

Frequently asked questions about non-lapsing death benefit nominations

What is a non-lapsing death benefit nomination?

A non-lapsing death benefit nomination is a request by you to the trustee of FirstChoice Wholesale to pay your death benefit to the person or persons nominated on your **Non-lapsing death benefit nomination** form. The trustee may consent to your nomination if your nomination satisfies the requirements described in the following paragraphs.

We are required to follow your nomination if, prior to your death, you complete and we receive your valid non-lapsing death benefit nomination, and we consent to that nomination.

The nomination remains valid until you revoke or make a new nomination. This can provide you with greater certainty on who will receive your death benefit when you die.

Who can I nominate?

A valid non-lapsing death benefit nomination can only nominate your legal personal representative and/or your dependants. Your legal personal representative is the person appointed on your death as the executor or administrator of your estate.

If you hold a pension account that has an existing reversionary beneficiary, you are not able to make a nomination until the existing reversionary beneficiary has been revoked.

Your dependants are:

- **your current spouse**

This includes the person at your death to whom you are married, in a relationship registered under certain state or territory laws, or living with on a genuine domestic basis in a relationship as a couple.

- **your child**

This includes any person who at your death is your natural, step, adopted, ex-nuptial or current spouse's child, including a child who was born through artificial conception procedures or under surrogacy arrangements with your current or then spouse.

- **any person financially dependent on you**

This includes any person who at your death is wholly or partially financially dependent on you. Generally, this is the case if the person receives financial assistance or maintenance from you on a regular basis that the person relies on or is dependent on you to maintain their standard of living at the time of your death.

- **any person with whom you have an interdependency relationship**

This includes any person where at your death:

- you have a close personal relationship with this person
- you live together with this person
- you or this person provides the other with financial support, and
- you or this person provides the other with domestic support and personal care.

An interdependency relationship is not required to meet the last three conditions, if the reason these requirements cannot be met is because you or the other person is suffering from a disability.

In establishing whether such an interdependency relationship exists, all of the circumstances of the relationship are taken into account, including (where relevant):

- the duration of the relationship
- whether or not a sexual relationship exists
- the ownership, use and acquisition of property
- the degree of mutual commitment to a shared life
- the care and support of children
- the reputation and public aspects of the relationship (such as whether the relationship is publicly acknowledged)
- the degree of emotional support
- the extent to which the relationship is one of mere convenience, and
- any evidence suggesting that the parties intended the relationship to be permanent.

If you are considering relying on this category of dependency to nominate a person, you should consider completing a statutory declaration addressing these points as evidence of whether such a relationship exists. You should talk to your financial adviser for more information.

How do I make an alteration to my completed form?

Example:

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

John Smith

Print name

JOHN SMITH

Original signature of witness 1

Sally Brown

Print name

SALLY BROWN

Original signature of witness 2

Stephen Jones

Print name

STEPHEN JONES

Note: The dates below must match the date of your two witnesses.

Date signed: Member

30/05/2024 (dd/mm/yyyy)

Date signed: Witness 1

30/05/2024 (dd/mm/yyyy)

Date signed: Witness 2

30/05/2024 (dd/mm/yyyy)

- Any alterations to the completed form must be initialled by you and both witnesses.
- Both witnesses must sign this form on the same date as the member.

How do I nominate more beneficiaries?

If you wish to nominate more beneficiaries, you can attach their nomination details to this form. The attachment must be headed 'Attachment to Non-lapsing Death Benefit Nomination Form'.

The attachment must include your full name and account number, the full names of the beneficiaries, their date of birth, their relationship to you and the percentage of the benefit to be paid to each person. The attachment must also be signed and dated by you. The same two witnesses who sign section 5 of this form must also sign and date the attachment and include in the attachment the 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".

How do I make a valid non-lapsing death benefit nomination?

