

Binding Death Benefit Nomination

for Accumulation Plan and Income Stream members

Who should use this form?

You should complete this form if:

- you are a member of ESSSuper's Accumulation Plan, Working Income Stream or Retirement Income Stream, and
- you want to make, change or revoke (cancel) a binding death benefit nomination for your Accumulation Plan, Working Income Stream or Retirement Income Stream account.

Before you start

If you are a defined benefit member and want to make a binding death benefit nomination on your account you should complete a *Binding Death Benefit Nomination for ESSS Defined Benefit Fund and New Scheme members (ES152) form* or *Binding Death Benefit Nomination for Transport Scheme Members (ES108) 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.

This nomination will override any existing binding death benefit nomination you may have in place. It will also override any existing reversionary spouse beneficiary nomination you may have in place for your Income Stream account (i.e. your Income Stream account may not revert to your spouse/partner in the event 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 the 3 year period, 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 a non-binding death benefit nomination.

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

If any person nominated by you ceases to be a valid nominee as defined in SECTION 4, 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.

Important: There may be tax implications if you nominate a child over 18 who is not financially dependent upon you at the time of death. For further information, please refer to the relevant Product Disclosure Statement (PDS) and incorporated guides.

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

Note: Only original forms can be accepted; please do not email or fax your completed form.

Section 4

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 spouse (whether the same or opposite sex), or
- **CHILD** – a child of yours (or your spouse or de facto partner). Refer to the Important information on page 1 for tax implications, or
- **FINANCIAL DEPENDANT** – a person financially dependent on you at the time of death (eg. parent or sibling), 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

Spouse

(please select one box only)

Child

Financial dependant – if so, Relationship to you

Name of Dependant #2

Date of birth

 / /

% of benefit %

Type of dependant

Spouse

(please select one box only)

Child

Financial dependant – if so, Relationship to you

Name of Dependant #3

Date of birth

 / /

% of benefit %

Type of dependant

Spouse

(please select one box only)

Child

Financial dependant – if so, Relationship to you

Name of Dependant #4

Date of birth

 / /

% of benefit %

Type of dependant

Spouse

(please select one box only)

Child

Financial dependant – if so, Relationship to you

Total (Must equal 100% and cannot be decimals)

%

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 5

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 relevant Product Disclosure Statement available from ESSSuper.
- If I am a member of one of ESSSuper's defined benefit funds, I understand that this binding death benefit nomination will not apply to my defined benefit.
- 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.
- This nomination replaces any reversionary spouse beneficiary nomination I may have previously made in respect of my Income Stream account.
- 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 consent to provide the attached information so that ESSSuper can administer any nominated beneficiaries.

Signature of
account holder

 PLEASE SIGN HERE

Date / /

Section 6

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

 PLEASE SIGN HERE

Date / /

Witness #2

Full name of witness

Date of birth

 / /

Signature of witness

 PLEASE SIGN HERE

Date / /

Please forward this completed form to

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