

Non-binding Death Benefit Nomination Form

for Accumulation Plan, Beneficiary Account and Income Stream members

Who should use this form?

You should complete this form if:

- you are a member of ESSSuper's Accumulation Plan, Beneficiary Account or Income Stream, and
- you want to make, change or revoke (cancel) a non-binding death benefit nomination for any of these accounts.

You should not complete this form if:

- you are an Accumulation Plan or Income Stream member and you would like to make a binding death benefit nomination, (you should complete the *Binding Death Benefit Nomination form* available from our website, or
- you are a member of the ESSS Defined Benefit Fund and you would like to make a non-binding death benefit nomination for your defined benefit account. You will need to complete the *Non-binding Death Benefit Nomination form* available from our website, or
- you are a member of the ESSS Defined Benefit Fund and you would like to make a binding death benefit nomination for your defined benefit account. You will need to complete the *Binding Death Benefit Nomination form* available from our website.

Before you start

In the event of your death, the Board will take your non-binding death benefit nomination into account when deciding who to pay your death benefit to. The Board will, subject to its discretion, pay the benefit to your dependant(s) and/or your estate, depending on the circumstances at the time of death.

This nomination replaces any previous nominations made for the account(s) you have selected on this form.

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

Section 5

Member declaration and signature

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

- I have read the Product Disclosure Statement which corresponds to my account, which is available from ESSSuper.
- I may at any time revoke or change my non-binding death benefit nomination.
- If I am a member of one of ESSSuper's defined benefit funds, I understand that this non-binding death benefit nomination will not apply to my defined benefit.
- The Emergency Services Superannuation Board (the Board) will take into account my most recently nominated beneficiaries when deciding who to pay my benefit to. The Board will, subject to its discretion, pay the benefits to my dependants and/or estate, depending on the circumstances at the time of death.
- This nomination replaces any previous non-binding or binding death benefit nomination I have made and remains in force until I submit a new non-binding or binding death benefit nomination.
- I understand that this non-binding death benefit nomination is not binding on the Board and the Board ultimately has discretion in this matter.
- I fully understand the implications of the election I have made on this form and I declare the information provided on this form is true and correct.
- I have read and accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) appearing in the ESSSuper privacy statement available from the ESSSuper website at www.esssuper.com.au or in writing from ESSSuper.

Signature of
account holder

 PLEASE SIGN HERE

Date / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001
T 1300 650 161 | F 1300 766 757 | www.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 www.esssuper.com.au