

# Binding Nomination Form

Please read the following important information before you nominate your beneficiary(ies)

## Who can you nominate as a beneficiary?

You can nominate one or more beneficiary(ies) to receive your superannuation benefit in the event of your death while you are still a member of the Plan.

### All beneficiaries must be either:

1. A **dependant** which is defined as one of the following: your spouse, any child and any person with whom you have an interdependency relationship.
  - A **spouse** means a person to whom you are legally married and includes a person with whom you live in a genuine domestic basis as that person's husband or wife (although you are not legally married to them).
  - A **child** means any child of yours including an adopted child, a step-child or an ex-nuptial child.
  - An **interdependency relationship** means, for the purposes of superannuation law, where two people (whether or not related by family):
    - have a close personal relationship and
    - live together and
    - one or each of them provides the other with financial support and
    - one or each of them provides the other with domestic support and personal care.

If two persons (whether or not related by family) have a close personal relationship, but do not satisfy the other requirements outlined above because either or both of them suffer from a physical, intellectual or psychiatric disability, they are considered to have an interdependency relationship.

or

2. **Your legal personal representative** which is defined as the executor of your Will (or administrator of your estate if you do not have a Will).

**Under superannuation law, you cannot nominate beneficiaries who are not within these two categories.**

## Nominating a beneficiary

You can nominate, cancel, or change your nominated beneficiary(ies) by completing this form.

Your nomination may be or become invalid if certain events occur, such as marriage or divorce. As your personal situation changes you should revise your nomination to ensure it reflects your wishes.

If you have any doubt whether a person you wish to nominate is a dependant, please seek advice from your financial planner before completing this form.

Please be advised that your death benefit may also include an insurance component.

**Binding nomination**

If a binding nomination satisfies all legal requirements, the Trustee must pay your death benefits to the beneficiaries you have nominated and in such proportions as you have specified.

A binding nomination is only valid if:

- it is in writing
- dependant(s) and/or a legal personal representative has been nominated
- the proportion allocated to each beneficiary is clearly stated and the proportions total 100%
- it contains a declaration signed and dated by two witnesses (who are at least 18 years old and are not nominated as beneficiaries) stating that the member signed the nomination in their presence, and
- it is no more than three years since it was last signed or amended.

If your nomination does not satisfy the above conditions, it is not valid and the Trustee will pay your death benefit at their discretion.

**Invalid nomination**

Your nomination will be invalid if:

- it is unclear to the Trustee (because it is illegible or the nominated proportions don't total 100%)
- you did not sign and/or date the nomination form
- a nominated beneficiary dies or ceases to be a dependant while you are still alive.

You should review your nomination each time to make sure that your binding nomination is valid.

You may amend the proportions or revoke your binding nomination at any time by completing the Binding Nomination Form.

**If your nomination is invalid or you cancel your existing nomination, the Trustee will pay your death benefit at their discretion.**

# The Portfolio Service

## Binding Nomination Form

Please complete this form when you wish to nominate, reconfirm or cancel your binding nominated beneficiary(ies) in The Portfolio Service.

### Important instructions

- **This form cannot be faxed, scanned and/or emailed. We require the original form.**
- Please mail the completed Binding Nomination Form to:  
Questor Financial Services Limited, Locked Bag 4004, QVB Post Office NSW 1230.

Select which plan you would like to nominate a beneficiary for:

**If you have more than one plan with The Portfolio Service you will need to complete one form for each plan.**

- Superannuation Plan                       Retirement Income Plan\*
- Super Essentials                               Term Allocated Pension Plan\*

\* Please note that if you are a member of a TPS pension product and have already made a reversionary beneficiary nomination, you cannot make a binding death benefit nomination.

### 1. What would you like to do?

- Make a new nomination – complete sections 1, 2, 3, 4 and 5
- Revoke a current nomination – complete sections 1, 2, 4 and 5
- Confirm an existing nomination – complete sections 1, 2 and 4

### 2. Personal details

Title                      Surname    Given names

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Residential address

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Suburb/town    State                      Postcode

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Male                      Female                      Date of birth (dd/mm/yy)

                     

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**3. Your beneficiary details**

Please note that by completing this form you are making or amending your nomination

Nominated beneficiary (dependant and/or legal personal representative)		Date of birth	Relationship to you	Portion of total benefit
1	Name:	/ /	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> Interdependency relationship	%
	Address:			
2	Name:	/ /	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> Interdependency relationship	%
	Address:			
3	Name:	/ /	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> Interdependency relationship	%
	Address:			
4	Name:	/ /	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> Interdependency relationship	%
	Address:			
5	Name:	/ /	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> Interdependency relationship	%
	Address:			
6	Name:	/ /	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> Interdependency relationship	%
	Address:			
or	Your legal personal representative			%
Please note that the sum of all the portions allocated to your beneficiary(ies) must add up to 100% for the nomination to be valid.				100%

**4. Member signature**

I declare that I have read and understand how the nomination for my death benefit works. Please sign and date in the presence of two witnesses (see section 5).

Signature of member

Date

 /  /

### 5. Witness declaration

This section is required when making, cancelling or changing your nomination. It must be signed and dated by two adult witnesses.

I declare that:

- I am over 18 years of age, I am NOT one of the nominated beneficiary(ies) named above and this form was signed and dated by the member in my presence.

#### Witness 1 (must not be a nominated beneficiary)

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yy)	Telephone	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	

Signature of witness 1

Date

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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#### Witness 2 (must not be a nominated beneficiary)

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yy)	Telephone	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	

Signature of witness 2

Date

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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