

# Form 1

## Beneficiary Nomination

Page 1 of 4

# Form 1

### The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call  
Member Services 1300 131 227



### IMPORTANT INFORMATION

Before sending this beneficiary nomination form to AESF, please check that you have completed all the questions on the form by printing clearly in the spaces provided and have signed the relevant sections.

When you are satisfied all necessary information has been provided and you have signed this form, please forward it to the Trustee, AESF, GPO Box 1900, Adelaide, SA, 5001.

### 1. Member number/s

Member number/s

### 2. Member details

Title Mr  Mrs  Ms  Miss  Other  Date of birth [dd/mm/yy]

Full Name [first name, middle, surname]

Residential address     
[Your residential address cannot be a Post Office Box]

Unit number  Street number  Street name   
Suburb  State  Postcode

Postal address

[If different to your residential address. Your postal address cannot be your Financial Adviser's address]  
Post Office Box number   
Suburb  State  Postcode

Email address 1

Email address 2

Mobile number  Home number   
Work number

**3. Your beneficiary nomination**

Select one of the following options and complete the table below.

**Non-lapsing binding nomination**

Complete the table below. Note that we can only accept your nomination as non-lapsing binding if two witnesses have signed and dated the witness declaration below on the same date.

**Non-binding nomination**

Complete the table below.

**Reversionary Beneficiary**

Complete the table below - you may only nominate one person as a Reversionary Beneficiary. Please consult with your financial or taxation adviser regarding the tax consequences of your selection.

Advise Reversionary Beneficiary gender:

Male  Female

| Name of beneficiary<br>Please print full name  | Date of birth<br>dd/mm/yy | Relationship to you<br>Only the following options can be accepted  | Portion of total benefit |
|--|---------------------------|--|--------------------------|
|  |                           | <input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant<br><input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship | %                        |
|  |                           | <input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant<br><input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship | %                        |
|  |                           | <input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant<br><input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship | %                        |
|  |                           | <input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant<br><input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship | %                        |
| Legal personal representative<br>[your Estate] | Not applicable            | If you want all or part of your benefit paid to your estate, please write the percentage here.   | %                        |

Total must equal 100% or all nominations will be invalid.  
You can nominate a percentage[s] up to two decimal places.

**Total** 100 %

**4. Your Agreement and Declaration**

I have read and understand the information provided on beneficiary nominations on page 3 of this form and I request the Trustee accept my beneficiary nomination. I understand I should review my nomination regularly, especially when my circumstances change [eg. marriage, having children or any other life changing event], to ensure my nomination is always up to date and further understand that:

- a Non-lapsing binding beneficiary nomination will be subject to the Trustee's consent;
- a Non-binding beneficiary nomination is not binding on the Trustee and only provides a guide to the Trustee as to how I would like my death benefit to be paid.
- a Reversionary Beneficiary nomination is binding and not subject to the Trustee's consent, but my remaining pension account balance will only be able to continue to be paid as a reversionary pension if the person nominated meets the eligibility criteria and accepted by the Trustee.

**Signature of member**

Date [dd/mm/yy]

**If signed under the Power of Attorney:**

Attorneys must attach a certified copy of the Power of Attorney. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

**Witness declaration [only required for Non-lapsing binding nomination]**

I declare:

- I am over 18 years of age;
- I am not a nominated beneficiary of the applicant; and
- This form was signed and dated by the applicant in my presence.

**Two [2] witnesses must sign on the same date as the applicant otherwise we cannot accept this as a Non-lapsing nomination.**

First name

Family name

**Signature of witness**

Date [dd/mm/yy]

First name

Family name

**Signature of witness**

Date [dd/mm/yy]

**When complete**

email and post this form:

info@aesf.com.au

AESF  
41A Mount Barker Road  
Hahndorf SA 5245  
Australia

**Types of nominations****1. Non-lapsing binding nomination**

If you provide us with a non-lapsing binding nomination that satisfies all legal requirements subject to our accepting the nomination, we must pay your death benefit to the beneficiary[ies] you have nominated and in such proportions as you have specified, provided:

- each nominated beneficiary is a dependant or your legal personal representative at the time of your death; and
- your binding nomination is in writing and two persons over 18 years of age who are not nominated beneficiaries have witnessed you signing your nomination on the same day.

**Note:** the binding nomination is non-lapsing, i.e. it will remain in place until it is amended or revoked.

**2. Non-binding nomination**

If you provide us with a non-binding nomination, your nomination is not binding on the Trustee and only provides a guide as to how you would like your death benefit to be paid, provided:

- each nominated beneficiary is a dependant or your legal personal representative at the time of your death;
- you have not married, entered a de facto or like relationship with a person of either sex or permanently separated from your spouse or partner since making your nomination; and
- your non-binding nomination has not been revoked and is not defective for any reason.

It is important to note that a non-binding nomination will not override a previous, valid binding nomination made by you.

If you have already made a binding nomination you must revoke it first and then make a non-binding nomination.

**3. Reversionary Beneficiaries**

- If you nominate a Reversionary Beneficiary and you die during the lifetime of your payments, your remaining account balance immediately reverts to your Reversionary Beneficiary as a pension benefit.
- You may only nominate one individual as your Reversionary Beneficiary.
- Your Reversionary Beneficiary can be any individual who can be nominated under superannuation law as described under 'Who can you nominate'.
- You can only nominate a child if the child is less than 18 years of age or if the child is between 18-25 years of age and financially dependent on you or the child suffers from a permanent disability.

**4. No nomination**

The Trustee will decide in its absolute discretion who receives your account balance [including any applicable insurance proceeds] from amongst one or more of your dependants and your legal personal representative [estate].

**Who can you nominate?**

Under superannuation law, you can nominate:

**Individuals**

- your spouse or de-facto spouse, including same sex partner
- children [including step and adopted children, children of your spouse and other children within the meaning of the Family Law Act 1975]
- individuals who are financially dependent on you at the time of your death
- someone in an interdependency relationship with you at the time of your death.

**Legal representative [your estate]**

Your legal representative - ie the executor under your will or a person granted letters of administration for your estate if you die without having left a valid will.

**Why can't you nominate other family members or friends?**

The law only allows you to nominate individuals who are your spouse, your children, who are otherwise financially dependent on you or who have an interdependency relationship with you at the time of your death. However, you can choose to nominate to have all or part of your benefit paid to your estate and then via your will your friends and/or other family members can become entitled to receive these superannuation funds.

**What is a financial dependant?**

Someone who is financially dependent upon you at the time of your death.

The definition of a dependant under superannuation legislation may be different to the definition which is used for tax purposes regarding how much tax the recipient of the benefit will be required to pay. For more information on estate planning we recommend you speak with your financial or legal adviser.

**What is an interdependency relationship?**

This is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other. This type of relationship may exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

**Where can you check your beneficiary nomination?**

Your beneficiary nomination details will be confirmed each year in your Annual Statement and can be viewed online at any time on [aesf.com.au](http://aesf.com.au)