FORM 219

Reversionary beneficiary nomination form

vision super

IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

You can use this form to:

- Nominate one person as your reversionary beneficiary, to receive the balance of your Vision income stream in the form of pension payments in the event of your death; Or
- Cancel the existing reversionary nomination.

Your reversionary beneficiary will remain in place until the closure of the account or until you use this form to cancel the existing nomination we have on file and/or appoint another.

Who can you nominate as a beneficiary?

You can nominate one person who is your dependant.

You can nominate:

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 child, including an adopted children or your spouse's/partner's child. Once your child reaches age 25 the benefit must be fully paid out unless the child has a disability.
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.

When will a reversionary nomination be invalid?

You cannot nominate a non-dependant as your reversionary beneficiary. If you do, your nomination will be considered invalid, and the payment of your benefit will revert to the Trustee's discretion.

How to revoke a reversionary nomination

Please also use this form if you wish to change or remove your reversionary beneficiary. If you cancel your reversionary beneficiary and do not nominate a new beneficiary, the Trustee will have discretion to determine where your benefit is paid in the event of your death.

Can a binding or preferred nomination override a reversionary nomination?

No. If you have a reversionary beneficiary in place for a Vision income stream, you are unable to then request a binding or preferred beneficiary (non-binding) nomination until you have submitted this form to request the Trustee to cancel the existing reversionary nomination on file.

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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:

2. Nominate your reversionary beneficiary

Please note that if you have a current reversionary nominated on your pension account, this request will override your previous election.

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

Surname:

Given name/s:

Date of birth: Member number*:

Address:

Suburb: State: Postcode:

Contact phone number:

Relationship to you: ☐ Spouse (legal/de facto) ☐ Child ☐ Interdependent

* Complete only if the reversionary is a curent Vision Super member.

3. Removing a reversionary beneficiary

Only complete this section if you wish to remove an existing reversionary beneficiary that we have on file for your pension income stream.

☐ Please cancel my existing reversionary beneficiary.

☐ Please cancel my existing reversionary beneficiary and replace it with the reversionary beneficiary detailed in **Section 2**.

Please note that if you cancel your reversionary beneficiary and do not nominate a new beneficiary, the Trustee will have discretion to determine to whom your benefit is paid in the event of your death.

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Reversionary beneficiary nomination form

4. Sign this form

You must sign this form in the presence of one witness.

Please note a preferred or binding nomination cannot be submitted until this form has been lodged to revoke the current reversionary beneficiary on record.

I have read the information on this form (including the current Vision income streams PDS) and understand the implications of choosing a reversionary beneficiary. I also understand that:

- My reversionary beneficiary must be a dependant for superannuation purposes at the time of nomination and at the time of my death
- This nomination is binding on the Trustee and the payment of the benefit will be made to my nominated reversionary beneficiary unless the law requires otherwise.

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 Vision Super website.

Signature: Date:

5. Witness declaration

The witness must complete the declaration below and sign and date the form on the same day as the member.

I am 18 or over, I am not named as the reversionary beneficiary on this form and I witnessed the member sign and date this form.

Name: Date of birth: Phone number:

Address:

Signature: Date:

IMPORTANT: SEND YOUR COMPLETED FORM BACK TO US

Please post the original form to: Vision Super, PO Box 18041, Collins Street East, Melbourne VIC 8003
OR you can **upload** a scanned copy or photo of the original form at **visionsuper.com.au/upload-documents/**