

Nomination of beneficiaries form

Please complete this form to nominate who receives your superannuation benefit in the event of your death. Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable. Please provide as much information as possible.



Who you can nominate

Who can receive your benefit in the event of your death?

We can pay your benefit to:

- your legal personal representative (i.e. the executor or administrator of your estate); or
- your dependant(s); or
- a combination of your legal personal representative (i.e. your estate) and your dependant(s).

Any beneficiary you nominate must be either your legal personal representative or a dependant at the date of your death.

If you nominate your legal personal representative, your benefit will be paid according to your Will (or according to the law of your state or territory if you have no Will).

Who qualifies as a dependant?

Under Superannuation Law, a dependant is:

- your spouse (including de facto of the same or different sex);
- your children (including biological, step and adopted children, or a child of your spouse);
- any person who is financially dependent on you; and
- any person with whom you have an interdependency relationship including:
 - any person with whom you have a close personal relationship and live with where, one or both of you also provides ongoing financial support, domestic support and personal care; and
 - any person with whom you have a close personal relationship where, because of a disability, the above requirements of living together, financial support, domestic support and personal care are not able to be satisfied.

Types of nominations

You can choose to make a preferred nomination or binding nomination.

What is a preferred nomination?

- This is a preferred nomination only. The Trustee will take into consideration any nomination you make, however, in this case, the Trustee has final discretion in deciding who will receive your superannuation benefit when you die.
- Should be updated if your circumstances change.
- Requires no witness signatures.

What is a binding nomination?

- When you make a valid binding nomination, you decide who receives your benefit when you die, and how much of the benefit they receive.
- Will be treated as a binding nomination for three years from the date the nomination is made. This nomination reverts to being a preferred nomination after the three-year period if the nomination is not extended by lodging a new binding nomination request. Prime Super will write to you to notify you when your nomination is due to expire.
- Requires two witness signatures. Witnesses must be aged over 18, must not be one of your nominated beneficiaries and must be present when you sign the form. If the witnesses sign and date the form on a different date from your signature, the nomination will be invalid.
- An invalid binding nomination will be treated as a preferred nomination by the Trustee and will not revoke or replace an existing, valid binding nomination.

Note: If you do not make a valid nomination, the Trustee will have final discretion in deciding who will receive your superannuation benefit when you die.

You should refer to the current and relevant *Short-Form Product Disclosure Statement (Short-Form PDS) – Superannuation* for more information about who qualifies as a dependant and how to make a binding nomination.

Only complete this form if you wish to nominate a beneficiary/ies or update your beneficiary details. Once completed, please return it to Prime Super.



SECTION 1 – PERSONAL DETAILS

Member Number

Date of Birth (DDMMYYYY)

Surname

Title

 Mr Mrs Miss Ms Dr

Given Names

Gender

 Male Female

Residential Address

Town/Suburb/City

State

Postcode

Phone Number

Fax Number

Mobile Number

Email

Name of Employer

Occupation



SECTION 2 – YOUR BENEFICIARIES

PART A – YOUR OPTIONS

☐ Preferred nomination/s

Or

☐ Binding nomination/s

PART B – NOMINATING YOUR BENEFICIARIES

Please specify each beneficiary you wish to nominate and indicate the percentage of your benefit you wish to allocate to that person.

Note: the total proportions nominated must equal 100% and only whole percentages may be used.

☐ I wish to nominate my Legal Personal Representative

And/or

1	Full Name	<div></div>																								
	Address	<div></div>																								
	Town/Suburb/City	<div></div>												State	<div></div>		Postcode	<div></div>								
	Type of Dependant	<div></div>																								
	Phone Number (BH)	<div></div>								Phone Number (AH)	<div></div>															
	Mobile Number	<div></div>								Date of Birth (DDMMYYYY)	<div></div>								% of benefit	<div></div> .00%						

2	Full Name	<div></div>																								
	Address	<div></div>																								
	Town/Suburb/City	<div></div>												State	<div></div>		Postcode	<div></div>								
	Type of Dependant	<div></div>																								
	Phone Number (BH)	<div></div>								Phone Number (AH)	<div></div>															
	Mobile Number	<div></div>								Date of Birth (DDMMYYYY)	<div></div>								% of benefit	<div></div> .00%						