To make a valid non-lapsing death benefit nomination:

- you must be at least 18 years of age
- you must complete the *Non-lapsing death benefit nomination* form available in the most up-to-date Product Disclosure Statement (PDS), on cfs.com.au or by calling Investor Services on 13 13 16
- you must only nominate your legal personal representative and/or a person(s) who is your dependant
- you must provide the full name, date of birth and the relationship which exists between you and each of the nominated beneficiaries
- you must ensure that the proportion payable to each person nominated is stated and you have allocated 100% of your death benefit
- your nomination must not be ambiguous in any other way
- you must sign the *Non-lapsing death benefit nomination* form in the presence of two witnesses who are both at least age 18 and are not nominated by you as a beneficiary on the form.

For your validly completed non-lapsing death benefit nomination to be effective you must send and we must receive and consent to your validly completed non-lapsing death benefit nomination prior to your death.

You may seek to revoke your nomination or make a new non-lapsing death benefit nomination at any time by completing a new non-lapsing death benefit nomination form in writing, available in the most up-to-date PDS or on our website or by calling us.

Is my nomination effective?

It is important to be aware before completing a non-lapsing death benefit nomination that **if your non-lapsing death benefit nomination is valid and the trustee consents to that nomination, the trustee must follow the nomination and it cannot be overruled by the trustee.**

However, if you nominate a person who is not your legal personal representative or a dependant when you die, then your nomination will not be valid to the extent that it relates to that person despite any consent granted by the trustee.

! It is important to review your nomination regularly to ensure it is still appropriate to your personal circumstances and reflects your wishes. If, after making a non-lapsing death benefit nomination, you marry, separate or divorce, enter a de facto relationship (including same-sex), have a child, or if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you, then you should review your non-lapsing death benefit nomination or consider making a new nomination.

If you nominate your legal personal representative, your death benefit will be paid to your estate and distributed in accordance with your Will or the laws of intestacy. This means that the distribution may be challenged if someone disputes your Will or the distribution of your estate.

If you nominate one or more of your dependants, your death benefit will be paid directly to them.

If a person nominated on your *Non-lapsing death benefit nomination* form is no longer a dependant at the date of your death, then the proportion of your death benefit which would have been payable to that person will be paid to your legal personal representative.

Tax may be withheld from your death benefit when paid to your dependants or distributed from your estate. There are differing tax treatments of death benefits depending on how old you are, how old your nominated beneficiaries are and who you nominate and whether it is paid as a pension or lump sum. You should read the PDS for more information or talk to your financial adviser.

How is my death benefit paid?

At the time of your death, we will contact the people you have nominated in your non-lapsing death benefit nomination to ensure that they are still a dependant.

We are also generally required to establish the identity of this person before paying out your death benefit.

If you have nominated one or more of your dependants, they will be provided the choice of taking their proportion of the death benefit as a lump sum cash payment or, if available, a pension from FirstChoice Wholesale Pension. If you have nominated a child, the death benefit must be paid to them as a lump sum cash payment unless the child:

- is under age 18
- is under age 25 and is financially dependent on you, or
- has a certain type of disability.

If your child is eligible to receive, and commences to receive, a pension, it must be converted to a tax free lump sum by no later than age 25, unless they continue to have a certain type of disability. A PDS describing the features of a pension from FirstChoice Wholesale Pension is available on cfs.com.au or by calling Investor Services on 13 13 16.

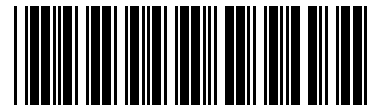
What if I don't have a valid non-lapsing death benefit nomination?

Your death benefit will be paid to your legal personal representative if:

- at the time of your death, you have not completed or we have not received and consented to a valid non-lapsing death benefit nomination
- you have revoked your last non-lapsing death benefit nomination and you have not made a new non-lapsing death benefit nomination
- the person or persons you have nominated cannot be identified or are not your dependant or legal personal representative at the time of your death, or
- the trustee determines that the whole of your non-lapsing death benefit nomination is otherwise invalid.

This is general information only and does not take into account your personal circumstances. Please talk to your financial adviser for more information on non-lapsing death benefit nominations and your personal estate planning needs.

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.

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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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: %

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