

## member nomination of beneficiaries

This information helps the Trustee distribute any super and insurance payable by AvSuper if you die while a member. Under 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 Member Online via our website (non-binding beneficiaries only).

**Please send your completed form to AvSuper Administration, GPO Box 5134, Sydney NSW 2001 or fax to (02) 9372 6574.** If the witness statements section is completed overleaf, this form must be mailed in to us, as original copy of witness signatures are required. Please DO NOT fax.

### 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 **Member Online** 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 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.

Your annual statement and Member Online list your beneficiaries as either 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	Address	Relationship	% (in whole numbers)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>			<b>100%</b>

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.

## Binding nominations only - witness statements

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

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

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.

### Witness 1

Surname

Mr/Mrs/Ms/Miss

Given names

Signature

Date

Date of birth

### Witness 2

Surname

Mr/Mrs/Ms/Miss

Given names

Signature

Date

Date of birth

## AvSuper Pty Ltd Privacy Statement

AvSuper Pty Ltd collects the information on this form to administer and disburse your superannuation entitlement. Without this information, we can't look after you as a member. We do not disclose your personal information other than to those organisations providing services to AvSuper Pty Ltd where the information is only used for the Fund's proper conduct, or if we are required to do so by law. You can access the personal information we collect and the organisations to which we disclose this sort of personal information by contacting AvSuper. Our Privacy Policy Statement is available at [www.avsuper.com.au](http://www.avsuper.com.au) or by phoning 02 6268 4722.

## Authorisation

I have read the above information and obtained professional advice if necessary. I understand that without witness signatures my nominations will not be binding but will guide the Trustee in distributing my super after my death.

Member's signature

Date