



**Section 2**

**Choose your non-binding beneficiaries**

Nominating your beneficiaries is important as it helps to determine who we should pay your super to if you pass away. Only certain people can receive super death benefits. For more information, see our *How super works* guide at [caresuper.com.au/pds](https://caresuper.com.au/pds). To make your nomination binding on the trustee, complete our *Make a binding death benefit nomination* form available at [caresuper.com.au/forms](https://caresuper.com.au/forms).

Details	Relationship (tick one only)	Benefit %
<b>Mr Mrs Ms Miss Dr</b> <b>Date of birth (DD MM YYYY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> . <input type="text"/> % <b>Example only</b> <input type="text"/> 25.00 <input type="text"/> %
<b>Given name(s)</b> <input type="text"/>		
<b>Last name</b> <input type="text"/>		
<b>Mr Mrs Ms Miss Dr</b> <b>Date of birth (DD MM YYYY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> . <input type="text"/> % <b>Example only</b> <input type="text"/> 25.00 <input type="text"/> %
<b>Given name(s)</b> <input type="text"/>		
<b>Last name</b> <input type="text"/>		
<b>Mr Mrs Ms Miss Dr</b> <b>Date of birth (DD MM YYYY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> . <input type="text"/> % <b>Example only</b> <input type="text"/> 25.00 <input type="text"/> %
<b>Given name(s)</b> <input type="text"/>		
<b>Last name</b> <input type="text"/>		
<b>Mr Mrs Ms Miss Dr</b> <b>Date of birth (DD MM YYYY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> . <input type="text"/> % <b>Example only</b> <input type="text"/> 25.00 <input type="text"/> %
<b>Given name(s)</b> <input type="text"/>		
<b>Last name</b> <input type="text"/>		

**Total must equal 100%** **100.00 %**

**If you have more beneficiaries, provide the details on a separate sheet that you've signed and dated.**

### Section 3

#### Choose your investments

You can choose to invest in one or a combination of different investment options.

**If you don't make a choice, you'll be invested in the Balanced investment option.**

You can change your investments, including your investment option(s) for future transactions:

- in **Member Online**
- by calling **1800 005 166** or
- by completing the *Change your investments* form

For more information, read our *Investment Guide*.

Investment option	Investment %
<b>Pre-mixed options</b>	
Balanced	
Growth	
Alternative Growth	
Sustainable Balanced	
Conservative Balanced	
Capital Stable	
<b>Asset class options</b>	
Overseas Shares	
Australian Shares	
Property	
Fixed Interest	
Cash	
<b>Total</b>	<b>100%</b>

### Section 4

#### Keeping up-to-date

Please keep me up-to-date with extra products and services offered to members by CareSuper, related or other companies. **Note** that if you don't complete this section, we'll assume you agree to receive these communications.

Yes  No

### Section 5

#### Making information available electronically

We make your statements and disclosures available in your **Member Online** Inbox. We'll send you a notification to the email address recorded on your account to let you know when it's available to download. Once available, you can access these at any time.

You can opt out of receiving your statements and disclosures online by ticking the box below. You can also opt out in **Member Online** or by calling us on **1800 005 166**.

**No. I don't want to receive these online. I want to receive paper copies.**

### Section 6

#### Important information about insurance

Once you've joined CareSuper and received your welcome letter you can set up online access for **Member Online**. You'll then be able to see what default insurance cover you may be entitled to and what this default cover would cost. You may also have the option to opt in early to this cover or opt out altogether.

## Section 7

### Member declaration

I apply to become a member of CareSuper and I acknowledge that:

- I've received, read and understood the *Member PDS*, including any reference material, and agree to be bound by it
- I'll be bound by the policies, procedures, trust deed and rules that govern CareSuper and the relevant law
- if I'm eligible for payment and I don't give instructions, the trustee may continue to hold my benefits and administer my super in accordance with my current instructions
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](https://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**
- the trustee has advised me to obtain personal financial advice and I've received all the information I need to understand the choices I've made
- to the best of my knowledge, the information I've provided is true and correct

Your signature

Date (DD MM YYYY)

--	--	--	--	--	--	--	--

Return the completed, signed and dated form via:

- upload using the Contact Us portal in **Member Online**
- email to [info@caresuper.com.au](mailto:info@caresuper.com.au)
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001

This application accompanies our *Member PDS* issued 1 November 2024.

