

Binding Death Benefit Nomination Form

ClearView Retirement Plan – ClearView Superannuation and Roll-overs and ClearView Pension Plan

This form allows you to nominate one or more beneficiaries to receive your benefits in the event of your death. Please read ‘Section 6: How will the benefit be paid upon death?’ in the Additional Information before completing this form.

Please print clearly in **BLOCK LETTERS**.

Section 1: Your details

Title
 Mr Mrs Ms Miss Dr Other

Surname Given name/s

Date of birth Sex
 Male Female

Section 2: Your Binding Nomination

Please indicate which of your investments you want your nomination to apply:

ClearView Superannuation and Roll-overs ClearView Pension Plan

Payment to your Nominated Beneficiaries

You can nominate your Legal Personal Representative or a person(s) who is a dependant to receive your death benefit.

Full name of nominated beneficiary (dependant)	Full address	Relationship to you*	Date of Birth	Portion of death benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input style="width: 50px; text-align: center;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input style="width: 50px; text-align: center;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input style="width: 50px; text-align: center;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input style="width: 50px; text-align: center;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input style="width: 50px; text-align: center;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input style="width: 50px; text-align: center;" type="text" value="%"/>
And/or your Legal Personal Representative				<input style="width: 50px; text-align: center;" type="text" value="%"/>
Total percentage				100%

***Note:** Please choose and insert the number that indicates your relationship to your nominated beneficiary/(ies)

1. Spouse 2. De facto 3. Child 4. Financial dependant 5. Interdependent

Section 3: Member declaration

I have read 'Section 6: How will the benefit be paid upon my death?' in the Additional Information. I understand that this nomination will be binding on the Trustee. I direct the Trustee in the event of my death to distribute the death benefit payable to me in accordance with my nomination on this form.

Signature of applicant/member

Date

Section 4: Witness Declaration

This Binding Death Benefit Nomination must be witnessed by two people for this nomination to be binding.

I declare that:

- I am aged 18 or over; and
- I am not one of the above nominated beneficiaries of the applicant/member; and
- the applicant/member signed and dated this form in my presence.

Full Name of Witness 1

Full Name of Witness 2

Signature of Witness 1

Signature of Witness 2

Date

Date