

Non-lapsing Death Benefit Nomination Form



Please refer to 'Frequently asked questions about non-lapsing death benefit nominations' for guidance on how to complete this form. Alterations to your form must be initialled by you and both witnesses or it will be invalid. Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please cross ☒ appropriate answer boxes.

SAVE FORM

PRINT FORM

Make sure any changes you make are initialled by you and both witnesses.

1 PERSONAL DETAILS

Account number (if known)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Date of birth (dd/mm/yyyy)

Given name(s) Surname

Phone number Mobile phone number

Email

2 ACCOUNT DETAILS

If you have more than one FirstChoice superannuation account with Avanteos Investments Limited (AIL), you can apply this nomination to all of your accounts by ticking the first box below. If you would like this nomination to be applied to only certain accounts, please tick the second box and specify the account numbers in the spaces provided below. If you do not tick any boxes, your nomination will only apply to the account nominated above, or the account opened from the application to which this form is attached. Total Care Plan Super (TCPS) policies cannot be included in this nomination. Please complete an AIA Australia 'Binding nomination of beneficiary' form for TCPS accounts.

☐ This nomination is to apply to all existing accounts OR ☐ This nomination applies only to the accounts listed below and the account being established from this application

3 NOMINATION DETAILS

To make a new nomination or update an existing nomination, please complete all necessary fields in the table below and then proceed to section 5.

Name of beneficiary (including middle names)		Their date of birth		Relationship to you				Percentage
You can only nominate the following dependants as beneficiaries: your spouse/defacto or child, someone who is financially dependent on you or in an interdependency relationship with you, or the legal personal representative of your estate.		(dd/mm/yyyy)		Spouse/defacto	Child	Financial dependant	Interdependent	Make sure the total adds up to 100%
1	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
2	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
3	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
4	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
5	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
6	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
7	Legal Personal Representative (Your Estate)	N/A		N/A				<input type="text"/> %
TOTAL:								<div><div>1</div><div>0</div><div>0</div><div>.</div><div>0</div><div>0</div></div> %

4 REVOKE (REMOVE) ALL EXISTING BENEFICIARIES

☐ REVOKE (REMOVE) ALL EXISTING NON-LAPSING DEATH BENEFIT NOMINATIONS

☐ REVOKE (REMOVE) EXISTING REVERSIONARY BENEFICIARY NOMINATION (applicable only to pension products, with the exception of Term Allocated Pension accounts)

5 MEMBER DECLARATION

Avanteos Investments Limited ABN 20 096 259 979 AFSL 245531 (AIL).

I understand/declare that:

- if this nomination is consented to by AIL, any existing death benefit nomination (for example a non-lapsing death benefit nomination) or any existing reversionary death benefit nomination (if applicable) will be revoked and replaced
- any beneficiary nominated by me, other than my legal personal representative, must be a dependant within the meaning of the *Superannuation Industry (Supervision) Act 1993* (SIS Act). A dependant includes my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship
- at the time of making this nomination, the beneficiary or beneficiaries nominated by me are dependants within the meaning of the SIS Act
- if my nomination is invalid in whole or in part, or cannot be followed for any reason or because a beneficiary/beneficiaries is no longer a dependant at the date of my death, then that proportion of my benefit will be paid to my legal personal representative
- my beneficiary/beneficiaries and I will be bound by the provisions of the trust deed relating to non-lapsing death benefit nominations
- my attorney can only nominate themselves as a beneficiary if my Power of Attorney document specifically states that they can be nominated as a beneficiary of my death benefit
- I may at any time revoke or replace a non-lapsing death benefit nomination in accordance with FirstChoice's procedures and with the consent of AIL
- this declaration must be signed and dated by me in the presence of two witnesses (who are not nominated by me as a beneficiary of my death benefit), both of whom are over the age of 18
- this nomination applies to the account number(s) identified on this form. This nomination may be transferred with the identified account(s) to another superannuation or pension account within the same superannuation trust
- I have read the PDS and agree to be bound by the provisions of the trust deed governing the fund (as amended)
- I am over the age of 18.

A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialled by yourself and both witnesses or it will be invalid. A nomination will not be effective until we have consented to it. You should regularly review your nomination to ensure that the nominated beneficiary/beneficiaries remain eligible to receive the portion of your death benefit specified in this nomination and that this nomination accurately reflects your wishes. If you wish to revoke or replace an existing death benefit nomination, you must complete and lodge with us a new 'Non-lapsing death benefit nomination' form. Your existing death benefit nomination will be revoked and replaced on consent being granted by AIL to the new non-lapsing death benefit nomination. If you have any questions, please contact your adviser or Investor Services on 13 13 36.

Your non-lapsing death benefit nomination will be invalid unless:

- you and two adult witnesses (aged over 18) have signed
- neither of your witnesses are named as beneficiaries
- your witnesses have dated the form the same date as you
- all alterations on this form have been initialled by three parties.

All nominations will be invalid unless:

- all required sections on this form are completed
- total percentage of nominations equal 100%.

Witness declaration

I declare that I am over the age of 18 and this non-lapsing death benefit nomination was signed and dated by the member in my presence.

Original signature of member

Print name

Original signature of witness 1

Print name

Original signature of witness 2

Print name

Note: Date of signature must be the same date for both applicant and witnesses.

Date signed: Member

(dd/mm/yyyy)

Date signed: Witness 1

(dd/mm/yyyy)

Date signed: Witness 2

(dd/mm/yyyy)

Please send the completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001
or via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser