

# Nomination of Beneficiary Form for Retirement members



In the event of your death while you are a First Super member with a Transition to Retirement or Retirement Income account, the money remaining in your account is not lost. Your Retirement account will be treated in accordance with the law depending on whether you nominate a reversionary beneficiary, nominate one or more beneficiaries to receive your lump sum, or do neither.

**You have two options when deciding what happens to your money in the event of your death:**

## 1. Reversionary Beneficiary

Under this option, a reversionary beneficiary will continue to receive your Retirement payments in the event of your death. A reversionary beneficiary must be:

- your spouse (including a de facto or same sex spouse)
- a child (including a step-child) who is under 18, or financially dependent and less than 25, or has a disability.

You can nominate a reversionary beneficiary when you complete the application form to become a member or the *Nomination of Beneficiary* form, and can change your nomination by advising us in writing at any time.\*

A reversionary beneficiary has much the same rights as the original member. Among other things, the beneficiary can:

- choose to be paid a lump sum
- set their own level of regular payment within the limits imposed by law
- set their own investment strategy.

## 2. Nomination of Beneficiary

To nominate one or more people to receive your lump sum death benefit you can make either a Binding or Non-Binding Nomination of Beneficiary by completing the *Nomination of Beneficiary Form for Retirement Members* at the back of this document.

### A Binding Nomination of Beneficiary

Allows you to provide written instruction about who you wish to receive the balance of your Retirement account in the event of your death. The Trustee is legally bound to follow your instruction, providing it is legally valid and the person(s) nominated qualify for payment under the law as a dependant or your legal personal representative when the benefit is paid. A Binding Nomination is valid for three years and overrides a Non-Binding Nomination.

### A Non-Binding Nomination of Beneficiary

Allows you to nominate the people you would prefer to receive the balance of your Retirement account in the event of your death. The nomination will be taken into account when making a payment, but according to the law, the trustee has discretion to decide who the benefit is paid to.

Payment will usually be made to one or more of your dependants or your legal personal representative.

## Tax on death benefits

Death benefits paid to dependants (generally limited to your spouse and minor children) are tax-free.

The 'taxable component' of a death benefit paid to non-dependants will be taxed at special rates. For more information, contact the Australian Taxation Office (ATO) on **13 10 20**.

## Who is a dependant?

Under superannuation law, a dependant is generally a child, spouse (including a de facto or same sex spouse), a financial dependant, or a person with whom you have an interdependency relationship.

Two people may have an interdependency relationship if:

- they have a close personal relationship
- they live together
- one or each of them provides the other with financial support
- one or each of them provides the other with domestic support and personal care.

An interdependent relationship can also exist if a close personal relationship exists but the other requirements for interdependency are not satisfied because of a physical, intellectual or psychiatric disability that requires a person to live in an institution.

## What is a legal personal representative?

This is the executor of your Will or the person responsible for administering your estate if you do not have a Will. If you want to leave your benefit to a non-dependant, nominating a Legal Personal Representative means all or part of your super can be distributed under the terms of your Will.

## If you do not make a choice

If you do not make a nomination of beneficiary or nominate a reversionary beneficiary to receive your Benefit, the Trustee must decide who receives the value of your Retirement account according to the law. The Trustee will make a lump sum payment to one or more of your dependants or your legal personal representative. If you don't have dependants or a legal personal representative, the Trustee will attempt to identify another person to receive the balance of your Retirement account. If no other person can be located, the balance of your Retirement account will be paid to the relevant state or Commonwealth Government lost money fund.

For further information on nominating beneficiaries, please read the *Nominating Beneficiaries* fact sheet at [firstsuper.com.au/forms-tools/fact-sheets/](https://firstsuper.com.au/forms-tools/fact-sheets/) or contact our Member Services Team on **1300 360 988**.

\* This may affect Centrelink entitlements, please contact our Member Services Team for further information on 1300 360 988.

# Nomination of Beneficiary Form Retirement members



Office Use Only: Member Number

Please complete this form with **BLOCK LETTERS** using a blue or black pen.

