

CFS Edge Super/Pension Non-lapsing death benefit nomination

SAVE FORM

PRINT FORM

This form can be used to nominate or update non-lapsing beneficiaries on your CFS Edge Super or Pension account.

Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

Please upload the completed form to the Document Library via our online portal.

Telephone (for assistance) 1300 769 619

A nomination is not considered valid until it's been completed correctly, and we've received 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've processed it.

You should regularly review your nomination to ensure your chosen beneficiary/beneficiaries remain eligible to receive the portion of your death benefit specified, and that this nomination accurately reflects your wishes. If you wish to revoke or replace your death benefit nomination, you must submit a new nomination request. This will replace any existing nomination(s) on your account.

This nomination relates to the account listed on this form only.

SECTION 1 ACCOUNT DETAILS

Account number

Account name

SECTION 2 NON-LAPSING BENEFICIARY DETAILS

If you wish to nominate the whole or part of your death benefit to be paid to your estate, please select the below and enter the percentage allocation.

Relationship: Legal Personal Representative

Percentage allocation: .%

AND/OR

If you wish to nominate the whole or part of your death benefit to be paid to one or more dependent(s), please enter their details and allocated percentage(s) below.

Beneficiary name	Date of birth (dd/mm/yyyy)	Relationship (select one only)	Percentage allocation
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

The total of your beneficiary nominations, including your Legal Personal Representative, must add up to 100%

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.

SECTION 3 NON-LAPSING NOMINATION MEMBER DECLARATION

In giving your non-lapsing death benefit nomination to the Trustee you agree to, and make the following declarations:

- I understand that if this nomination is accepted by the Trustee, any existing death benefit nominations will be revoked and replaced for this account.
- I understand the Trustee has discretion as to how my benefit is paid, i.e. lump sum or allocated pension.
- I have read the Product Disclosure Statement and understand that my beneficiary/beneficiaries and I will be bound by the provisions of the Trust Deed governing the Fund (as amended).
- I understand that 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 either my legal personal representative or another individual as determined by the Trustee.
- At the time of making this nomination, I understand that any beneficiary/beneficiaries 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)* (Cth). A dependant includes my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship.
- My attorney can only be nominated as a beneficiary if my Power of Attorney document specifically states that they can be nominated as a beneficiary of my death benefit.
- I understand I may, at any time, revoke or replace a non-lapsing death benefit nomination in accordance with CFS Edge procedures and with the consent of Trustee.
- I understand this non-lapsing death benefit nomination remains valid indefinitely, or until it's amended or revoked by me.
- I understand this nomination is not valid until received and processed by the Trustee or Administrator (on the Trustee's behalf).
- I understand 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.
- I am over the age of 18.
- I consent to my information being used in accordance with the CFS privacy policy which can be accessed online at cfs.com.au/cfsedge.

Member signature

Name

Date

SECTION 4 WITNESS DECLARATIONS

By witnessing this non-lapsing death benefit nomination, I declare that I'm over 18 years of age, am not a nominated beneficiary, have witnessed the signing of this document by the member whose signature appears above, and I have also signed on the date stated above.

Witness 1

Name

Signature

Witness 2

Name

Signature