

Nomination of beneficiary form

Use this form to make a nomination of beneficiary for your superannuation benefits to be paid upon your death. This is an optional feature.

Please complete all pages of this form in black ink using BLOCK letters. Mark boxes with an (X) where applicable.

1. Personal details

<p>Title</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="text"/></p> <p>first name(s)</p> <p>last name</p> <p>member number</p>	<p>If you have more than one account held in Perpetual WealthFocus Super Plan and Pension Plan, please list the member numbers that this nomination applies to below.</p> <p><input type="checkbox"/> This nomination is to apply to all my existing Perpetual WealthFocus Super Plan and Pension Plan accounts, or</p> <p><input type="checkbox"/> This nomination applies to the member numbers listed below:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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2. Nomination

We offer options of nominating a beneficiary to receive your superannuation benefit in the event of your death:

- A valid **binding nomination** is a legal instruction, whereby the Trustee is legally obligated to pay your superannuation benefits according to the binding nomination.
 - A **non-lapsing binding nomination** does not expire (it will continue until further instructed).
 - A **lapsing binding nomination** is valid for three years after it was signed by the member. A new form must be signed and delivered to the Trustee if you wish to continue your nomination. If no valid nomination is made the Trustee will pay your benefit to a dependant(s) or your Legal Personal Representative. Your binding lapsing nomination will also cease to have effect if you subsequently marry, remarry or divorce.

To be effective, you must sign your binding nomination before two witnesses who are each at least 18 years old, and who are not nominated as a beneficiary.

- A **non-binding nomination** is simply your recommendation to the Trustee as to whom it may pay your superannuation benefit. It is not binding on the Trustee, and the Trustee will use discretion when determining who to pay benefits to. This type of nomination does not require witness signatures.

Nomination type: ☐ non-lapsing binding ☐ lapsing binding ☐ non-binding
(only choose one)

IMPORTANT – before you complete the table below:

- If this **nomination requires witnessing** (see next page), please post this form as we need an **original form** – please do **not** send via email.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D below (Share of death benefit)** must total **100%**.
- Before you make a nomination remember: You can nominate your legal personal 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)	N/A	N/A	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> child	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> financial dependant	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> spouse	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> child	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> financial dependant	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> spouse	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> child	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> financial dependant	<input type="text"/>	<input type="text"/>
TOTAL			100%

3. Declaration

By making the nomination in this form:

- I understand that I must send this form to the Trustee, and that when this form is accepted by the Trustee it will replace and revoke any existing nominations. I understand that I can revoke, amend, or make a new beneficiary nomination by completing another form.
- Where I have made **binding nominations**, I direct the Trustee to distribute the benefit payable to me in the event of my death in accordance with this form. I understand this nomination will be binding on the Trustee only if validly completed. I agree that the Binding Benefit Nomination Rules in the trust deed apply to my nomination.
- Where I have made **non-binding nominations**, I recommend the Trustee exercise discretion to distribute the benefit payable to me in the event of my death by considering the beneficiaries named in this form. I understand this nomination is not binding on the Trustee.

Signature of member (in black ink)

Note: This form cannot be signed under Power of Attorney

<div></div>	
full name	declaration date
<div></div>	<div>DD / MM / YYYY</div>

Witness declaration (required for all binding nominations and where an existing binding nomination is being revoked or replaced with a non-binding nomination).

Witness 1 I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.	Witness 2 I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.
<div></div>	<div></div>
full name	full name
<div></div>	<div></div>
date*	date*
<div>DD / MM / YYYY</div>	<div>DD / MM / YYYY</div>
*In order to make a valid nomination, the witness date and declaration date MUST be the same.	*In order to make a valid nomination, the witness date and declaration date MUST be the same.

IMPORTANT – For nominations that require witnessing:

- We require an **original** form – only post this form, please do not send via email
- This form must be signed by the member and both witnesses **at the same time**.

Checklist

Please note this form cannot be accepted if alterations are made. In the event of an error please complete a new Nomination of Beneficiary form.

To ensure that your nomination is processed correctly, please check you have:

- ☐ completed all of your personal details and your beneficiaries' details
- ☐ in section 2, column D (Share of death benefit) written amounts that total to 100%
- ☐ signed and dated the declaration, and
- ☐ your two witnesses' completed details and signatures (where required – see above)

Nominations requiring witnessing must be mailed to:

Perpetual WealthFocus Super and Pension
Reply Paid 92151
PO Box 617, Parramatta NSW 2124

Nominations not requiring witnessing can also be emailed to:

superandpension@perpetual.com

Beneficiary nominations

To receive the death payment, your nomination must be one of the following categories at the date of your death:

- your spouse (legal, same sex or opposite sex de facto)
- your child (including an adopted, step or ex-nuptial child or a child of your spouse)
- in an interdependency relationship with you. An interdependency relationship exists between two people if they have a close personal relationship, live together and one or each of them provides the other with financial support, domestic support and personal care. If a close personal relationship exists but the other requirements for interdependency aren't satisfied because of a physical, intellectual or psychiatric disability, then there is also an interdependency relationship
- a person who is wholly or partially financially dependent on you
- your Legal Personal Representative (LPR). Your LPR is a person who is the executor of your will or an administrator of your estate.

Your privacy

Privacy laws apply to our handling of personal information.

We will collect, use and disclose your personal information in accordance with our privacy policy. You have a right to seek access to information which we hold about you, although there are some exceptions to this.

The Trustee's privacy statement can be found at www.eqt.com.au/global/privacystatement. Perpetual Investment Management Limited's privacy policy is available at www.perpetual.com.au/wealthfocus-super-updates