



**It's your money,
you decide!**

Nominating your beneficiaries

Tell us who to pay your super to when you pass away.

A beneficiary is the person or persons you nominate to receive all or part of your account balance when you pass away, including any insured death benefit if applicable. This payment is called your 'death benefit'.

Who can you nominate as a beneficiary?

You can nominate your legal personal representative and/or your dependants.

Your legal personal representative is either:

- your estate's executor (if you have a Will)
- your estate's court-appointed administrator (if you don't have a Will)
- your estate's trustee or a person who holds an enduring power of attorney granted by you

If you nominate your legal personal representative to receive some or all of your death benefit, the benefit will form part of your estate and will be distributed according to your Will.

If you don't have a Will, the laws on dying without a Will apply.

For super purposes, your dependants include:

- your spouse (including a de facto partner)

- your children of any age (including natural, step and adopted children)
- a person you have an interdependent relationship with
- any other person who, when you passed away, was wholly or partly dependent on you

You may have an interdependent relationship if all of these apply:

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

This may include a parent or sibling. You may also have an interdependent relationship if you have a close personal relationship but don't live together because either or both of you suffer from a physical, intellectual, or psychiatric disability.

We can only pay your benefit to people who are alive and are your dependant(s) or legal personal representative when you pass away.

You can see your nomination on your member statement and in **Member Online**.

How to nominate a beneficiary

There are three types of beneficiary nominations available to you:

- **non-binding**
- **binding and**
- **reversionary beneficiary – retirement income accounts only**

Which nomination you make will depend on your specific circumstances.

Non-binding and binding nominations can be made for all CareSuper accounts you hold, including both accumulation and retirement income accounts. You can choose for a nomination to only apply to one account or all accounts you hold.

Reversionary beneficiary nominations can only be made on CareSuper retirement accounts, such as the Transition to Retirement or Retirement Income account. A separate nomination must be made for each account.



It's important to review your nomination whenever your circumstances change.

Non-binding nomination

With non-binding nominations, you nominate who you'd prefer to get your death benefit when you pass away.

Non-binding nominations aren't legally binding. While your wishes are considered, it's ultimately up to the trustee to decide who gets your death benefit and how much. This decision is made in line with all relevant super laws and the trust deed.

Non-binding nominations never expire and can be made, updated or changed at any time:

- through **Member Online**
- by calling us on **1800 005 166**
- by completing the *Choose your non-binding beneficiaries* form

Binding nomination

With binding nominations, the trustee is legally obliged to pay your death benefit to your nominated beneficiaries in the proportions you've chosen, as long as the nomination is valid and effective when you pass away.

This gives you more control over who gets your super and can be helpful when your circumstances are more complex. This includes if you've been married multiple times or have kids from previous relationships.

To make or change a binding nomination, fill out the *Make a binding death benefit nomination* form.

When making a binding nomination, you can choose either:

- **lapsing** – this will expire after three years, unless cancelled earlier or
- **non-lapsing** – this means that it will never expire (unless you cancel or update it)

For your binding nomination to be valid, you must ensure:

- the form doesn't contain any amendments or corrections
- your form is signed and dated on the same day you sign by two witnesses who are over the age of 18 and who aren't nominated on the form

The form must also be received and acknowledged by CareSuper before you pass away for it to be valid.

For your nomination to be effective, your nominated legal personal representative and/or dependant(s) must be your representative and/or dependant(s) when you pass away. If your binding nomination is identified as being invalid when you pass away, or isn't effective when you pass away, the trustee will decide who to pay your benefit to as though you had a non-binding nomination.

If any of the following changes occur after you make a binding nomination, your nomination may become invalid:

- you're no longer in a relationship with your nominated spouse
- you've started a new relationship with a spouse who you haven't nominated as a beneficiary
- you have a child with someone who is not your spouse
- if any of your nominated dependants or your legal personal representative(s) pass away before you do
- if any of your nominated dependants cease to be a dependant of yours under super laws
- if any person nominated as your legal personal representative ceases to be your legal personal representative

In some circumstances, for example a court order, the trustee may not be able to pay a benefit in accordance with an otherwise valid and effective binding nomination.

Renewing your binding nomination

If you have an expiring binding nomination and your beneficiaries haven't changed, you can renew your binding nomination before it expires in **Member Online** or by completing the *Renew your binding death benefit nomination* form. We'll contact you to let you know when your nomination is about to expire.

Change or cancel your binding nomination

You can change your nomination anytime by completing another *Make a binding death benefit nomination* form. This includes if you'd like to change your expiring binding nomination to a non-lapsing binding nomination.

You can cancel your nomination at any time by completing the *Cancel a binding death benefit nomination* form.

Reversionary beneficiary nomination

This option is only available for retirement income accounts.

If you nominate a reversionary beneficiary, they will continue to receive regular income payments from your account until the balance is zero.

You can only nominate your spouse as a reversionary beneficiary. If they're no longer your spouse at the time of your death, the benefit will be paid at the discretion of the trustee.

