

## Non-binding beneficiary nomination

Complete this form to make a non-binding beneficiary nomination. Your nomination will replace all existing nominations in place (excluding any reversionary nomination. **PLEASE READ THE IMPORTANT NOTES BEFORE COMPLETING THIS FORM.**



Return this completed form by post to:

Maritime Super  
Locked Bag 2001  
QVB Post Office NSW 1230

### Your personal details

|                      |                                    |                      |                      |
|----------------------|------------------------------------|----------------------|----------------------|
| Member Number        | Title                              | Date of birth        |                      |
| <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| Surname              | Given names                        | Email address        |                      |
| <input type="text"/> | <input type="text"/>               | <input type="text"/> |                      |
| Postal address       | Daytime phone number/Mobile number |                      |                      |
| <input type="text"/> | <input type="text"/>               |                      |                      |

Are you replacing a binding beneficiary nomination?

No  Yes - you MUST have your signature witnessed below if you are replacing a binding nomination

### Nominate your beneficiaries

Your nominated beneficiaries must be dependants. You can also nominate your Legal Personal Representative for your estate - see the Important Notes overleaf to learn more.

|   |                      |                      |                        |
|---|----------------------|----------------------|------------------------|
| Dependant 1 - Full Name                     | Date of birth        | Relationship*        | Proportion of benefit  |
| <input type="text"/>                        | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| Dependant 2 - Full Name                     | Date of birth        | Relationship*        | Proportion of benefit  |
| <input type="text"/>                        | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| Dependant 3 - Full Name                     | Date of birth        | Relationship*        | Proportion of benefit  |
| <input type="text"/>                        | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| Dependant 4 - Full Name                     | Date of birth        | Relationship*        | Proportion of benefit  |
| <input type="text"/>                        | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| Your estate - Legal Personal Representative |                      |                      | Remainder of benefit   |
|   |                      | TOTAL                | 100%                   |

\* Spouse, child, financial dependant, interdependent relationship etc.



The total sum of the percentages in the 'Proportion of benefit' column MUST equal 100%

### Member's declaration

I wish to make a non-binding death benefit nomination and request that the Trustee consider paying my nominated beneficiaries in the noted proportions in the event of my death. I confirm that I have read and accept the Important Notes. I understand that, if accepted:

- this nomination replaces any previous nomination I have made and applies to all my benefits\*
- I must regularly review my nomination and ensure it is up to date; and
- I can only change, revoke or amend my nomination by completing a new nomination form.

\* If you are replacing a binding beneficiary nomination, you must have your signature witnessed.

|           |                      |
|-----------|----------------------|
| Name      | <input type="text"/> |
| Signature | <input type="text"/> |
| Date      | <input type="text"/> |

### Witness declaration - only required if you are replacing a binding beneficiary nomination

I hereby declare that I am over the age of 18 years, I am not a beneficiary nominated on this form and that this form was signed by the Member in my presence.

#### WITNESS 1

|               |                      |
|---------------|----------------------|
| Name          | <input type="text"/> |
| Date of birth | <input type="text"/> |
| Signature     | <input type="text"/> |
| Date          | <input type="text"/> |
| Address       | <input type="text"/> |

#### WITNESS 2

|               |                      |
|---------------|----------------------|
| Name          | <input type="text"/> |
| Date of birth | <input type="text"/> |
| Signature     | <input type="text"/> |
| Date          | <input type="text"/> |
| Address       | <input type="text"/> |



All witnesses must be over the age of 18 and are not nominated as beneficiaries. All signatures must be signed on the same date.

## Important notes

### What is meant by a non-binding beneficiary nomination?

A non-binding nomination identifies your preferred beneficiaries of your death benefit; however, it's not binding on the Trustee and will be used as a guide only when distributing your death benefit.

In other words, the Trustee will decide who receives your death benefit, taking into consideration your nominated dependants as well as your personal circumstances at the time of your death.

If you wish to make a binding beneficiary nomination, please complete the *Binding beneficiary nomination* (available from our website or by calling Member Services for a copy). If valid, a binding beneficiary nomination directs the Trustee to pay your death benefit to your nominated dependants or your estate.

### Who can you nominate?

Your death benefit can only be paid to your dependants or legal personal representative (to form part of your estate). Under super law, a 'dependant' is:

- your spouse (including an opposite- or same-sex de facto partner)
- your children (including children over 18, step-children, adopted children, ex-nuptial children, children of a same-sex relationship, children of an opposite- or same-sex de facto partner, IVF children and children born under certain surrogacy arrangements)
- anyone financially dependent on you; and
- anyone with whom you share an interdependency relationship. 'Interdependency relationship' describes a close personal relationship between two people who live together, where one or both of them provide the other with financial support and domestic support and personal care (or are prevented from living together and providing mutual financial support, domestic support and personal care because one or both suffers from a physical, intellectual, psychiatric or other disability).

The 'legal personal representative' for your estate generally means the Executor of your will or the Administrator of your estate where you have not left a valid will.

### What is meant by a 'valid' non-binding beneficiary nomination?

For your non-binding nomination to be valid, your nomination must:

- be in writing using this form
- clearly show the full name and the proportion of the benefit you wish to be paid to each person nominated and add up to 100%
- be signed and dated by you and the original form be received by us; and
- if you are replacing a binding nomination, each of the witnesses must complete and sign the nomination form.

### How long is a non-binding nomination valid?

A non-binding nomination is valid from the date we receive it and will remain valid until you instruct us otherwise or complete a binding or non-binding beneficiary nomination.

### Other important information

It is important to update your nomination whenever your circumstances change (for example, if you marry or divorce).