepted by the Trustee when I die, my death benefit will be paid at the Trustee's discretion to one or more of my dependants or to the Estate or the legal personal representative in accordance with the Trust Deed.
- I have read the information within this form and understand the terms on which this confirmation is made.
- I declare the information provided is true and correct.
- I have read the Privacy collection statement and understand how the Trustee will use the personal information provided on this form.

Signature:

Date:

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.

**IMPORTANT: SEND YOUR COMPLETED FORM BACK TO US**  
Please mail this form to: Active Super, PO Box 18041, Collins Street East, Melbourne VIC 8003  
You can email your signed form to us at [hello@activesuper.com.au](mailto:hello@activesuper.com.au)

## VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947.  
Our focus is improving your returns and keeping your fees and costs low to help you grow your retirement benefits.  
Active Super is part of Vision Super.



B B N

Contact Us: PO Box 18041, Collins Street East, Melbourne VIC 8003		
Contact Centre: 1300 547 873	<a href="mailto:hello@activesuper.com.au">hello@activesuper.com.au</a>	<a href="http://activesuper.com.au">activesuper.com.au</a>
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		