

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 Select Super Plan. 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 Select Super Plan, 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"/>	<input type="text"/>
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