

ClearView Retirement Plan Change of Nominated Beneficiary

Please note: This form does not apply if you have at any time made a Binding Death Nomination, or you became a member of ClearView Superannuation and Roll-overs or ClearView Pension Plan from 30 April 2004.

Please complete this form using black ink and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross.

Section A: Member details

Account number(s)

Division of the plan (please cross box below)

ClearView Superannuation and Roll-overs

ClearView Pension Plan

Mr Mrs Miss Ms Other

Surname

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Full given name(s)

Date of birth / /

Residential address (PO Box is NOT accepted)

Unit number Street number

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

Street name

Suburb

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

State Postcode

Home phone number

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

Mobile phone number

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Section B: Nominated Beneficiary(ies)

Please note or change my nominated beneficiary(ies) as the following:

The person(s) you nominate as a beneficiary must be a dependant. A dependant, as defined on the back of this form, is generally a spouse, child, a person financially dependent on you at the time of your death or a person with whom you had an interdependency relationship. You can also nominate your Estate.

If you want to nominate more beneficiaries, you must copy, complete and attach an additional form/s ensuring that all forms are signed and dated on the same day.

Each percentage allocation must specify a whole number and the total (across all forms signed and dated on the same day) must add up to 100% to be valid.

Dependant 1

Mr Mrs Miss Ms Other

Surname

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Full given name(s)

Date of birth / /

Residential address (PO Box is NOT accepted)

Unit number Street number

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Street name

Suburb

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

State Postcode

Relationship

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Percentage of benefit %

Dependant 2

Mr Mrs Miss Ms Other

Surname

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

Full given name(s)

Date of birth / /

Residential address (PO Box is NOT accepted)

Unit number Street number

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Street name

Suburb

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State Postcode

Relationship

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Percentage of benefit %

Dependant 3

Mr Mrs Miss Ms Other

Surname

Full given name(s)

Date of birth

Residential address (PO Box is NOT accepted)

Unit number Street number

Street name

Suburb

State

Postcode

Relationship

Percentage of benefit

Legal personal representative

Percentage of benefit

Please check that the total percentages allocated add up to 100

Total

Section C: Member declaration

I understand:

- the Trustee has a discretion in determining how any death benefit will be paid and to whom.
- while the Trustee will take this nomination into account, it is not binding.

I have read and consent to the Privacy and your personal information section on the reverse.

Signature

Important: This nomination will replace any previously nominated beneficiaries. Any previous nominations will be disregarded following receipt of this form.

Who is a dependant?

A 'dependant' is defined under superannuation law and is generally any of the following:

- your spouse (including de facto or same-sex partner);
- child (including step or adopted child or child of your spouse);
- any person with whom you were in an interdependency relationship*; or
- any other person financially dependent on you at the time of your death.

*An 'interdependency relationship' is one where two persons, whether or not related:

- have a close personal relationship; and
- they 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 have a close relationship, but do not satisfy the other requirements because either one or both of them suffer from a disability, they may still be considered to have an interdependency relationship.

Important Information

Privacy legislation requires that the nominated beneficiary(ies) be informed of who we are, how we use and disclose their personal information, and that they can gain access to that information. We will not inform them of this but you should do so. A copy of our Information Handling Policy is available by contacting us on 1800 265 744 or obtaining a copy from our website at clearview.com.au

Our Privacy Policy

Further information on how we handle your personal information is explained in our Information Handling Policy including:

- how to contact us regarding Privacy;
- how to inform us to change your marketing consent; and
- how to access your personal information.

You can obtain a copy of our Information Handling Policy by calling us on 1800 265 744 or by visiting our website at clearview.com.au



This form can be posted (no stamp required) to:

ClearView
Client Administration
Reply Paid 4232
Sydney NSW 2001



If you have any questions about this form,
please call us on

132 977