

# Suncorp Employee Superannuation Plan Non-lapsing death benefit nomination form



Issued 29 October 2011

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

## Please use this form if you'd like to:

- Nominate who'll receive your Suncorp Employee Superannuation Plan benefits if you die
- Change an existing nomination by nominating new beneficiaries to replace the current ones

## Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross (X) to mark answer boxes
- Complete all sections of the form and sign and date on the last page

**Any questions?** If you'd like help completing this form, or if you have any questions, just call us on 1800 652 489

## 1. Personal details

Suncorp Employee Superannuation Plan account number	<input type="text"/>
Title	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Daytime phone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>

## 2. For members with more than one Suncorp Employee Superannuation Plan account

If you've more than one Suncorp Employee Superannuation Plan account, please also complete this section to tell us if your nomination applies to more than just the account listed in section 1 above.  
Please choose from one of the following options:

- This nomination only applies to the account listed in section 1.
- This nomination applies to all my Suncorp Employee Superannuation Plan accounts.
- This nomination applies to the account listed in section 1 AND my following Suncorp Employee Superannuation Plan accounts only:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Unless you tell us otherwise, this nomination will only be applied to the account listed in section 1.

### 3. Beneficiary details

Please refer to page 10 of the Member Booklet for information on beneficiaries.

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

Last name

Given name(s)

Date of birth / /

Relationship to you  Spouse  Child  Financial dependant  Interdependent relationship

Is a child pension required?  Yes\*  No  %

Last name

Given name(s)

Date of birth / /

Relationship to you  Spouse  Child  Financial dependant  Interdependent relationship

Is a child pension required?  Yes\*  No  %

Last name

Given name(s)

Date of birth / /

Relationship to you  Spouse  Child  Financial dependant  Interdependent relationship

Is a child pension required?  Yes\*  No  %

#### And/or

Please pay my benefit to my estate  %

**Total allocation**  %

Unless a child pension has been specified, your death benefit will be paid in a form determined by the Trustee after your death and having consulted your beneficiaries.  
\* Where one or more child pensions are specified, please also complete a child pension form which you can get from our website.

### 4. Member declaration and signature

#### Member's declaration

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 my Suncorp Employee Superannuation Plan account listed in section 1, unless I've told you to apply it to any of my other Suncorp Employee Superannuation Plan accounts. It revokes any previous nominations I've made on these Suncorp Employee Superannuation Plan accounts.
- 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 / /

Signed in the presence of the witness below.

### 5. Witness declaration and signature

The date of 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 / /

Please print 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 / /

Please print name

**As we're bound to pay your benefit according to your valid binding nomination, we recommend you review your nomination if any of your circumstances change. You can change your nomination at any time by completing a new non-lapsing death benefit nomination form.**

Please send the completed form to:

**Suncorp Employee Superannuation Plan  
GPO Box 2585 (IPC: LS004)  
Brisbane QLD 4001**