

## member nomination of beneficiaries

This information helps the Trustee distribute any super and insurance payable by AvSuper if you die while a member. Under current legislation, you can nominate those dependants you want to receive this money. If you do not have any dependants, your benefit will be paid to your legal personal representative (estate). Please refer to the **Nominating beneficiaries** fact sheet on our website for further information.

You can update your nomination at any time by completing this form or logging into AOL via our website (non-binding beneficiaries only).

**Please send your completed and signed form to AvSuper, PO Box 223, Civic Square ACT 2608.** If the witness statements section is completed overleaf, this form must be mailed in to us, as an original copy of witness signatures is required.

### Personal details

Surname		Mr/Mrs/Ms/Miss	
<input type="text"/>		<input type="text"/>	
Given names			
<input type="text"/>			
Telephone (daytime)	Mobile	AvSuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		Date of birth	
<input type="text"/>		<input type="text"/>	

Please let us know of any new address details via **AOL** or a **Change of details** form.

### Nominating beneficiaries

When a member dies, the AvSuper Trustee determines how to pay your death benefit (i.e. who gets how much of your super and any insurance payouts) in accordance with the law.

If you make a **valid binding** nomination by having it witnessed, the Trustee must follow your instructions. If you do not make a valid binding nomination or more than 3 years has passed since you made one, the Trustee has the final say in how your money is distributed but will take any non-binding (preferred) nomination into consideration.

Note: if you want to nominate your dependant as a reversionary beneficiary for your income stream account, please use our **income stream reversionary nomination** form.

This nomination applies to my ☐ super (accumulation) account ☐ income stream account ☐ Defined Benefit account

Your annual statement and **AOL** list your beneficiaries as reversionary, binding or non-binding and show the date when any binding nominations expire.

### Nomination of beneficiaries

**Do you wish to make this nomination binding?**

☐ **Yes** (Complete both this section and the following **witness statements** section then sign overleaf) **OR** ☐ **No** (Complete this section and sign overleaf)

I nominate the following dependants and/or legal personal representative to receive my benefit in the event of my death:

Name	Date of birth	Relationship Type (see below)	% (in whole numbers)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**TOTAL 100%**

Eligible relationship types for binding nominations:

**S** – Spouse (married, de facto, same-sex)  
**C** – Child (natural, step, ex-nuptial, adopted)  
**I** – Interdependent (see overleaf)

**F** – Financial dependant  
**E** – Estate or legal personal representative

## Authorisation

- I have read the information on this form and obtained professional advice if necessary. I understand that this nomination will revoke any previous nominations I may have made for the account(s) indicated but will not affect any other AvSuper accounts I may have.
- I have read the AvSuper privacy notice (available from **www.avsuper.com.au** or by phoning 1300 128 751).

☐

I have signed this form **using the same date** as my two witnesses (to make this nomination binding).

☐

I have completed this form myself, knowing that a Power of Attorney is not authorised to complete these nominations.

Signature

Date

## Binding nominations only - witness statements

**This section must be completed to ensure your nomination is binding. If it is left blank or is completed incorrectly, your nomination will guide the Trustee but is not binding.**

Original copy of witness signatures needed. If completing this section **PLEASE DO NOT FAX OR EMAIL**

### Witness 1

I declare that I am over 18, not named on this form as a beneficiary and that the member signed this form **in my presence**. I understand that I may be contacted to confirm that I witnessed this document.

Surname

Mr/Mrs/Ms/Miss

Given names

Address

Signature

Date

Date of birth

### Witness 2

I declare that I am over 18, not named on this form as a beneficiary and that the member signed this form **in my presence**. I understand that I may be contacted to confirm that I witnessed this document.

Surname

Mr/Mrs/Ms/Miss

Given names

Address

Signature

Date

Date of birth

## Important information about dependants

Dependants are your spouse (including defacto and same sex), children (including stepchildren, ex-nuptial children and adopted children), and any other person with whom the Trustee considers you had an interdependency relationship at the time of your death.

Two people are considered to have an interdependency relationship if each of these conditions is met:

- they have a close personal relationship
- they live together
- 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.

An interdependency relationship also exists where there is a close personal relationship and either or both people suffer from a physical, intellectual or psychiatric disability. In these circumstances there is no requirement for cohabitation or provision of financial or domestic support. A close personal relationship is one that involves a demonstrated and ongoing commitment to the emotional support and well-being of the two parties.

The definition is not intended to include people who share accommodation for convenience (eg flatmates) or people who provide care as part of an employment arrangement or on behalf of a charity.