

Important information about your Binding death benefit nomination

WHO WILL GET YOUR BENEFIT IF YOU DIE?

In the event that you die without a valid reversionary beneficiary nomination (only applicable for TransPension accounts) or a valid binding death benefit nomination in place, TWUSUPER (the Trustee) will be required to exercise its discretion and either pay your entire death benefit to your estate or decide on payment of your death benefit to any one or more of your dependants.

A binding death benefit nomination is a binding direction from you to the Trustee to pay any death benefit to your estate or to one or more dependants nominated by you and in the proportions that you have specified.

If you make a binding death benefit nomination and it is still valid and in effect at the event of your death, the Trustee will be bound to follow it and pay your death benefit to your estate or the Dependants you have nominated and in the proportions specified by you.

DEFINITION OF A DEPENDANT

The persons you nominate must be your 'dependant' or legal personal representative (that is, the executor or administrator of your estate).

'Dependant' is defined as:

- your spouse as defined in the relevant legislation which generally includes:
 - a person to whom you are legally married (whether the same sex or not)
 - another person (whether of the same sex or not) with whom you are in a registered relationship
 - another person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple
- your children as defined in the relevant legislation which generally includes:
 - your adopted child, step-child, or ex-nuptial children
 - your spouse's child
 - someone who is a child of you within the meaning of the Family Law Act 1975
- any other person who the trustee considers is wholly or partially dependent on you at the time of death, and
- any person you have an interdependency relationship with.

Two people have an interdependency relationship if:

1. they have a close personal relationship;
2. they live together,
3. one or each of them provides the other with financial support, and
4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

Any amounts paid to your legal personal representative would be distributed according to your will, or if you don't have a will, according to the laws of the State in which you resided at the date of your death.

WHAT YOU SHOULD KNOW ABOUT YOUR BINDING DEATH BENEFIT NOMINATION

You can change your binding death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date.

A binding death benefit nomination will be invalid if:

- it is not made using this Binding Death Benefit Nomination Form,
- this Binding Death Benefit Nomination Form has not been properly completed (for example, the nominated proportions are not clear or do not equal 100%, or the form has not been signed and witnessed correctly),
- at the time of your death, one or more of the persons nominated by you have died or is not your dependant or legal personal representative,
- you were legally incapable of making the nomination, or
- the trustee is legally restrained or prohibited from paying your benefit payout to one or more of the persons nominated by you.

Binding death benefit nominations cease to have effect after a period of three years from the date you sign your nomination, unless revoked by you earlier. It would 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 the nomination.

Binding death benefit nomination form

ABOUT THIS FORM

Use this form to make, amend or revoke a binding death benefit nomination.

To make or amend a nomination you must complete this form and sign and date it in the presence of two witnesses - they must be at least 18 years of age and neither can be nominated within this form. Each witness must also sign and date the form on the same day you sign the form in Step 4.

As the Trustee can only accept a binding death benefit nomination with your original signature, you must print, sign and return this form by mail to TWUSUPER. **Note, we cannot accept emailed copies of this form.**

IF YOU NEED HELP

For assistance completing this form you can call us from **8am to 8pm (AEST/AEDT) weekdays on 1800 222 071.** We're here to help.

Complete all sections of this form as applicable, sign at Step 3, and return the completed form by mail to: **TWUSUPER, GPO Box 779, Melbourne VIC 3001.**

1. YOUR PERSONAL DETAILS

We will use this information to verify your membership with TWUSUPER

Member number

Mr / Mrs / Ms / Miss / Other

Given name

Surname

Date of birth

 /

 /

Address

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

If we have any questions about this form we will contact you on the details you provide below:

Daytime telephone

Mobile

E-mail

You can also change your personal details online by logging on to your account at twusuper.com.au.

MAKE SURE YOUR NOMINATION IS VALID



- Provide all the details requested for each nominated beneficiary in the section below and **ensure that your nominations are whole numbers and equal 100%**.
- Only those people listed as a dependant can be nominated as your beneficiary (see the Important Information section at the beginning of this form).
- 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.

2. MAKE OR REVOKE A BINDING NOMINATION

Please apply my nomination to my (select one option only):

- Super account only Pension account (TransPension) only Both my super and pension accounts

Select one option ✓

- I would like to make a Binding Death Benefit Nomination that will revoke and replace any existing nomination. Please complete this section by providing your new nominee details below and ensure your signature is witnessed.
- I wish to revoke and not replace my existing Binding Death Benefit Nomination. Please go directly to Step 3 to sign and date this form - no witnesses are required.

Nominate your beneficiaries

In the event of my death, I nominate that my death benefit be paid as follows:

Name of First Nominee

Relationship to you (select one option only)

- Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Name of Second Nominee

Relationship to you (select one option only)

- Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Nominate your beneficiaries – continued

Name of Third Nominee

Relationship to you (select an option ✓)

Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Name of Fourth Nominee

Relationship to you (select an option ✓)

Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

TOTAL (must equal 100%): %

WE RESPECT YOUR PRIVACY

Our Privacy Policy explains how we collect, use and protect your personal information. Call us on **1800 222 071** or visit twusuper.com.au/privacy for a copy.

3. SIGN THE FORM

Please read this declaration before you sign and date this form.

I understand that this Binding Death Benefit Nomination will only be valid if:

- At the date of my death, each of the beneficiaries listed on this form is a person I can nominate, as listed in the Important Information section 'Definition of a Dependant' at the beginning of this form; and
- I have provided all the details requested for each nominated beneficiary in step 2; and
- The total of my nominations equals 100%; and
- It is signed by me in the presence of two witnesses, who are 18 years of age or older, and who are not listed as beneficiaries on this form.

I also understand that:

- This Binding Death Benefit Nomination Form is only valid and effective for up to three years from the date it is signed or last confirmed, and that it must be received by TWUSUPER before my death;
- My beneficiaries and I will be bound by the provisions of TWUSUPER's Trust Deed;
- I can amend or revoke this Binding Death Benefit Nomination at any time by completing a new Binding Death Benefit Nomination Form and returning it to TWUSUPER;
- The Binding Death Benefit Nomination binds the Trustee to distribute my benefit as I have specified, unless the binding nomination is invalid or Superannuation Law requires otherwise. Where the nomination is invalid, I understand that the Trustee may exercise its own discretion in determining the beneficiaries of my death benefit under TWUSUPER's Trust Deed;
- TWUSUPER accepts no responsibility for either the correct nomination of beneficiaries or the completion of this form;
- The information provided within this form will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or legal personal representative at the time of my death;
- This form revokes any prior binding death benefit or nomination of preferred beneficiaries I may have; and
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Member signature

Date

Sign here

4. WITNESS DECLARATION

First Witness (insert full name)

I,

declare that the member signed this Binding Death Benefit Nomination Form in my presence, I am over 18 years of age and I am not listed as a beneficiary on this form.

Witness signature

Date

Sign here

Second Witness (insert full name)

I,

declare that the member signed this Binding Death Benefit Nomination Form in my presence, I am over 18 years of age and I am not listed as a beneficiary on this form.

Witness signature

Date

Sign here

As an original signature is required, this form must be printed, signed and returned to the Fund by mail to: TWUSUPER, GPO Box 779, Melbourne VIC 3001

Note, we cannot accept emailed copies of this form.