

Non-lapsing death beneficiary form

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Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958, AFSL 237905, RSE L0002059

Use this form if you want to add or remove a non-lapsing death beneficiary from your Suncorp Everyday Super pension or transition to retirement account



Tips to help you complete this form

- Use a blue or black pen and write in CAPITAL letters
- Use an 'X' to mark answer boxes
- Complete all sections of the form and sign and date on the last page

Have any questions?

If you'd like help completing this form, or if you have any questions, just call us on 1800 191 517. We'll be happy to help.

Personal details

Suncorp Everyday Super account number (if known)

Title

Given name(s)

Last name

Date of birth / /

Daytime phone number Alternative phone number

Email address

Non-lapsing death beneficiary nomination

If you wish to nominate more than three dependants, please copy this page and attach to this form. The total of all allocated percentages (both your dependants and estate) must equal 100%

Given name(s)

Last name

Date of birth / / Gender Male Female

Relationship to you Spouse Child Financial dependant Interdependant relationship

Allocation %

Given name(s)

Last name

Date of birth / / Gender Male Female

Relationship to you Spouse Child Financial dependant Interdependant relationship

Allocation %

Given name(s)

Last name

Date of birth / / Gender Male Female

Relationship to you Spouse Child Financial dependant Interdependant relationship

Allocation %

And/or

Please pay my benefit to my estate

Allocation %

Witness declaration (the date of the witness and member signatures must be the same)

First witness signature

I declare that:

- I'm 18 years of age or older and I'm not a nominated beneficiary and
- This nomination was signed by the member in my presence.

Signature Date / /

Full name

Second witness signature

I declare that:

- I'm 18 years of age or older and I'm not a nominated beneficiary and
- This nomination was signed by the member in my presence.

Signature Date / /

Full name

As we're bound to pay your benefit according to your valid nomination, we recommend you review your nomination if any of your circumstances change.

Remove existing non lapsing death beneficiary

Please complete the field below if you'd like to remove an existing death beneficiary from your Suncorp Everyday Super account.

I confirm I wish to remove the below death beneficiary from my Suncorp Everyday Super account

Full name of beneficiary

Your declaration and signature

By signing this form, I request that the Trustee accepts my nomination. I understand that:

- On my death, the Trustee must pay my death benefit in accordance with my nomination, provided it's valid, at that time.
- For my nomination to be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate.
- My beneficiaries and I agree to be bound by the Fund's Trust Deed (as amended).
- This nomination applies to my superannuation death benefit in this Suncorp Everyday Super account.
- If a nomination is invalid at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my estate.

Signature Date / /

Full name

Where to send this form

Please send the completed form and any required attachments to Suncorp Everyday Super
GPO Box 2585
Brisbane QLD 4001