

# ClearView WealthFoundations

## Death Benefit Nomination Form

Please use this form if you wish to add or change your current nominated beneficiaries. We recommend you seek professional advice before making a nomination. If you currently have a non-lapsing binding/non-binding nomination and/or a reversionary nomination on your account and only want to update one (with the other to remain as is) please make a note of this in section B.

Fields marked with an asterisk (\*) must be completed in order for us to action your request.

I want to:  Make a new/replace an existing nomination  Cancel a nomination

### A. Member details

\*My account number  /  (e.g. CSUP / 100000)

\*Title  Mr  Mrs  Ms  Miss  Dr  Other  \*Gender  Male  Female \*Date of birth

\*Given name(s)  \*Surname

To provide you with flexibility, nominations are made at account level. If you have more than one super or pension account with ClearView please complete a separate nomination form for each account as required or include the other account numbers below.

This nomination will replace any existing nominations on these accounts.

Please apply this nomination to these account(s)  /  (e.g. CSUP / 100000)  
 /   
 /

### B. Nomination details

\*Nomination type  Reversionary (pension only)  
 and/or  Non-lapsing binding OR  Non binding

### C. Reversionary beneficiary nomination - pension members only

If you would like to nominate a new or change an existing reversionary beneficiary please complete their details below.

**Note:** A reversionary beneficiary must be a dependant under Super Law (restrictions apply for children). Any reversionary nomination will override binding or non-binding nominations if valid at the time of claim.

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth

Given name(s)  Surname

Relationship  Spouse<sup>1</sup>  Child  Interdependent  Financial dependant

1 Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

### D. Non-lapsing binding or non-binding beneficiary details

Legal Personal Representative <input type="checkbox"/>	% of death benefit <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
Given name(s) <input style="width: 100%; height: 20px;" type="text"/>	% of death benefit <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
Surname <input style="width: 100%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	
Given name(s) <input style="width: 100%; height: 20px;" type="text"/>	% of death benefit <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
Surname <input style="width: 100%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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Surname <input style="width: 100%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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Surname <input style="width: 100%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	
<input type="checkbox"/> Tick this box if you have more than 6 beneficiaries	
Total	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %

<sup>1</sup> Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

**The total of your beneficiary nominations, including your legal personal representative (if nominated), must equal 100.00%**

**Note:** If you are nominating more than 6 beneficiaries you will need to copy this page, complete the beneficiary details and attach it to this form.

### E. Member declarations and signature

In giving your nomination to the Trustee you agree to, and make the following declarations:

- I understand the Trustee has discretion as to how my benefit is paid, ie lump sum or account based pension (except reversionary pension which will be paid as an account based pension).
- I understand the terms of this nomination and have read the Product Disclosure Statement (PDS) to which it relates.
- In relation to any reversionary and/or non-lapsing binding nomination, I understand if the nomination remains valid and is in effect at the time of my death, then the Trustee must pay the benefit in accordance with the nomination, regardless of how my personal circumstances and those of my beneficiaries have changed.
- The beneficiaries I have nominated are either my dependant(s) and/or my legal personal representative, within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act). A dependent includes my spouse, child, or person who is financially dependent on me or with whom I have an interdependency relationship.
- I understand this nomination is invalid if any beneficiary nominated is not a dependant or legal personal representative at the time of my death or after I die.
- The proportions I have allocated to my dependant(s) or legal personal representative as either non-lapsing binding or non-binding beneficiaries total 100%.
- I understand this nomination may be amended or revoked at any time by notifying the Trustee by provision of a new nomination.
- I understand this nomination is not valid until received by the Trustee or administrator (on the Trustee's behalf).
- I understand if my nomination is not valid, the Trustee will have the sole discretion to pay my benefits to any one or more of my dependants and/or to my legal personal representative as specified in the PDS, Trust Deed and super law.

Signature of member

Date

Member full name (print clearly in block letters)

### F. Witness signature – non-lapsing binding nominations and reversionary beneficiary nominations only

#### Witness declaration

- I confirm that I am not nominated as a beneficiary of the member's death benefit.
- I declare that I am over the age of 18 and this non-lapsing binding nomination and/or reversionary beneficiary nomination was signed and dated by the member in my presence.

**Note:** The date the witnesses sign this form must be the same as the date the member signs.

Name of witness 1 (print clearly in block letters)

First name(s)

Surname

Signature

Date

Name of witness 2 (print clearly in block letters)

First name(s)

Surname

Signature

Date

### Sending your form

Please send the form to us via email or mail.

Mailing address:

**ClearView WealthFoundations**

**Reply Paid 4232**

**Sydney NSW 2001**

Email address:

**client.wealth@clearview.com.au**

If you have any questions or need help please call our Service Centre on **132 977**.