

# Suncorp Superannuation

## Binding non-lapsing death beneficiary form

Issued 01 April 2022

Use this form if you want to add or remove a binding non-lapsing death beneficiary from your Suncorp Superannuation or Pension 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 blue or black pen and 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 between 9am and 5pm (Australian Eastern Standard Time) Monday to Friday on:

- Suncorp Brighter Super - 13 11 55
- Suncorp Everyday Super - 1800 191 517
- Suncorp Employee Superannuation Plan - 1800 652 489
- Overseas calls - +617 3362 1795.

### Personal details

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" value="DD / MM / YYYY"/>
Daytime phone number	<input type="text"/>
Mobile phone number*	<input type="text"/>
Email address*	<input type="text"/>

\*mandatory field

### 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)	<input type="text"/>
Last name	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship
Allocation	<input type="text"/> %

Given name(s)	<input type="text"/>
Last name	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship
Allocation	<input type="text"/> %

Given name(s)	<input type="text"/>
Last name	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship
Allocation	<input type="text"/> %

### And/or

- Please pay my benefit to my estate

**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 Superannuation account. If removing a beneficiary, please update the 'Binding non-lapsing death benefit nomination' section on page 1.

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

Ssignature  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:

Mail: Suncorp Super  
GPO Box 2585  
Brisbane QLD 4001 Australia

Email: super@spsl.com.au