

# CFS Edge Super/Pension

## Non-binding death benefit nomination

SAVE FORM

PRINT FORM

This form can be used to nominate or update non-binding 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

### SECTION 1 ACCOUNT DETAILS

Account number

Account name

### SECTION 2 NON-BINDING 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="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse <sup>1</sup> <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="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse <sup>1</sup> <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="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse <sup>1</sup> <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="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependant <input type="checkbox"/> Spouse <sup>1</sup> <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%

<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.

### SECTION 3 NON-BINDING NOMINATION MEMBER DECLARATION

I declare that:

- I am aware the Trustee is not bound by this nomination however, it may be taken into consideration when assessing the entitlement to any death benefits; and
- I consent to my information being used in accordance with the CFS privacy policy which can be accessed online at [cfs.com.au/cfsedge](https://cfs.com.au/cfsedge).

Member signature

Name

Date