

Making a death benefit nomination

Pension



About this form

You can use this form to make, change or cancel a binding, non-binding or reversionary death benefit nomination.

Your nomination options

For your Equip pension, you can choose to make:

A **non-binding** nomination - this tells Equip who you would like your benefit paid to upon your death. Equip will take this nomination into account but is not bound by it, as it must consider all dependants at the time of your death.

A **binding** death benefit nomination - if valid and legally binding at the date of your death, Equip is required to pay your benefit according to your nomination.

A **reversionary** death benefit nomination - if valid and binding at the date of your death, Equip will continue to pay your pension account balance as regular income to the individual you have nominated as your reversionary beneficiary. We recommend you seek financial advice before making, removing or adding a reversionary nomination, as there may be financial, tax or social security implications.

Regardless of the option you choose, it is important to review your nomination from time to time and ensure it reflects your intentions for your benefit. For more information about beneficiary nominations, please see the applicable Product Disclosure Statement for your pension account.

How to make a nomination

You can use the accompanying form to make, update or cancel a nomination of any type.

Non-binding nominations can also be updated on our website or by contacting our member helpline. These additional options are not available for a binding or reversionary nominations.

If you do not make a nomination or your nomination is invalid, Equip will determine to whom your account balance will be paid upon your death. To do so, we will take into consideration information we are able to obtain about your circumstances, including dependants and other parties who make a claim.

Who can I nominate?

The person(s) you nominate as beneficiaries must be any one or more of the following:

- your current spouse (legal or de facto; including same sex partner)
- your children (including step, adopted, ex-nuptial or children of a same sex relationship)*
- any person(s) financially dependent on you
- any person in an interdependency relationship with you (please see definition after this section)
- your legal personal representative (LPR), which means the executor or administrator of your estate (*not applicable for reversionary nominations*)

* Children includes those aged under 18 or over 18 if they are permanently disabled or younger than 25 and financially dependent on you immediately before your death.

Interdependency relationship

An interdependency relationship exists if:

- two people 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

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.

People who share accommodation, for example flatmates, do not qualify.

More information about binding nominations

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.

It may also cease to have effect if you are subject to a Court Order at the time of your death that prohibited you from making a binding death benefit nomination or required you to amend or revoke a nomination, or if (and for so long as) the Trustee is prevented from paying out your death benefit in accordance with your nomination due to family law.

A binding nomination will be invalid if:

- it was made more than 3 years ago
- the form is not correctly completed, for example the proportion of benefit doesn't equal 100% or the form was incorrectly signed or witnessed
- any of the people you nominated on this form die before you do
- any of the people you nominated on this form no longer qualify as your dependants and/or legal personal representative (LPR) at the time of your death
- you were legally incapable of making the nomination
- Equip is legally restrained or prohibited from paying your super benefit to one or more of the persons nominated by you; or
- it was received by Equip after your death.

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equipsuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

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Making a death benefit nomination Pension



1 – Your member details

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>	Postal address (must be provided) <input type="text"/>	
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			

2 – Nomination type

Tick one box for the type of beneficiary nomination you are making on this form. When accepted and processed by Equip, your nomination on this form will replace any existing beneficiary nomination recorded on the account you have indicated above.

- I am making a **binding** nomination - Please complete **steps 3, 5 and 6** and return to Equip.
- I am making a **non-binding** nomination - Please complete **steps 3, 5 and if applicable step 6*** and return to Equip.
- I am making a **reversionary** nomination - Please complete **steps 4, 5 and if applicable step 6*** and return to Equip.
- I am **cancelling** my current nomination and making no new nomination - Please complete **step 5 and if applicable step 6*** and return to Equip.

* If you currently have a binding nomination recorded on your account, please also have two witnesses complete step 6 of this form as the law requires it.

3 – Nomination of death benefit beneficiaries (for binding and non-binding only)

If you wish to nominate more than four beneficiaries, please copy this page and attach it to your form when you return it to us. If you are making a binding nomination, **please read** *Who can I nominate* from page 1 before filling in this section.

Name	Beneficiary type	% of benefit
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate) <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="checkbox"/> Legal personal representative (executor or administrator of your estate) <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="checkbox"/> Legal personal representative (executor or administrator of your estate) <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="checkbox"/> Legal personal representative (executor or administrator of your estate) <input type="text"/> <input type="text"/> <input type="text"/> %

Must total 100%

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4 – Nominating a reversionary beneficiary

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyyy) <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>	
Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant child <input type="checkbox"/> Interdependant <input type="checkbox"/> Financial dependant <input type="checkbox"/>		

Privacy

The personal information you provide on this form will be used in accordance with Equip's Privacy Statement, which you can view online at www.equipsuper.com.au/privacy or you can obtain a copy by contacting us on 1800 682 626.

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information. Our administrator, Mercer Outsourcing (Australia) Pty Ltd, will also handle your personal information. You can view Mercer's Privacy Policy online at www.mercer.com.au/privacy.html.

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

5 – Sign this form

By signing this form I:

- confirm that I have read the notes on this form that set out the terms upon which this nomination is made and I understand that these are consistent with Equip's Trust Deed and that I may request a copy if required.
- understand that if I have made a binding or reversionary death benefit nomination and it is invalid or has not been received by Equip when I die, the death benefit will be determined by Equip at its discretion.
- understand that if I have made, updated or cancelled a binding death benefit nomination, this declaration must be signed by me in the presence of two witnesses (who are not nominated on this form), both of whom are aged 18 or over and complete step 6 of this form.

Member signature <input type="text"/>	Date (ddmmyyyy) <input type="text"/>
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6 – Witness declarations (only required if making, updating or cancelling a current binding nomination)

I confirm that I am aged 18 or over, am not a named binding beneficiary and the member signed and dated this form in my presence.

Witness 1 Signature of witness <input type="text"/>	Date (ddmmyyyy) <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>

Witness 2 Signature of witness <input type="text"/>	Date (ddmmyyyy) <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>

Please return your completed form to Equip, GPO Box 4303, Melbourne VIC 3001

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