

## Binding non-lapsing death beneficiary form

Issued 1 January 2017

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 binding non-lapsing death beneficiary from your Suncorp Brighter Super account.**

### Important Information

Your 'death beneficiary' is the person or people you've chosen to receive your super (including any insurance benefit) if you die. A 'binding non-lapsing' nomination will remain in place unless you choose to update your beneficiaries.

### 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

### Have any questions?

If you'd like help completing this form, or if you have any questions, just call us on 13 11 55. We'll be happy to help.

## Personal details

Suncorp Brighter Super account number  (if known)

Title

Given name(s)

Last name

Date of birth   /   /

Daytime phone number       Alternative phone number

Email address

## Binding non-lapsing death benefit 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   /   /

Relationship to you  Spouse  Child  Financial dependant  Interdependent relationship

Allocation    %

Given name(s)

Last name

Date of birth   /   /

Relationship to you  Spouse  Child  Financial dependant  Interdependent relationship

Allocation    %

Given name(s)

Last name

Date of birth / /

Relationship to you  Spouse  Child  Financial dependant  Interdependent 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 over 18 years of age 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 over 18 years of age 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 binding non-lapsing death beneficiary**

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

I confirm I wish to remove the below death beneficiary from my Suncorp Brighter 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 Brighter 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

**We recommend you review your nomination if any of your circumstances change. You can change your nomination at any time by logging into your online account or by completing a new binding non-lapsing death beneficiary form.**

**Where to send the form**

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