It's important to note that in some circumstances, making, changing or removing a reversionary nomination may impact any Services Australia (Centrelink) benefits you may receive as it can change the amount that's assessable for the income test. You must inform Centrelink or the Department of Veteran's Affairs if you add, change or remove a reversionary beneficiary.

Once your account balance has been transferred to your reversionary beneficiary after you've passed away, your spouse will be able to make changes to the account, such as change how the account is invested or alter income payments. Your spouse will also be eligible to make lump sum withdrawals as required



You can change or cancel a reversionary beneficiary nomination at any time by completing the *Reversionary beneficiary nomination* form. We recommend you seek advice before making any changes.



If you don't make a nomination

If you pass away without making a nomination, or your nomination isn't valid or effective when you pass away, we'll decide how to pay your death benefit. Usually, your benefit can only be paid to your dependant or dependants and/or legal personal representative.



All our forms and publications are available at caresuper.com.au/forms-publications or call us, and we'll send you a copy.

Here to help

1800 005 166 (+61 3 7042 2723 if overseas)
caresuper.com.au

info@caresuper.com.au  GPO Box 1547, Hobart TAS 7001



This document contains general information only and doesn't take into account your objectives, financial situation or needs. Before making a decision about CareSuper, you should consider if this information is right for you. You may also wish to consult a licensed financial adviser. Consider the PDS and TMD at caresuper.com.au/pds. Any advice provided in this document is provided by CareSuper Advice Pty Ltd ABN 78 102 167 877, AFSL 284443. A copy of the *Financial services guide* for CareSuper is available at caresuper.com.au/fsg.

All information, rates and/or fees are current at the time of production and are subject to change. Changes to government legislation and super rules made after this time may affect the accuracy of the information provided. You may wish to obtain professional advice before acting on any of the information contained in this document.

This page is intentionally left blank.

Make a binding death benefit nomination

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

To make sure your nomination is valid, you must:

- ensure the form doesn't contain any amendments or corrections
- set out the proportion of the benefit each person will receive, which must add up to 100%
- your chosen beneficiary can't be a witness
- ensure the form is signed and witnessed correctly. The date of your signature must be the same as your witnesses
- we're unable to accept digital/electronic signatures on this form from either yourself or your witnesses. Please sign/witness after printing

Section 1

Your personal details

Member number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Section 2

Nomination details

I want to apply this nomination to:

 All of my accounts This account only:

If you don't tell us, we'll apply your nomination to all of the accounts you hold at the date of this request.

I would like my binding nomination to be:

 Lapsing - this will expire after three years. Non-lapsing - this won't expire unless I cancel it or update it.

Your binding nomination may become invalid if your circumstances have changed. For more information, read our *Nominating your beneficiaries* fact sheet. If you don't tell us, your nomination will default to a lapsing binding nomination.

Section 3

My beneficiaries (continued next page)

Only certain people can receive super death benefits. For more information, read our *Nominating your beneficiaries* fact sheet available at caresuper.com.au/forms or call us on 1800 005 166.

My beneficiaries are:

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



Section 3

**My beneficiaries
(continued)**

Details	Relationship (tick one only)	Benefit %
Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) <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="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"/> % Example only <input type="text"/> 20.00 %
Given name(s) <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Last name <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) <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="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"/> % Example only <input type="text"/> 20.00 %
Given name(s) <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Last name <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) <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="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"/> % Example only <input type="text"/> 20.00 %
Given name(s) <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Last name <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mr Mrs Ms Miss Dr Date of birth (DD MM YYYY) <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="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"/> % Example only <input type="text"/> 20.00 %
Given name(s) <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Last name <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

The combined total on this form and your *Additional binding death benefit nomination* form must equal 100%. 100.00 %

If you have more beneficiaries, complete the *Additional binding death benefit nomination* form available at caresuper.com.au/forms.



Section 4

Member declaration

I want to make a new binding death benefit nomination.

- I understand that my nomination is only effective when received and accepted by CareSuper.
- I understand that any valid lapsing nominations made using this form will expire within three years from when I sign this form.
- I understand that any valid non-lapsing nominations made using this form won't expire unless I cancel, update or change them by submitting another valid form.
- My beneficiary (or beneficiaries) and I'll be bound by the provisions of CareSuper's *Trust deed* relating to binding death benefit nominations.
- If, at the time of death, a notice is invalid or hasn't been accepted by the trustee, the death benefit will be determined by the trustee at its discretion.
- To the best of my knowledge, the information I've provided is true and correct.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at caresuper.com.au/privacy-policy or by calling us on **1800 005 166**.

Important information:

A power of attorney can't sign this form on behalf of a member.

You must sign and date this form in front of two witnesses – see section 5 below.

Note, we can't accept digital/electronic signatures for binding nominations. Please print the form and sign/witness it with a black or blue pen.

Your signature

Date (DD MM YYYY)

Section 5

Witness declaration

Each witness must sign and date this form on the same date as the member.

I declare that:

- I saw the member sign and date this form
- I'm over 18 years of age and
- I'm not listed as a beneficiary on this form

Witness A

Full name of witness A

Signature witness A

Date witnessed (DD MM YYYY)

Witness B

Full name of witness B

Signature witness B

Date witnessed (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
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001