

NOMINATION OF BENEFICIARY

You are able to nominate a beneficiary to receive your superannuation benefit in the event of your death. By completing this form, you are instructing or recommending to the Trustee who should receive your benefit if you die whilst still a member of Perpetual MySuper.

You are able to choose to make a non-binding or binding nomination. Please ensure you read 'Important notice for beneficiary nominations' on page 2 of this form. If you are making a binding nomination, ensure you read 'Binding nomination rules', also on page 2.

Please send your completed form to: **Reply Paid 4171, Perpetual MySuper, GPO Box 4171, Sydney, NSW 2001**

1. Member details

| | | | |
|------------------------|----------------------|---------------------|----------------------|
| client number | <input type="text"/> | account number | <input type="text"/> |
| first name(s) | <input type="text"/> | | <input type="text"/> |
| last name | <input type="text"/> | | <input type="text"/> |
| phone (business hours) | <input type="text"/> | phone (after hours) | <input type="text"/> |

2. Beneficiary details

Please read the 'Important notice for beneficiary nominations' on the following page before you complete this section.

Nomination type (only choose one): binding non-binding (no witness signatures required)

IMPORTANT – before you complete the table below:

- If this is a **binding nomination** please post this form as we need an **original form** – please do **not** send via fax or email.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D below (Share of death benefit)** must total **100%**.
- You can nominate your legal representative and/or one or more of your dependants as defined under Superannuation Law.

If you have insufficient room to list all beneficiaries, please complete an additional Nomination of Beneficiary form and attach to this form.

| A) Nominated beneficiary (full name) | B) Relationship to you | C) Date of birth | D) Share of death benefit |
|---|---|--|---------------------------|
| Legal Personal Representative (your estate) If you have nominated 100% of the benefit allocation to your Legal Personal Representative do not complete any further nominations. | N/A | N/A | <input type="text"/> % |
| <input type="text"/> | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> % |

3. Declaration by member (must be completed)

By making the nomination in this form:

- I understand that I must send this form to the Trustee, and this nomination form supersedes and revokes any previous nomination of beneficiary.
- Where I have made a **Binding** nomination: I direct the Trustee to distribute the benefit payable in the event of my death in accordance with this form and binding nomination rules. I understand this nomination will be binding on the trustee only if validly completed.
- Where I have made a **Non-binding** nomination: I recommend the Trustee exercise discretion to distribute the benefit payable in the event of my death by considering the beneficiaries named in this form. I understand this nomination is not binding on the Trustee.

NOTE: Binding nomination will be **INVALID** if the member and witnesses sign on different dates.

| | | | |
|------------------|----------------------|------------------|--|
| member signature | <input type="text"/> | declaration date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|------------------|----------------------|------------------|--|

4. Declaration by witnesses (Binding nomination only)

I declare that:

- I am 18 years or older
- this form was signed and dated by the person detailed in section 1 in my presence on the date indicated above as the declaration date.

Witness 1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|------|---|---|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|
| first name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| last name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| suburb | | | | | | | | | | | state | | | | | | | | | | | postcode | | | | | | | | | | |
| signature | | | | | | | | | | | | | | | | date | / | / | | | | | | | | | | | | | | |

Witness 2

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|------|---|---|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|
| first name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| last name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| suburb | | | | | | | | | | | state | | | | | | | | | | | postcode | | | | | | | | | | |
| signature | | | | | | | | | | | | | | | | date | / | / | | | | | | | | | | | | | | |

Important notice for beneficiary nominations

- For Perpetual MySuper you are only able to make either a binding or non-binding nomination.
- For the purpose of paying a death benefit, a dependant is:
 - a person who is financially dependent upon you at the date of death or
 - a child, adopted child, step-child, ex-nuptial child or
 - a spouse (including a de facto spouse) or
 - a person with whom you have a close personal relationship and share a residence with and one or each of you provides the other with financial support, domestic support and personal care or
 - a person with whom you have a close personal relationship, but the other requirements detailed above aren't satisfied because either or both of you suffer from a physical, intellectual or psychiatric disability.

Binding nomination rules

- In order to be effective, a binding nomination must be signed by two witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.
- Only your dependants or legal personal representative are eligible to receive your death benefit. Eligibility of a nominated person is determined at the date of your death.
- A binding nomination is effective for three years after the day it was first signed, or last confirmed or amended by the member. If you wish to confirm your nomination for another three years, you may do so by providing a signed notice to that effect to the Trustee.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- If a dependant nominated to receive a benefit predeceases the member or if a person nominated is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or current legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the Trustee's discretion.
- You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the trustee provide for the following:
 - If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
 - If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.