



# Nomination of Beneficiary Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

## 1. Your Australian Enterprise Super Membership Details

Your Australian Enterprise Super Member Number (if known)

Surname

Title

Date of Birth

Given Name

Previous Surname (if different)

Unit / Street Number

Street Name

Suburb / Town

State

Postcode

Phone (Business Hours)

Phone (After Hours)

Mobile\*

Fax

Email Address\* (Please do not leave any spaces empty, continue word on next line if necessary)

\*Providing your mobile number/email address means you are willing to receive important information about your Australian Enterprise Super account and other benefits and services by SMS or email.

## 2. Important information for you

If you have not previously advised your preferred beneficiary/beneficiaries or wish to change the information previously advised, please complete the nomination details below.

Superannuation legislation governs to whom a Trustee can pay a benefit in the event of the death of a member. Current legislation requires that the Trustee must pay a benefit only to a dependent or a legal personal representative (the member's Estate).

Generally speaking, death benefits will be paid to dependents, your Estate, or both, in proportions determined by the Trustee. For this purpose "dependents" includes:

- a legal or de facto spouse;
- a child including an adopted child, a step-child and an exnuptial child;
- any other person the Trustee believes is, or was at the date of death, dependent on the member.

The definition of dependent also includes a person who is in an interdependent relationship.

To nominate one or more preferred beneficiaries, complete the form below. If you wish to nominate your Estate, write "My Estate" in the first column and leave the second column blank.

Surname

Given Name

Two persons are in an interdependent relationship and are dependents of each other if:

- 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 if a close personal relationship exists but the other requirements for interdependency are not satisfied because of a physical or intellectual or psychiatric disability.

Where you have completed a "Nomination of Beneficiary" form, the Trustee will normally consider your wishes in the distribution of the benefit but the Trustee is only able to use the completed form as a guide. The form is not binding on the Trustee. If you wish any other person, apart from a dependent as defined above, to benefit from the superannuation payment on your death, your Will should correctly reflect these wishes. Your Estate should then be nominated as the beneficiary of the superannuation benefit.

Percentage of benefit (must total 100%)

Relationship (eg. spouse, son, daughter etc.)

Surname

Given Name

Relationship (eg. spouse, son, daughter etc.)

More space to nominate on the reverse of this form.

Surname <input type="text"/> Given Name <input type="text"/>	Relationship (eg. spouse, son, daughter etc.) <input type="text"/>	Percentage of benefit (must total 100%) <input type="text"/> <input type="text"/> %
Surname <input type="text"/> Given Name <input type="text"/>	Relationship (eg. spouse, son, daughter etc.) <input type="text"/>	Percentage of benefit (must total 100%) <input type="text"/> <input type="text"/> %
Surname <input type="text"/> Given Name <input type="text"/>	Relationship (eg. spouse, son, daughter etc.) <input type="text"/>	Percentage of benefit (must total 100%) <input type="text"/> <input type="text"/> %
Surname <input type="text"/> Given Name <input type="text"/>	Relationship (eg. spouse, son, daughter etc.) <input type="text"/>	Percentage of benefit (must total 100%) <input type="text"/> <input type="text"/> %

### 3. Privacy Statement

The information requested on this form is required in order to administer your membership. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, Australian Enterprise Super may not be able to administer your account. You may have access to the information Australian Enterprise Super holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1800 555 024.

### 4. Declaration

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct and I acknowledge that I have read the above Privacy Statement. I understand that in the event of my death this nomination will be used by the Trustee for guidance only.

Signed

Date

### 5. Please return this form to:

Australian Enterprise Super  
 GPO Box 2258  
 Melbourne Vic 3001

### For further information:

**Phone:** 1800 555 024  
**Fax:** 1300 880 168  
**Email:** info@aesuper.com.au  
**Website:** www.aesuper.com.au

Professional Associations Superannuation Limited  
 (ABN 14 056 917 303 AFSL 222590 RSE L0000352)  
 as Trustee of Professional Associations Superannuation  
 Fund (PASF) (ABN 78 984 178 687 RSE R1000429).  
 Australian Enterprise Super is a division of PASF.

