

# CFS Edge Pension

## Reversionary beneficiary nomination

SAVE FORM

PRINT FORM

This form can be used to nominate, replace or remove a reversionary beneficiary (pension to continue to be paid after your death) on your existing CFS Edge 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. All fields are required to be completed to ensure we hold the correct details.

**Note:** You cannot use this form to add a reversionary beneficiary to a Term Allocated Pension.

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 REVERSIONARY BENEFICIARY DETAILS

Complete this section if you wish to revert your pension to a dependant beneficiary in the event of your death. This will override any existing death benefit or reversionary nomination.

Title Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth

dd/mm/yyyy

Mobile number

Email address

Relationship with member

Spouse<sup>1</sup>  Dependant child  Financial dependant  Interdependant relationship

Postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Postcode

Country

### SECTION 3 REMOVE REVERSIONARY BENEFICIARY

Complete this section to revoke a previously nominated reversionary beneficiary. You do not need to complete this section if you have nominated a new reversionary beneficiary in Section 2.

Revoke existing nomination

<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 relationship) or a de facto spouse.

## SECTION 4 DECLARATION

I understand/declare that:

- if this nomination is accepted by the Trustee any existing death benefit nomination (for example, a non-lapsing death benefit nomination) or existing reversionary beneficiary nomination will be revoked and replaced by the nomination in this form;
- if I nominate, revoke or amend the reversionary beneficiary on the account, the relevant number, deductible amount and assessable income may be reassessed for Centrelink purposes;
- any beneficiary nominated by me must be a dependant within the meaning of the *Superannuation Industry (Supervision) Act 1993 (SIS Act)* (Cth) and must also be a dependant who is eligible to receive my death benefit as a reversionary pension. For this purpose, eligible dependants include (a) my spouse, (b) a child under 18, (c) a child aged 18 to less than 25 who is also financially dependent on me, (d) a child aged 18 or over who is permanently disabled at the time of my death, (e) any other person financially dependant on me at the time of my death or (f) a person with whom I am in an interdependency relationship at the time of my death;
- at the time of making this nomination, the reversionary beneficiary nominated by me is a relevant dependant within the meaning of the *SIS Act*;
- 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;

- my reversionary beneficiary and I will be bound by the provisions of the trust deed relating to reversionary beneficiary nominations;
- I may at any time revoke or replace a reversionary beneficiary nomination in accordance with the Trustee procedures;
- this reversionary beneficiary nomination applies to the account number on this form;
- I have read the Product Disclosure Document and agree to be bound by the provisions of the trust deed governing the fund (as amended from time to time);
- if signing under Power of Attorney, there must be a clear conferral of a benefit upon the Attorney to enable the Attorney to nominate themselves as a beneficiary;
- I am over the age of 18; 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).

I acknowledge that Avanteos Investments Limited and/or its related entities ('the Group') will not be liable to me or other persons for any loss suffered (including consequential loss) where transactions are delayed, blocked, frozen or where the Group refuses to process a transaction or ceases to provide me with a product or service.

Member signature

Name

Date