

# Beneficiary Nomination Form

## MEMBER DETAILS

Full name:

Member number:

Residential address:

Date of birth (DD/MM/YYYY):

## NOMINATION TYPE

Please select one:

☐

### Non-lapsing binding death benefit nomination

This nomination is binding on the Trustee. If you make a valid nomination, the Trustee must pay any super benefit payable to you after your death to the person(s) you have nominated, including the Legal Personal Representative of your estate. Two independent witnesses must sign and date this form.

OR

☐

### Non-binding death benefit nomination

This nomination is not binding on the Trustee. If you make a valid nomination, the Trustee will use this as a guide when determining how to pay any super benefit payable to your dependants or estate after your death. This nomination does not expire.

## BENEFICIARY DETAILS

### Beneficiary 1

Title:

First name:

Last name:

Date of birth (DD/MM/YYYY):

% of benefit:

Relationship to member:

☐

Spouse

☐

Child

☐

Financial dependant

☐

Interdependency relationship

Residential address:

### Beneficiary 2

Title:

First name:

Last name:

Date of birth (DD/MM/YYYY):

% of benefit:

Relationship to member:

☐

Spouse

☐

Child

☐

Financial dependant

☐

Interdependency relationship

Residential address:

# Beneficiary Nomination Form

## BENEFICIARY DETAILS (CONT'D)

### Beneficiary 3

Title:	First name:
<input type="text"/>	<input type="text"/>
Last name:	
<input type="text"/>	
Date of birth (DD/MM/YYYY):	% of benefit:
<input type="text"/>	<input type="text"/>
Relationship to member:	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	
<input type="checkbox"/> Interdependency relationship	
Residential address:	
<input type="text"/>	

### Beneficiary 4

Title:	First name:
<input type="text"/>	<input type="text"/>
Last name:	
<input type="text"/>	
Date of birth (DD/MM/YYYY):	% of benefit:
<input type="text"/>	<input type="text"/>
Relationship to member:	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant	
<input type="checkbox"/> Interdependency relationship	
Residential address:	
<input type="text"/>	

Attach the same details of any additional beneficiaries on a separate piece of paper.

### Legal Person Representative (My Estate)

% of benefit:

The total of your nominations must add up to 100%

## DECLARATION

I understand that:

- The people listed under the section "Beneficiary Details" of this form must be my spouse, child, financial dependant, interdependent or a legal personal representative of my estate when I die.
- It is my responsibility to ensure that my non-lapsing binding death benefit nomination is valid and remains in effect.
- I can change or cancel this information at any time.
- If this nomination is invalid, or has not been received by Student Super Professional Super, when I die my death benefit will be paid at the Trustee's discretion as guided by superannuation law.
- My beneficiaries and I will be bound by the provisions of the Tidswell Master Superannuation Plan Trust Deed, and Student Super Professional Super accepts no responsibility for the correct nomination of beneficiaries.

I have read the information in this form and I understand the terms on which this information is made. I have also read the Student Super Professional Super Privacy Policy and Information Collection Notice and I understand how Student Super Professional Super will use my personal information.

Signature:

Date:

**Note: If you have elected a binding death benefit nomination, please complete the Witness Declarations on the following page.**

**If you are making a non-binding death benefit nomination, you may complete this form online, or print, fill out the form, then scan it and save it. Send your completed form to [hello@studentsuper.com.au](mailto:hello@studentsuper.com.au) or [hello@professionalsuper.com.au](mailto:hello@professionalsuper.com.au)**

**If you are making a non-lapsing binding death benefit nomination, you will need to print the form, fill it out, and post it to:**

**DDH Graham  
PO Box 3528  
Tingalpa DC  
QLD 4173**

We will confirm by email that your nomination has been received.

You will be advised of your nominations (if any) on your Annual Super Statement.

# Beneficiary Nomination Form

## NON-LAPSING BINDING NOMINATIONS WITNESS DECLARATION

To ensure this nomination is valid, two witnesses must sign and date this declaration.

I declare that:

- ☐ I am 18 years of age or over;
- ☐ I am not a nominated beneficiary of this member; and
- ☐ This form was signed and dated by the member in my presence.

### Witness 1

Signature:

Date:

Full name:

Date of birth (DD/MM/YYYY):

### Witness 2

Signature:

Date:

Full name:

Date of birth (DD/MM/YYYY):

**Note: The date signed must be the same as the declaration date of the member in the above section.**

**Please print and fill out the form, then post it to:**

**DDH Graham  
PO Box 3528  
Tingalpa DC  
QLD 4173**

## Legal Personal Representative

Your Legal Personal Representative (LPR) is the executor named in your Will or the administrator of your estate. If you nominate a LPR to receive your super benefit in the event of your death, your LPR will distribute your benefit according to your Will.

## Spouse

Your spouse can be a person who is legally married to you, or a person with whom you are in a genuine de facto relationship, regardless of gender.

## Children

Your children, of any age, can be your or your spouse's children; adopted, step or ex-nuptial children; or children as defined under the Family Law Act 1975.

## Financial Dependant

Being financially dependent does not necessarily mean that the person depends on you totally for financial support. Financial dependency means that at the time of your death, the person relied on you to meet or assist in meeting daily living expenses such as utility and household expenses, rent and shared financial commitments like mortgage repayments or other loans.

## Interdependency Relationship

An interdependency relationship exists where you and another person satisfy all of the following four requirements at the time of your death:

- (a) You had a close personal relationship;
- (b) You lived together;
- (c) One or each provided financial support to the other; and
- (d) One or each provided domestic support and personal care to the other.

An interdependency relationship also exists where two people have a close personal relationship, but the other requirements aren't satisfied because either or both persons suffer from a physical, intellectual or psychiatric disability.

# Beneficiary Nomination Form

## Binding Nomination

If you have a valid binding death benefit nomination in place at the time of your death, the Trustee must pay your super benefit as a lump sum to each of your nominated beneficiaries in the proportions you direct. If a person you nominate as a dependant is no longer a dependant at the time of your death, or dies before you do, your binding nomination will no longer be valid and the Trustee will have full discretion over the distribution of the death benefit. In addition, your binding nomination will no longer be valid if your benefit is subject to a court order or family law split. A binding nomination can be renewed or revoked by you at any time.

## Non-Binding Nomination

A non-binding nomination confirms your preference of how you would like your super benefit to be paid in the event of your death. The Trustee will take your non-binding nomination into account, but is not bound to follow it and retains absolute discretion in how the benefit is distributed (guided by superannuation law) after your death. A non-binding nomination lasts forever and doesn't need to be updated, unless your circumstances or preferences change.

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## PRIVACY STATEMENT

The personal information provided on this form is collected by and held for Student Super Professional Super by the fund administrator, DDH Graham, in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth), for the purpose of administering accounts and providing services associated with fund membership.

For further information about how personal information is handled, please call us on 1300 646 960 (Student Super) or 1300 707 746 (Professional Super), or visit [studentsuper.com.au/privacy](http://studentsuper.com.au/privacy) or [professionalsuper.com.au/privacy](http://professionalsuper.com.au/privacy) to view the privacy policy and information collection statement. The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.