3	Full Name	<div></div>																								
	Address	<div></div>																								
	Town/Suburb/City	<div></div>												State	<div></div>		Postcode	<div></div>								
	Type of Dependant	<div></div>																								
	Phone Number (BH)	<div></div>								Phone Number (AH)	<div></div>															
	Mobile Number	<div></div>								Date of Birth (DDMMYYYY)	<div></div>								% of benefit	<div></div> .00%						

4 Full Name

Address

Town/Suburb/City
 State
 Postcode

Type of Dependant

Phone Number (BH)
 Phone Number (AH)

Mobile Number
 Date of Birth (DDMMYYYY)
 % of benefit
.00%

5 Full Name

Address

Town/Suburb/City
 State
 Postcode

Type of Dependant

Phone Number (BH)
 Phone Number (AH)

Mobile Number
 Date of Birth (DDMMYYYY)
 % of benefit
.00%

6 Full Name

Address

Town/Suburb/City
 State
 Postcode

Type of Dependant

Phone Number (BH)
 Phone Number (AH)

Mobile Number
 Date of Birth (DDMMYYYY)
 % of benefit
.00%

PREFERRED NOMINATION

Full Name

[illegible]

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BINDING NOMINATION

- ensure that the people nominated by me are considered my legal personal representative or my dependant(s) under Superannuation Law;
- have my nomination witnessed by two individuals who do not benefit from this nomination and have turned 18; and
- renew my binding nomination every three years.

For binding nominations, you need to sign and date your nomination in the presence of two witnesses.

[illegible]

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Witness Full Name

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Witness Member Signature _____

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Witness Full Name

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Witness Member Signature

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- I am at least 18 years of age;
- I am not a person nominated in Section 2; and
- I have witnessed the signing and dating of this form by the member.

SECTION 3 – FETCH MY SUPER

The reality is, if you have ever changed jobs, you have probably **left money behind**. This is your money!

Let us **find it for you**, put it in your Prime Super account, then at least you know where **all your super savings** are!

All you have to do is provide us with your **consent** to do so below. We'll then use the ATO's Super Match facility to find any super you may have then send you the paperwork to sign and send back to us. It's that easy!

Please be aware that this process can take a **number of weeks** so please be patient. We will communicate with you regularly via email to keep you informed. If we don't have your email address on the system, please provide it in the Personal details section.

Tick the box to consent ☒

- ☐ I hereby authorise Prime Super to use my personal details, including my TFN, to search – now and forever – for any lost, unclaimed, inactive or active super I may have with other funds or the ATO, as permitted under the *Superannuation Industry (Supervision) Act 1993 (Cth) and Regulations*.
- ☐ I understand that all of the information I provide – including the TFN held by Prime Super – must be correct before this search can be conducted on my behalf. If the information is incorrect, Prime Super will notify me directly and I will be responsible for updating the information by calling **1800 675 839** or doing so directly via the secure section of the Prime Super website at **www.primesuper.com.au**
- ☐ I understand that the process of finding my super may take some time and it could be a number of weeks before I receive the paperwork in the mail.

Full Name _____

[illegible]

Member Signature _____

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Date (DDMMYYYY)

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ADDITIONAL INFORMATION

YOUR PRIVACY

The information you provide on this form is collected by and held for Prime Super by the fund Administrator, and may be disclosed to third parties who are involved in activities related to your membership or provided to lawfully authorised government agencies in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*. We only use the information for the purpose of administering your membership or related purposes. For further information about privacy or to obtain a free copy of our Privacy Policy, please visit our website www.primesuper.com.au, contact us on 1800 675 839, write to us at Locked Bag 5103, Paramatta, NSW 2124 or email us at administration@primesuper.com.au.

WHERE TO SEND THIS FORM

If you have made a binding nomination/s, you must return this form to us via **mail** at the address below. If you have made a preferred nomination/s, you can return the form via mail, fax or email.

Mail	Prime Super Locked Bag 5103 Parramatta NSW 2124	Freecall	1800 675 839
		Fax	1800 023 662
		Email	administration@primesuper.com.au

Mail	Prime Super Locked Bag 5103 Parramatta NSW 2124	Freecall	1800 675 839
		Fax	1800 023 662
		Email	administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).

