

# Non-binding Death Benefit Nomination Form

for ESSS Defined Benefit Fund members who may also have an Accumulation Plan account



## Who should use this form?

You should complete this form if:

- you are a member of ESSSuper's ESSS Defined Benefit Fund who may also have an Accumulation Plan account, 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 would like to make a binding death benefit nomination for your ESSS Defined Benefit Fund account (you should complete the *Binding Death Benefit Nomination (ES152)* form available from [esssuper.com.au](http://esssuper.com.au)).

## 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 for your Accumulation Plan account, 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 3

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.

The options are:

**Option 1: Nominated Personal Representative:** A person who can receive your benefit if you do not have any dependants. This can be any natural person nominated by you. Your natural and adoptive parents, siblings (whether or not they are related by blood) are automatically deemed to be your nominated personal representatives.

**Option 2: Legal Personal Representative:** A person, appointed as the executor and administrator of your estate, who will distribute your estate in accordance with your Will.

**Option 3: My beneficiaries**

A 'dependent' beneficiary is defined as someone who is:

- your spouse or de-facto partner (whether of the same or opposite sex), or
- a child who is less than 18 years of age, or between 18 and 25 and is a full-time student, including adopted children, 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

You may select Option 1, Option 2, Option 3 or a combination of Option 2 and 3, but the total % of allocation must add to 100%.

I want to nominate:

**Option 1: Nominated Personal Representative**

Name of the Nominated Personal Representative:

Date of birth  /  /  **Total % of benefit**    %

**Option 2: Legal Personal Representative**

My Estate  % of benefit    %

**Option 3: 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

Section 3

Non-Binding Death Benefit Nomination (cont.)

Name of Dependant #3

Grid of 24 boxes for name entry

Date of birth

Grid for date of birth (MM/YY)

% of benefit

Grid for percentage (0-99)

Type of dependant

(please select one box only)

Radio buttons for Spouse, Child, Financial dependant - if so, relationship to you

Name of Dependant #4

Grid of 24 boxes for name entry

Date of birth

Grid for date of birth (MM/YY)

% of benefit

Grid for percentage (0-99)

Type of dependant

(please select one box only)

Radio buttons for Spouse, Child, Financial dependant - if so, relationship to you

You may select Option 2 and 3, but the total % of benefit must add up to 100%.

Total % of benefit for Option 2 and/or 3

Grid showing 100%

Accumulation Plan (ESSSplan)

Section 4

What do you want to do?

I want to (please choose one option only):

Radio button for 'Make or change a non-binding death benefit nomination'

OR

Radio button for 'Revoke (cancel) an existing non-binding death benefit nomination'

Section 5

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.

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

Grid for percentage (0-99)

And/Or

If 100% do not complete section below



## Section 6

## 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.
- 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 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](http://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](http://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](http://esssuper.com.au)