

Binding Death Benefit Nomination

for ESSS Defined Benefit Fund and New Scheme members
(Not for Transport Scheme members)

Who should use this form?

You should complete this form if:

- you are a member of the ESSS Defined Benefit (DB) Fund and New Scheme, and
- you want to make, change or revoke (cancel) a binding death benefit nomination for your ESSS DB Fund and New Scheme.

Before you start

If you are a Transport Scheme member and want to make a binding death benefit nomination on your account, you should complete a *Binding Death Benefit Nomination for Transport Scheme members (ES108) form*.

If you are an Accumulation Plan, Working Income Stream or Retirement Income Stream member and want to make a binding death benefit nomination on your account you should complete a *Binding Death Benefit Nomination for Accumulation Plan and Income Stream Members (ES106) form*.

When you make a binding death benefit nomination, if it remains valid, the Emergency Services Superannuation Board (the Board) is bound to act according to your instruction and cannot vary it, even to allow for any changes in your circumstances from the time of your nomination to the time of your death.

Binding death benefit nominations are valid for a period of 3 years unless cancelled or replaced by you beforehand. Prior to the expiry of 3 years, you will need to renew your nomination. If you do not renew your binding death benefit nomination prior to expiry, your current nomination will be considered as a non-binding death benefit nomination.

For New Scheme members only - In certain circumstances, if you nominate a legal personal representative to receive all or a proportion of your superannuation death benefits it may result in a lower benefit being paid. If you nominate your estate to receive 100% of your benefit, a lower benefit will be paid regardless of whether you have dependents.

The allocation of your benefit must be clearly set out. Your nomination will be invalid if your allocation does not add up to 100% or the form is incorrectly completed or witnessed.

If any person nominated by you ceases to be a valid nominee as defined in SECTION 3, or a Total and Permanent Disability (TPD) pension is approved and becomes payable to you, your entire nomination will be invalid and the Board will assess your circumstances and distribute your benefit in a fair and reasonable manner. Where your binding death benefit nomination becomes invalid, your nomination will be considered a non-binding death benefit nomination by the Board and will be used as a guide only.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Member number

<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"/>	<input type="text"/>	<input type="text"/>
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 (leave blank if you are a new ESSSuper member)

Title

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (please specify)	<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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Surname

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Given names

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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Postal address

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suburb

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Mark with an **✗** if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suburb

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone (business hours) () (after hours) ()

Telephone (mobile)

<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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Email address



By providing your email address you are authorising ESSSuper to send communications to that address. This authorisation will apply until it is revoked by you.

Section 2

What do you want to do?

I want to (please choose one option only):

Make or change a binding death benefit nomination (please complete all sections of this form).

OR

 Revoke (cancel) an existing binding death benefit nomination (mark this box with an **✗** and go to SECTION 4 to sign and date this form). DO NOT COMPLETE SECTION 5.

Note: If you are revoking an existing binding death benefit nomination, this nomination will be revoked for all of your ESSSuper accounts unless you specify otherwise.

Section 3

Making or changing a Binding Death Benefit Nomination

Only complete this section if you are making a new binding death benefit nomination or changing an existing binding death benefit nomination.

For a nomination to be binding, the nominees can only be the following people:

- **SPOUSE** – your current spouse or de-facto partner (whether of the same or opposite sex), or
- **CHILD** – your child who is less than 18 years of age, or between 18 and 25 and a full-time student (including adopted children), or
- **FINANCIAL DEPENDANT** – a person financially dependent on you at the time of death, or
- **ESTATE** – a Legal Personal Representative who will distribute your benefit according to your will.

If you do not nominate a valid person as defined above, this nomination will be taken to be a non-binding death benefit nomination.

I want to nominate: My Estate (Legal Personal Representative) % of benefit %

If 100% do not complete section below

AND/OR

If you nominated 100% to your estate, you do not need to complete this section.

My beneficiaries listed below:

Name of Dependant #1

Date of birth / / % of benefit %

Type of dependant (please select one box only)

Spouse

Child

Financial dependant – if so, Relationship to you

Name of Dependant #2

Date of birth / / % of benefit %

Type of dependant (please select one box only)

Spouse

Child

Financial dependant – if so, Relationship to you

Name of Dependant #3

Date of birth / / % of benefit %

Type of dependant (please select one box only)

Spouse

Child

Financial dependant – if so, Relationship to you

Name of Dependant #4

Date of birth / / % of benefit %

Type of dependant (please select one box only)

Spouse

Child

Financial dependant – if so, Relationship to you

Total (Must equal 100% and cannot be decimals) 1 0 0 %

If you have nominated one or more dependants, in the event of your death, the Board must be satisfied that this person (or persons) was dependent upon you at the time of death for your nomination to be binding.

Note: If you want to nominate more than four beneficiaries, please attach your instructions to this form.

Section 4

Member declaration and signature

Please ensure this form is signed and dated in the presence of two witnesses who are at least 18 years of age and are not nominated beneficiaries on this form.

In making this binding death benefit nomination, I acknowledge that:

- I have read the ESSS DB Fund Product Disclosure Statement and/or the New Scheme handbook available from ESSSuper.
- If I am a member of one of ESSSuper's Accumulation Plan or Income Stream funds, I understand that this binding death benefit nomination will not apply to my Accumulation Plan or Income Stream.
- This nomination replaces any previous nomination I have made and remains in force until it expires in 3 years, or I submit a new beneficiary nomination.
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- If my nomination expires or becomes invalid for any reason, it will be treated as a Non-Binding Death Benefit Nomination.
- I have read and accept the statements relating to privacy in the ESSS DB Fund Product Disclosure Statement and/or the New Scheme handbook and I consent to providing ESSSuper with my personal information pursuant to the *Privacy and Data Protection Act 2014* for the purposes described in ESSSuper's Privacy Policy available at esssuper.com.au

Signature

Date

 / /

Section 5

Witness declaration

This section is not required to be completed if you are revoking a current or existing nomination.

I declare that I am over age 18, I am not a beneficiary nominated on this form and the member signed this binding death benefit nomination in my presence.

Witness #1

Full name of witness

Date of birth

 / /

Signature of witness

Date

 / /

Witness #2

Full name of witness

Date of birth

 / /

Signature of witness

Date

 / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at esssuper.com.au