

Reversionary Beneficiary Nomination form for Income Stream members



Who should use this form?

You should complete this form if you are a member of the Retirement Income Stream or Working Income Stream, and you wish to:

- nominate a new reversionary beneficiary on an Income Stream that previously did not have one,
- cancel an existing reversionary beneficiary*,
- change a reversionary beneficiary nomination after an Income Stream has been commenced.

* To replace this arrangement with a lump sum death benefit arrangement please also complete the *Non-binding Death Benefit Nomination (E107)* form or *Binding Death Benefit Nomination (E106)* form.

Before you start

With this form you can nominate a spouse including a de facto spouse (a dependant spouse or de facto spouse can be a person of the same sex or opposite sex) to whom your pension payments will revert on your death. This allows ESSSuper to continue regular payments to your spouse until your account balance has been paid out in full.

The following conditions apply to reversionary pensions:

- the Board is bound by your valid nomination,
- payments will continue to be paid to your nominated spouse until your account balance is paid out in full,
- your nominated spouse will have the option to convert the reversionary pension to a lump sum at any time,
- if your nominated spouse dies before the reversionary pension is paid out in full, the balance will be paid to their estate.

Nominating, cancelling or changing your reversionary beneficiary may have Centrelink and taxation implications. We recommend that you seek appropriate advice prior to amending your reversionary beneficiary nominations. This nomination replaces any previous reversionary beneficiary, non-binding, or binding nomination made for the account(s) you have selected on this form.

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).

Please complete this form in pen using CAPITAL letters and mark with an **✘** where applicable.

Section 1

Your personal details


Member number	<input type="text"/>	(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)						
Surname	<input type="text"/>											
Given names	<input type="text"/>											
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"/>	<input type="text"/>	
Postal address	<input type="text"/>											
	Suburb <input type="text"/>											
	State <input type="text"/>			Postcode <input type="text"/>								
	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"/>											
	Suburb <input type="text"/>											
	State <input type="text"/>			Postcode <input type="text"/>								

Section 1 Your personal details cont.

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

Telephone (mobile)

Email address

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

Section 2 What do you want to do?

Reversionary beneficiary nomination (please select just **one**)

I would like to nominate my spouse as my reversionary beneficiary as detailed in Section 3. This nomination replace any existing reversionary beneficiary, binding or non-binding death benefit nomination.

OR

I would like to cancel an existing reversionary beneficiary nomination (attach a completed form if you wish to replace this arrangement with a binding or non binding death benefit nomination).

Section 3 Reversionary beneficiary details

Surname

Given names

Date of birth / /

Postal address


Suburb

State Postcode

Section 4 Declaration

In making this reversionary beneficiary nomination, I acknowledge that:

- I have read the relevant Product Disclosure Statement available from ESSSuper.
- I may at any time revoke or change my death benefit nomination.
- My nomination will become invalid if my nominee does not satisfy the definition of 'spouse' in the *Superannuation Industry (Supervision) Act 1993* at the date of my death.
- There may be tax or other implications in making, cancelling or changing a nomination and I have considered obtaining independent financial advice.
- This nomination replaces any previous death benefit nomination I have made for this product and remains in force until ESSSuper receives a valid, updated, revoked or new death benefit nomination.

Signature of account holder 

Date / /

Please forward this completed form to
 ESSSuper GPO Box 1974, Melbourne Vic 3001
 T 1300 650 161 (emergency services members) 1300 655 476 (state super members) | esssuper.com.au

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