

This form is for members of the Active Super Defined Benefit Scheme. Use this form to nominate to whom you want your benefit to be paid in the event of your death. Nomination of a beneficiary is optional.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (✓) to mark boxes. Sections 4 and 5 should be signed and dated by hand.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. YOUR DETAILS

Member no.	<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"/>	
Date of birth (DD MM YY)	<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"/>	Title (e.g. Ms) <input type="text"/>
Given name(s)	<input type="text"/>	
Family name	<input type="text"/>	
Email	<input type="text"/>	
Phone (home)	<input type="text"/>	Phone (work) <input type="text"/>
Phone (mobile)	<input type="text"/>	
Postal Address		
No./Street	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address	<input type="checkbox"/> select if same as postal address above	
No./Street	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

IMPORTANT

If you are a Defined Benefit Scheme member and make a valid binding nomination, it only has effect and will be followed in respect of the following benefit types:

1. Deferral of a benefit as a lump sum benefit at or after attaining age 65.
2. Benefits that have been compulsory preserved as a lump sum following termination of employment.
3. The Basic Benefit.

All other benefits payable from the Scheme will be paid in accordance with Scheme rules.

NOTES

What is a binding death benefit nomination?

If you make a valid binding death benefit nomination (BDBN) in favour of your dependant(s) and/or legal personal representative(s), the Trustee must distribute the benefit on your death in accordance with the BDBN provided the nomination is still valid at the time of your death.

Who can I nominate?

Each person you nominate must be one or more of the following at the time of your death:

- Your spouse;
- Your child or children;
- Any other person who is financially dependant on you;
- Any other person with whom you had an 'interdependency relationship'. Two persons have an interdependency relationship if:
 - they have a close personal relationship; and
 - they live together; and
 - one or each of them provides the other with financial support; and
 - one or each of them provides the other with domestic support and personal care.(Two people may have an interdependency relationship if they have a close personal relationship but do not satisfy the other requirements of an interdependency relationship because either or both of them suffers from a disability); or
- Your legal personal representative(s). For the purposes of the BDBN, a legal personal representative is taken to be someone who holds grant of probate or letters of administration over your estate. If that person has not lodged an application with Active Super within 12 months of your death, the binding nomination will be considered invalid and the Trustee will decide how the benefit is to be

distributed.

How do I make a valid binding death benefit nomination?

There are strict legal requirements for a BDBN to be validly made. For the Trustee to treat your BDBN as valid:

- you must make sure that each person you have nominated is either your dependant or your legal personal representative; and
- the form must state the proportion of the benefit that you wish to pay each nominated beneficiary, and the total allocation must equal 100% of the benefit; and
- you must sign and date the form in the presence of two witnesses who are at least 18 years old and are not nominated as beneficiaries. The witnesses must sign and date their declaration on the same date that you sign the form; and
- the form must be provided to, and received by, the Trustee while you are alive; and
- the BDBN must not have expired.

If you submit a BDBN that we identify to be invalid on its face, we will write to you advising that we are unable to accept it. However, as the legal rules about the eligibility of nominated dependants are complex and your circumstances may change, we cannot guarantee that each nominee listed above will be eligible to receive payment of your death benefit at the time payment is to be made.

How long does a binding nomination last?

A BDBN will remain valid for three years after it's made. Before it expires, you can confirm a BDBN in writing and it will be valid for another three years after confirmation. You can amend or revoke your nomination at any time.

What happens if I do not make a valid binding death benefit nomination?

If you do not make a BDBN, or you don't have a valid BDBN when you die, the Trustee will exercise its discretion pay your benefit to one or more of your dependants or legal personal representative(s).

Examples of when a BDBN is invalid include:

- Your BDBN had expired; or
- Your BDBN form was incorrectly signed, or witnessed; or
- Your BDBN form has been altered; or
- Your BDBN nominates a person who is not eligible to receive your benefit.

You may nominate one or more of your eligible beneficiaries. To be eligible, each beneficiary MUST either be a dependant or your Legal Personal Representative. Please see Notes on page 2 for more information about these terms.

IMPORTANT
 'Dependant' and 'Interdependency relationship' are defined under super law. Please see Notes on page 2 for more information about these terms.

2. YOUR BENEFICIARIES

Benefit allocation percentage:

. %

Beneficiary 1

Title (e.g. Ms) Full name

No./Street

Suburb/Town

State/Territory Postcode Phone

Dependant type

Spouse Child Interdependency relationship Financial dependant

. %

Beneficiary 2

Title (e.g. Ms) Full name

No./Street

Suburb/Town

State/Territory Postcode Phone

Dependant type

Spouse Child Interdependency relationship Financial dependant

. %

Beneficiary 3

Title (e.g. Ms) Full name

No./Street

Suburb/Town

State/Territory Postcode Phone

Dependant type

Spouse Child Interdependency relationship Financial dependant

IMPORTANT

We cannot accept forms which have alterations. If you make a mistake, please complete a new form.

If you require more space for beneficiaries please copy this page.

If you want all or part of your benefit paid to your estate to be distributed according to your Will, select your Legal Personal Representative as your beneficiary.

2. YOUR BENEFICIARIES (CONTINUED)

Benefit allocation percentage:

. %

Beneficiary 4

Title (e.g. Ms) Full name

No./Street

Suburb/Town

State/Territory Postcode Phone

Dependant type

Spouse Child Interdependency relationship Financial dependant

Beneficiary 5

. %

Title (e.g. Ms) Full name

No./Street

Suburb/Town

State/Territory Postcode Phone

Dependant type

Spouse Child Interdependency relationship Financial dependant

And/or your Legal Personal Representative(s)

. %

I'd like to nominate my Legal Personal Representative(s)

TOTAL

%

Your nomination MUST add up to 100%.

3. CONTACT DETAILS (OPTIONAL)

In the event of my death, please contact the following person/s for further information that may assist the Trustee in distributing my benefit. (Provide name/s and contact details)

Title (e.g. Ms) Full name

No./Street

Suburb/Town

State/Territory Postcode Phone

IMPORTANT

To be valid, this form must be signed by you, dated and witnessed by two witnesses ON THE SAME DATE.

You must sign by hand in front of two (2) witnesses.

The witnesses must not have been nominated as beneficiaries on this form.

IMPORTANT

Witnesses must be over the age of 18 and not a person mentioned in this form (i.e. a beneficiary). The witnesses need not be a legal practitioner or a Justice of the Peace.

This section must be completed by hand.

4. YOUR DECLARATION

You must complete this section if you wish to make a binding nomination

- I direct LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') to distribute my benefits payable from Active Super upon my death in accordance with my binding nomination.
- I understand that:
 - this nomination is only valid for three (3) years from the date of signing, or until I replace or revoke the nomination (by delivering to Active Super a new signed and dated form),
 - this nomination will only be valid if the beneficiaries listed are my spouse, child, financial dependant, a person with whom I have an interdependency relationship or legal personal representative when I die; and
 - if this nomination is invalid or has not been received by the Trustee before I die, my death benefit will be paid at the Trustee's discretion to one or more of my dependants or legal personal representatives(s).
- I have read the information within this form and understand the terms on which this nomination is made.
- I declare the information provided is true and correct.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

Name

Signed

Date (DD MM YY)

5. WITNESS DECLARATION

I, as witness, solemnly and sincerely declare that I am over eighteen (18) years of age and that the nomination was signed in my presence.

Witness 1

Full name

Signed

Date (DD MM YY)

Witness 2

Full name

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email You can email your signed and witnessed form to us at admin@activesuper.com.au. However, you also need to post the original form as it's required for proof of identity.

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').