

# Making, changing or cancelling a binding death nomination

Follow these instructions to set up, change or cancel a binding nomination.

## What is a binding nomination?

A binding nomination instructs AustralianSuper how to pay your death benefit if you die.

As long as it's valid, your nomination is legally binding and we must follow it. This is why it's important to consider changing or cancelling your binding nomination if your circumstances change, so that your benefit will be paid in line with your current wishes.

## Who can I nominate?

For a binding nomination to be valid, the people you list at step 2 of this form must be (at the date of your death):

- › your spouse (including de facto and same sex)
- › your children (including step, adopted or ex-nuptial of any age)
- › financially dependent on you
- › an interdependant (see More about interdependants), or
- › your legal personal representative, which means the executor or administrator of your estate.

## How long does it last?

A correctly completed binding nomination remains valid for three years from the date you sign the form. The expiry date of your binding nomination is shown on your member statement and we'll also send you a reminder before your nomination expires.

## How do I cancel my binding nomination?

You can cancel your binding nomination at any time. To cancel your nomination you need to complete steps 1, 3 and 4 of this form and return it to us.

## How do I change my binding nomination?

You can change your binding nomination at any time. To change your current binding nomination you'll need to complete and submit a new valid *Binding death benefit nomination* form. This new nomination will override your current binding nomination.

## Does it cost anything?

No. There are no fees for you to make a binding nomination.

## What if my nomination is invalid?

If your nomination is invalid, we'll consider your wishes, but will also use our discretion when paying out your account balance.

Examples of an invalid nomination include:

- › your nomination being made more than three years ago
- › this form not being correctly signed and witnessed
- › any of the people nominated on this form dies before you do, or
- › the individuals nominated no longer qualify as your dependants at the time of your death.

## More about interdependants

An interdependent relationship exists if:

- › two people have a close personal relationship which involves a demonstrated and ongoing commitment to a shared life and each other's emotional support and wellbeing; and
- › they live together, or are temporarily living apart; 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 of a level normally provided in a close personal relationship, rather than by a mere friend or flatmate

OR

- › if they don't live together or provide each other with financial support, domestic support and personal care, it's because one or both of them suffer from a disability.

Two people don't have an interdependent relationship if one of them provides domestic support and personal care to the other and is paid for this or works on behalf of another person or organisation such as a government agency, a body corporate or a benevolent or charitable organisation.

Whether your nominated beneficiaries qualify as your interdependants will be assessed when a claim is made.



### AustralianSuper will pay in accordance with your binding nomination or cancel a current nomination if it is:

- › made to us in writing on the form over the page
- › signed and dated by you in front of two witnesses who are over the age of 18 and are not nominated on the form
- › signed and dated by the two witnesses at the same time as you sign. Witnesses must be 18 years and over and not nominated on the form.
- › received by us before your death.

To set up a new binding nomination, or to change an existing nomination, complete steps 1, 2 and 4 of the form.

To cancel your binding nomination and change to a non-binding nomination, complete steps 1, 3 and 4 of the form.

## Privacy Collection Statement

Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information.

AustralianSuper Pty Ltd (ABN 94 006 457 987) of 26/50 Lonsdale Street, Melbourne, Victoria, collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URLs below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to [australiansuper.com/CollectionStatement](https://australiansuper.com/CollectionStatement) and [australiansuper.com/privacy](https://australiansuper.com/privacy) or call us on 1300 300 273.

# Binding death benefit nomination

Use this form to set up a binding nomination or change/cancel an existing binding nomination.

Please complete in pen using CAPITAL letters and print  to mark boxes. Form must be completed in full. Read the Privacy Collection Statement on this form to see how AustralianSuper uses your personal information.

## STEP 1. PROVIDE YOUR PERSONAL DETAILS

Last name	Mr Ms Mrs Miss Dr	Male Female
<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
First name/s	Date of birth	
<input type="text"/>	D D M M Y Y Y Y	
Street Address	<input type="text"/>	
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Member number	Account number*
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*You must complete a separate form for each account you hold.

## STEP 2. LIST THE PEOPLE YOU WANT TO RECEIVE A PAYMENT IN THE EVENT OF YOUR DEATH

Read *Who can I nominate?* on page 1 before filling in this section.

Full name	Relationship	Residential address	% of benefit
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependant <input checked="" type="checkbox"/> Financial dependant <input checked="" type="checkbox"/> Legal personal representative	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependant <input checked="" type="checkbox"/> Financial dependant <input checked="" type="checkbox"/> Legal personal representative	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependant <input checked="" type="checkbox"/> Financial dependant <input checked="" type="checkbox"/> Legal personal representative	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependant <input checked="" type="checkbox"/> Financial dependant <input checked="" type="checkbox"/> Legal personal representative	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Interdependant <input checked="" type="checkbox"/> Financial dependant <input checked="" type="checkbox"/> Legal personal representative	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>TOTAL MUST ADD UP TO 100%</b>			<input type="text"/> <input type="text"/> <input type="text"/> %

OFFICE USE ONLY  
Member number

### STEP 3. CANCEL YOUR CURRENT NOMINATION

Please cancel my previous nomination and pay benefits at AustralianSuper's discretion to my dependants or legal personal representative.

### STEP 4. SIGN THIS FORM IN THE PRESENCE OF TWO WITNESSES

Member declaration – I understand that this binding nomination is only effective when received and accepted by AustralianSuper and expires three years from when I sign this form.

I have read the information in this form and I understand the terms on which this nomination is made. I have also read the Privacy Collection Statement and I understand how AustralianSuper will use my personal information.

#### Member signature



Today's date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

You must sign and date this form in front of two witnesses aged 18 or over. Witnesses can't be nominated on this form (in step 2).

#### Witness declaration

I'm aged 18 or over and I'm not nominated as a beneficiary on this form. I also saw the person who completed this form, sign it.

Witness 1 signature

Today's date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Full name of witness 1

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Witness 2 signature

Today's date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Full name of witness 2

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---