

Making a binding death benefit nomination

Please note:

- You should only sign this form once you have commenced your membership of ElectricSuper (or commenced your ElectricSuper Income Stream, if applicable)
- Pension Scheme (Division 3) members - this form applies only to additional lump sum benefits (not lifetime pension benefits).
- Income stream (account-based pension) members can either complete this form **OR** nominate a reversionary beneficiary (different conditions apply to reversionary pensions – for more information, refer to the 'Nominating a reversionary beneficiary' form on our website www.electricsuper.com.au).

What is a binding death benefit nomination?

A binding death benefit nomination allows you to instruct ElectricSuper who you require your death benefit to be paid to (and in what proportions) if you die. As long as your nomination is made in writing on the form over the page, and it is still valid at the time of your death, your nomination is legally binding and we must follow it (regardless of how your personal circumstances and those of your beneficiaries may have changed). This is why it's important to consider updating your binding nomination if your circumstances change, so that your benefit will be paid in line with your current wishes.

If you die without a valid nomination in place, ElectricSuper may consider your wishes (eg. the terms of your will if you have left one) but will have sole discretion to pay your entire death benefit in accordance with the Rules of ElectricSuper and superannuation laws.

How long does a binding nomination last?

A correctly completed binding nomination remains valid for three years from the date you sign the form, unless you re-confirm, cancel or amend it earlier. The expiry date of your binding nomination is shown on your annual member statement and your personal ElectricSuper website record. ElectricSuper will also send you a re-confirmation form just before your nomination expires.

How do I cancel my binding nomination?

You can cancel your binding nomination at any time. To cancel your nomination and not make a further nomination, you need to complete steps 1 and 4 of this form, leaving step 3 blank, and return the form to us.

How do I change my binding nomination?

You can change your binding nomination at any time. To change your current binding nomination, you'll need to complete and submit a new valid binding death benefit nomination form. This new nomination will override any previous binding nomination.

Who can I nominate on this form?

For a binding nomination to be valid, the people you nominate at step 2 of this form must be either your 'Dependant' (at the date of your death) **and/or** your legal personal representative (ie the executor or administrator of your estate). 'Dependant' is defined as:

- your spouse (including legal, de facto and same sex partner)
 - your children (including step-children and adopted children)
 - any other person who is wholly or partially financially dependent on you
 - any person with whom you have an interdependency relationship. Two people (whether or not related by family) have an interdependency relationship if:
 - they have a close personal relationship; and
 - they live together, or are temporarily living apart; and
 - one or each of them provides the other with financial support; and
 - one or each of them provides the other with domestic support and personal care of a level normally provided in a close personal relationship, rather than by a mere friend or flatmate;
- OR
- if two people have a close personal relationship but do not meet the other criteria as listed above because one or both of them suffer from a physical, intellectual or psychiatric disability.

Whether your nominated beneficiaries qualify as your interdependants will be assessed when a claim is made.

Please note – the definition of 'Dependant' for tax purposes under government legislation may be different, which may affect the tax deducted from a death benefit payment.

Any amounts paid to your legal personal representative would be distributed according to your will, or if you don't have a will, according to the laws of the State in which you resided at the date of your death.

If you need help

For assistance or to access the Privacy Policy and your personal information call ElectricSuper on 1300 307 844.

Issued by Electricity Industry Superannuation Board as Trustee of Electricity Industry Superannuation Scheme ABN 57 923 283 236.

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Step 1 – Complete your personal details

Please print in black or blue pen,
in uppercase, one character per box.



Title Mr Mrs Ms Other _____ Date of birth ____ / ____ / ____

Given names

Surname

Street address

Suburb

State

Postcode

Telephone

Mobile

E-mail

Membership number

Your Privacy

ElectricSuper is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1300 307 844.

Our Privacy Policies are available to view at www.electricsuper.com.au or you can obtain a copy by contacting us on 1300 307 844.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on 1300 307 844 or write to our Privacy Officer, Level 7, 70 Pirie Street, ADELAIDE SA 5000.



Step 2 – Make your nomination

I direct the Electricity Industry Superannuation Board to distribute my death benefit to the following people in the proportions shown below, in the event of my death (please attach an additional page if you wish to nominate more than six beneficiaries):

Name of First Nominee

Relationship to you **(Select one option only)** ☒

Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship

Date of birth ____ / ____ / ____

Proportion of payout ____ %

Name of Second Nominee

Relationship to you **(Select one option only)** ☒

Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship

Date of birth ____ / ____ / ____

Proportion of payout ____ %

Name of Third Nominee

Relationship to you **(Select one option only)** ☒

Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship

Date of birth ____ / ____ / ____

Proportion of payout ____ %

Name of Fourth Nominee

Relationship to you **(Select one option only)** ☒

Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship

Date of birth ____ / ____ / ____

Proportion of payout ____ %

Name of Fifth Nominee

Relationship to you **(Select one option only)** ☒

Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship

Date of birth ____ / ____ / ____

Proportion of payout ____ %

Name of Sixth Nominee

Relationship to you **(Select one option only)** ☒

Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship

Date of birth ____ / ____ / ____

Proportion of payout ____ %

Legal Personal Representative

Proportion of payout ____ %

Total % (Total must add up to 100%) %

Continued over



Step 3 – Sign the form

By signing this form I declare that I have read this form and understand that:

- if this binding death benefit nomination remains valid and is in effect at the time of my death, then the Board must pay the benefit in accordance with the nomination, regardless of how my personal circumstances and those of my beneficiaries have changed.
- My nomination in this form will be invalid if:
 - it has not been completed correctly
 - the persons nominated are not my Dependants and/or legal personal representative at the time of my death or are no longer alive
 - the Board is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
 - I was legally incapable of making this nomination.
- this binding death benefit nomination is not valid until received by the Board.
- if this binding death nomination is not valid, the Board will have the sole discretion to pay my benefits in accordance with the rules of ElectricSuper and superannuation laws.
- My nomination in this form will expire and cease to have effect:
 - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
 - if and for so long as the Board is prevented from making a payment due to Family Law; or
 - if I am subject to a Court Order prohibiting me from making a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- This form revokes any prior binding death benefit nomination or nomination of preferred beneficiaries I may have made.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

(you must sign and date this form in the presence of two witnesses - see Step 4)

Date ____ / ____ / ____

Step 4 – Witness declaration

Witness One (insert full name)

I, confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

X

Date ____ / ____ / ____

Witness Two (insert full name)

I, confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

X

Date ____ / ____ / ____

**Please return your completed form by post only to ElectricSuper, GPO Box 4303, Melbourne VIC 3001.
(Forms returned by fax or email will not be accepted.)**

