

Suncorp Staff Superannuation Plan Death Benefit Nomination Form



If you wish to make a BINDING death benefit nomination, please complete Sections A, B and D.
If you wish to make a NON-BINDING death benefit nomination, please complete Sections A, B and C.

SIS Super Pty Ltd (Trustee)
ABN 19 064 490 820
AFSL 229851
RSE Licence No. L0001649

Section A – Death Benefit Nomination

Please tick the relevant box/es

- I wish to make or amend a NON-BINDING death benefit nomination.
To make your NON-BINDING death benefit nomination, please tick this box and complete Sections B and C.
- I wish to make a BINDING death benefit nomination.
To make your BINDING death benefit nomination, please tick this box and complete Sections B and D.
- I wish to amend my current BINDING death benefit nomination.
To amend your nomination, please tick this box and complete Sections B and D.
- I wish to revoke my BINDING death benefit nomination.
To revoke your nomination, please tick this box and complete Section D. To make a NON-BINDING death benefit nomination also tick the first box and complete Sections B and C.
- I wish to confirm my current BINDING death benefit nomination.
You do **not** have to have this confirmation witnessed.
To confirm your nomination, please tick this box and sign and date Section D.

Section B – Nominated Beneficiary/ies

I (full name)

(member number if existing member) nominate the following person(s) to receive the following share or proportion of the benefit payable upon my death:

Name of Nominated Beneficiary / Beneficiaries	<input type="text"/>
Address	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>
Relationship to Applicant	<input type="text"/> Proportion of Benefit % <input type="text"/>

It is important that you regularly review your nomination and provide an updated nomination to the Trustee whenever your circumstances change.

It is therefore important that you ensure:

- your nomination at all times reflects your wishes; and
- you nominate a dependant or your legal personal representative.

Under superannuation legislation 'dependant' includes the following:

Dependants	Definition
Spouse	Husband, wife or defacto spouse (including a same-sex partner)
Child	A child includes a stepchild, an adopted child or child born outside of marriage.
A person with whom you have an interdependency relationship	<p>Two people will have an interdependency relationship if:</p> <ul style="list-style-type: none"> a) they have a close personal relationship; and b) they live together; and c) one or each of them provides the other with financial support; and d) one or each of them provides the other with domestic support and personal care of a type and quality normally provided in a close personal relationship, rather than by a mere friend or flatmate. <p>Where a close personal relationship exists, but the other requirements of an interdependency relationship are not satisfied because either person suffers from a disability (whether physical, intellectual, or psychiatric) or the two persons are temporarily living apart then an interdependency relationship is held to exist.</p>
Financial dependants	A person who is wholly or partly financially dependent on the member.

Note:

- 1) The Trustee will consider a range of factors when determining whether an interdependency relationship exists.
- 2) Two persons will not have an interdependency relationship if one of them provided domestic support and personal care to the other:
 - a. under an employment contract or contract for services; or
 - b. on behalf of another person or organisation such as a government agency, a body corporate or charitable organisation.
- 3) Please note that the legislative definition is not exhaustive and the Trustee may choose to take into account other circumstances (for example, emotional or financial dependency) when determining your dependants for the purpose of paying a death benefit.

Section C – Non-Binding Nomination Member Declaration

- I understand that on my death, the Trustee will take my nomination into consideration, but will have final discretion as to whether my death benefit is paid to my legal personal representative, to my dependants, or to any one or more of my dependants to the exclusion of others, and in what proportion; and
- I note that I do not have to have this nomination witnessed; and
- I agree to Suncorp collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Suncorp Privacy Policy, a copy of which may be obtained by calling 13 11 55, contacting us at suncorp.com.au or by visiting any of our branches.

Signature Date

Section D – Binding Nomination Member Declaration and Independent Witnesses

- I understand that I am not required to make a binding nomination; and
- I understand that by choosing to have a Binding Death Benefit Nomination, my nomination will expire after a period of 3 years from the date last confirmed or amended by me; and
- I acknowledge that I have the right to revoke my nomination at any time; and
- I acknowledge that if my nomination, amendment or revocation is incorrectly executed or confirmed, or I nominate a person who, at the time of my death, is not eligible to receive my benefit, the Trustee will, on my death, have discretion to pay my benefit to my legal personal representative (if I have one), or to my dependants, or to any one or more of my dependants to the exclusion of the others, in any proportions the Trustee determines appropriate; and
- I agree to Suncorp collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Suncorp Privacy Policy, a copy of which may be obtained by calling 13 11 55, contacting us at suncorp.com.au or by visiting any of our branches.

Signature Date

WITNESSES: - For your nomination, amendment or revocation to be binding, your signature must be witnessed by 2 persons who are at least 18 years of age, and are not persons nominated by you. They must both be physically present when you sign.

The witnesses declare that this nomination, amendment or revocation was signed by the member in their presence:

Full Name: Full Name:

Date of Birth: Date of Birth:

Signed: Signed:

Dated: Dated:

Please return this completed form to the following address:

Suncorp Staff Superannuation Plan (LS004)
 GPO Box 1453
 BRISBANE QLD 4001