

Binding death benefit nomination

Choose who gets your super when you die



Want greater certainty over who your benefits will go to?

Most people think their super automatically becomes part of their estate when they die. But it doesn't – super funds have to follow super laws and the rules in their Trust Deed to decide who will receive your death benefit payment (made up of super and any insurance you might have).

If you make a valid three-year binding death benefit nomination, it makes things simple: we must pay your death benefit to the people you nominate, in the percentages you choose. You can make, update or cancel a binding nomination at any time, and it won't cost you anything.

If you're a Defined Benefit Scheme member, any binding nomination you make will only apply to your basic benefit – other contributions account. See the *Cbus Defined Benefit Scheme Product Disclosure Statement* at cbussuper.com.au/forms for more information.

Who can be nominated?

1. Dependants

There are four types of dependants you can nominate:



Spouse

Includes married and de facto (same or different sex) relationships



Children

Your children of any age (including step¹, adopted, and those born outside marriage)



Financial dependants

A person who regularly relies on you for financial assistance to support or meet at least some of their living expenses



Interdependants

An interdependency relationship is two people in a close personal relationship (whether or not related by family) who live together where one or both provide the other with financial support, domestic support and personal care.²

¹A person is no longer your step child if their natural parent dies before you, or if their natural parent is divorced or separated from you.

²There are some specific exceptions where someone qualifies for an interdependency relationship but does not meet all of the requirements above due to a physical, intellectual or psychiatric condition. People who share accommodation for convenience (such as flatmates) don't qualify as interdependent.

Your dependants may be asked for evidence

We must follow super laws and the rules in our trust deed to determine if someone is a dependant. If you nominate someone such as your brother, sister, mother or father, they'll be asked to provide evidence to show how they were financially dependent on you or that you were in an interdependency relationship with them at the time of your death.

2. Legal personal representative

Your legal personal representative is the executor of your will or the person responsible for administering your estate if you don't have a will. If you nominate your legal personal representative, your super and any insurance you might have will form part of your estate and be distributed in accordance with your will or the laws of the state. This option may suit you if you want your super to go to someone who doesn't fit within the definition of a dependant, such as a parent, sibling, or close friend.



Watch our beneficiaries video at cbussuper.com.au/knowhow to learn more.

Five essentials for a valid binding nomination



You're a member of Cbus Super when you die.



Your nomination was made or renewed less than three years ago. (You must renew your nomination every three years for it to remain valid.)



The person nominated is your dependant on the date of your death or a legal personal representative.



Your nomination is received by Cbus Super and has been correctly signed, dated, witnessed and fully completed (including percentages adding to 100%).

18+

The witnesses are 18 years of age or more, and not nominated on the form as a beneficiary.



Important

1. Update your nomination if your circumstances change (marriage, divorce, or children) any time, at no cost.
2. Consider seeking legal advice before making your nomination.
3. Your beneficiaries may also need financial advice about the tax consequences of receiving your super.



Keep track of your binding nomination online and on your annual statement

To make, change or cancel a nomination

Use the attached form to make a new binding death benefit nomination or to change or cancel an existing one.

To renew a current nomination

To renew an existing nomination for another three years without making any changes, use a *Renew your binding death benefit nomination* form, available at cbussuper.com.au/renewbinding.



Locked Bag 5056
PARRAMATTA NSW 2124
cbussuper.com.au/message



1300 361 784
8am to 8pm (AEST/AEDT)
Monday to Friday



Chat in person in Adelaide, Brisbane, Melbourne, Perth and Sydney. Locations: cbussuper.com.au/contact
Log in to chat to us online: cbussuper.com.au/login



Binding death benefit nomination

Use this form to make, change or cancel a binding death benefit nomination. If you want to renew a current nomination without making any changes, use a *Renew your binding death benefit nomination* form available at cbussuper.com.au/renewbinding.

Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.

