

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 (ES106)* 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 (E108)* 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 (ES152)* 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 [✘] where applicable.

Section 1

Your personal details

Member number (leave blank if you are a new ESSSuper member)

Title Mr Mrs Ms Miss Other (please specify)

Surname

Given names

Date of birth / /

Postal address

Suburb

State Postcode

Mark with an **✗** if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address


Suburb

State Postcode

Telephone (business hours) () (after hours) ()

Telephone (mobile)

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 non-binding death benefit nomination (please complete all sections of this form).

OR

Revoke (cancel) an existing non-binding death benefit nomination (mark this box with an **✗** and go to SECTION 5 to sign and date this form).

Section 3

Which account(s) do you want this nomination to apply to?

I want this nomination to apply to my following account/s (you can choose one or more accounts):

Accumulation Plan

Working Income Stream

Beneficiary Account

Note: If you have more than one Income Stream account and you only want this nomination to apply to one of your accounts, please write the account number that this nomination applies to and complete a separate form for your other account(s).

Section 4 Making or changing a Non-binding Death Benefit Nomination

Complete this section if you are making a new non-binding death benefit nomination or changing an existing non-binding death benefit nomination.

Please list your beneficiary details below. This replaces any existing death benefit nominations for the account(s) you have nominated in SECTION 3.

A 'dependant' is defined as someone who is:

- your spouse or de-facto partner (whether of the same or opposite sex), or
- a child of yours (or your spouse or de-facto partner), or
- any person who in the opinion of the Board was wholly or partially dependent, or had a right to look to the member for financial support.

I want to nominate:

My Estate (Legal Personal Representative) % of benefit %

And/Or **If 100% do not complete section below**

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) %

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

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 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 | 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