## Section 1 | Your personal details

<b>Title</b> (Mr, Mrs, Ms etc)	<b>Date of birth</b> (DD/MM/YYYY)	<b>Sex</b> (M/F)	<b>Member number</b>	<b>Account number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Surname</b>				
<input type="text"/>				
<b>Given name(s)</b>				
<input type="text"/>				
<b>Residential address</b>				
<input type="text"/>				
<b>Suburb</b>		<b>State</b>	<b>Postcode</b>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<b>Postal address</b> <input type="checkbox"/> (Tick box if same as above)				
<input type="text"/>				
<b>Suburb</b>		<b>State</b>	<b>Postcode</b>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<b>Telephone</b> (home)	<b>Telephone</b> (work)	<b>Mobile</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Email address</b>				
<input type="text"/>				

## Section 2 | Nominating your beneficiaries

Please nominate the type of beneficiary option you wish to be implemented in the event of your death. In the event of your death, the balance of your Retirement Account will be paid to your spouse, dependants or estate. You have the following two options:

- > **Nominating a Reversionary Beneficiary, complete option A.**
- > **Death Benefit Nominations, complete option B.**

**OPTION A. REVERSIONARY BENEFICIARY**

If you choose this option, your spouse will receive the remaining Retirement payments.

<b>Surname</b>		
<input type="text"/>		
<b>Given name(s)</b>		
<input type="text"/>		
<b>Residential address</b>		
<input type="text"/>		
<b>Suburb/Town/City</b>	<b>State</b>	<b>Postcode</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship</b>	<b>Date of birth</b> (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	

## Section 2 | Nominating your beneficiaries (continued)

### OPTION B. NOMINATION OF BENEFICIARIES

Please read page 1 before you complete this section.

#### Nomination details

Tick one box.

This is a Binding Nomination. Please complete section 2, 3 and 4.

This is a Non-Binding Nomination. Please complete section 2 and 3.

To make sure your nomination is valid, read page 1 to see who can be nominated as a beneficiary.

**The total % of your nomination must add up to 100%.** If it doesn't, it will be invalid.

<input type="checkbox"/> Legal Personal Representative	% of benefit
	<input type="text"/>

<b>Beneficiary 1: Full name</b>	<b>Date of birth (DD/MM/YYYY)</b>
<input type="text"/>	<input type="text" value="/ /"/>
<b>Relationship to you – tick one box only.</b>	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	<input type="text"/>

<b>Beneficiary 2: Full name</b>	<b>Date of birth (DD/MM/YYYY)</b>
<input type="text"/>	<input type="text" value="/ /"/>
<b>Relationship to you – tick one box only.</b>	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	<input type="text"/>

<b>Beneficiary 3: Full name</b>	<b>Date of birth (DD/MM/YYYY)</b>
<input type="text"/>	<input type="text" value="/ /"/>
<b>Relationship to you – tick one box only.</b>	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	<input type="text"/>

<b>Beneficiary 4: Full name</b>	<b>Date of birth (DD/MM/YYYY)</b>
<input type="text"/>	<input type="text" value="/ /"/>
<b>Relationship to you – tick one box only.</b>	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	<input type="text"/>

Have more than four beneficiaries? Provide their details on a separate piece of paper and attach it to this form. Make sure any additional Binding Nominations are signed, dated and witnessed (refer to section 4).

### Section 3 | Member declaration

I request and direct the Trustee (First Super) to distribute any benefit payable when I die in accordance with this form.

This form supersedes any previous beneficiary nomination I have made.

I acknowledge that I have read and understand the information about Binding Nominations on page 1 and my nomination meets these requirements.

I confirm that I am authorised to provide the personal details included on this form and I consent to my information being checked by First Super or the official record holder via third-party systems for the purpose of confirming my identity.

Please sign here

Date (DD/MM/YYYY)

### Section 4 | Witness declaration

#### WITNESS DECLARATION (BINDING NOMINATION ONLY)

I declare I am over the age of 18, not named as a beneficiary on this form and this Binding Nomination was signed by the member in my presence on the date it was signed by me.

Witness 1

Surname

Date of birth (DD/MM/YYYY)

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Please sign here

Date (DD/MM/YYYY)

Witness 2

Surname

Date of birth (DD/MM/YYYY)

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Please sign here

Date (DD/MM/YYYY)

### How to send us this form

Mail your form to:

 First Super, PO Box 666, Carlton South, VIC 3053

OR Email us your form:

 Email a copy to [mail@firstsuper.com.au](mailto:mail@firstsuper.com.au)

Please retain all original documents for future use in case it is required by the Trustee.

### Need help?

For more information about how to make a beneficiary nomination, read the *Nominating Beneficiaries Fact Sheet* at [firstsuper.com.au/fact-sheets](http://firstsuper.com.au/fact-sheets) or call the Member Services Team on **1300 360 988**.