It is important that you read the attached fact sheet before you complete this form. Your binding death benefit nomination form will be invalid if it has not been fully completed. Please call **1300 361 784** if you have any questions, or visit cbussuper.com.au for a new form or more information.

Before sending your completed form to us, you should check:

- you've allocated at least 1% to any beneficiary
- you've allocated 100% of your benefit between your beneficiaries
- you signed and dated the form in the presence of your witnesses
- the date your witnesses signed and dated the form is the same as when you signed and dated it
- you've fully completed your member details in step 1
- you've initialled any corrections you've made.

Step 1: Provide your personal details

Cbus Super member number	Title	Gender
<input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Given name(s)		
<input type="text"/>		
Family name		
<input type="text"/>		
Home phone	Mobile	Date of birth
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address		
Street number and street name, or PO Box		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (providing your email means you give permission for us to use it)		
<input type="text"/>		

Step 2: Nominate your beneficiaries

Please nominate who you want to receive your super and any insurance payments (if applicable) at the time of your death. The minimum you can allocate to a single beneficiary is 1% and your total across all beneficiaries must add up to 100%.

Your dependants	Family name	Relationship to you				Percentage			
		Spouse	Child	Financial dependant	Interdependent				
First name and initial (e.g. Sam R)									%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

☐ **Legal personal representative** – check this box to have part or all of your benefit paid to your estate. ☐ %

! If you choose to have all or part of your benefit paid to your legal representative please make sure you add the percentage of the benefit payable.

Total must add up to %

You can nominate more beneficiaries by providing their details on a separate piece of paper and attaching it to this form. Remember to make sure it is signed, dated and witnessed in the same manner as this form.

Step 3: Cancel your current nomination

- ☐ Please cancel my current binding death benefit nomination. I understand that until I make a new nomination any benefits will be paid to my dependants or legal personal representative at the Trustee's discretion.

Go to step 4 to sign and date this form. You don't need to complete step 5.

Step 4: Member declaration

I understand that:

- my beneficiary(ies) must be my spouse, child, financial dependant, interdependant or legal personal representative at the time of my death
- my beneficiary(ies) and I will be bound by the provisions of Cbus Super's Trust Deed relating to binding death benefit nominations
- this binding nomination is only valid for three years from the date this form is signed
- I may change a binding nomination at any time by completing a new *Binding death benefit nomination form*
- if my nomination is invalid or has not been received by the Trustee before I die, the death benefit will be determined by the Trustee at its discretion
- this nomination applies to my Cbus Super account and if I'm a Defined Benefit Scheme member it will only apply to my basic benefit – other contributions account
- I have read the attached fact sheet that sets out the terms on which this nomination is made, and I understand that these are consistent with Cbus Super's trust deed and that I may request a copy at any time.

This declaration must be signed by you in the presence of two witnesses (who are not a nominated beneficiary on this form) both of whom are over age 18.



Sign here:

Date

D D / M M / 2 0 Y Y

Step 5: Witness declaration



IMPORTANT : For your nomination to be valid, this declaration must be signed and dated in the presence of two witnesses over the age of 18.

I declare that:

- I am over age 18
- I am not a beneficiary nominated on this form
- I was present when the member signed and dated this form.

Signature of witness 1



Sign here:

Print name

Date – the date below must match the date in step 4

D D / M M / 2 0 Y Y

Signature of witness 2



Sign here:

Print name

Date – the date below must match the date in step 4

D D / M M / 2 0 Y Y

Send the completed form to: Cbus Super, Locked Bag 5056 Parramatta NSW 2124

Your privacy is important

Cbus Super only collects information on this form that is essential for the administration of a death benefit payable from the fund if you die. We won't use the information about you, your beneficiaries or your witnesses for any other purpose, or pass it onto any other organisation, without express permission or as required or authorised by law.

Please refer to our *Privacy policy* and *Personal information collection statement* at cbussuper.com.au/privacy for details about how we collect and disclose personal information or call **1300 361 784** for a copy.



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