

## Binding 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 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 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 between 8am and 6pm (Eastern Standard Time) Monday to Friday.

## Personal details

Account number\*

Title\*

Last name\*

Given name(s)\*

Date of birth   /   /

Daytime phone number\*         Mobile 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    %

mandatory field \*

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  X  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  X  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.


Signature  X  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 Super  
GPO Box 2585  
Brisbane QLD 4001

 super@suncorp.com.au