



Beneficiary nomination

The binding nomination form

This is the **PSSap Beneficiary binding nomination** form which you must use to legally nominate the dependant(s) and/or legal personal representative you would like your benefit, including any insurance proceeds, to be paid to if you die.

If a person you nominate is no longer dependent on you at the time of your death, we are not required to pay your benefits according to your nomination.

You can nominate one or more dependants and/or your legal personal representative as your beneficiaries.

You must:

- > renew this nomination every three years in order for it to be valid.
- > sign and date this form in the presence of two witnesses.
- > before making any decisions, please read the **PSSap Product Disclosure Statement** and the **Beneficiary nomination fact sheet**.

If you need assistance, please call **1300 725 171**.

SECTION A Your details

PSSap membership no.

Salutation

 Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth

 / /

Address

SUBURB STATE POST CODE

Phone

BUSINESS HOURS AFTER HOURS

MOBILE NUMBER

Email

@

SECTION B Your options

Why are you using this form?

I want to:

- nominate my beneficiaries or change my list of beneficiaries (and thereby cancel my existing binding nomination) – Complete **Sections C and D**.
- cancel my existing binding nomination – Complete **Section D** only.

SECTION C Beneficiary details

In this section you can either:

- > provide the full details of your beneficiaries, OR
- > just write 'legal personal representative', 'my spouse' or 'my children in equal shares' in the Surname boxes, and simply provide the percentage figure, which ensures the nomination, as long as it is valid, will relate to the people who are your spouse or children at the time of your death.

Your total percentage must add up to 100% and you must use whole numbers i.e. 50% not 52.5%. If you nominate only one beneficiary but do not complete the percentage box, we will assume you have nominated that beneficiary to receive 100% of your benefit.

Beneficiary 1

Surname	<input type="text"/>																																																																														
Given name(s)	<input type="text"/>																																																																														
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative																																																																														
Date of birth	<table border="0"> <tr> <td>D</td><td>D</td><td></td><td></td> <td>M</td><td>M</td><td></td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td colspan="14"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> <td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td colspan="14"></td> </tr> </table>																										D	D			M	M			Y	Y	Y	Y															<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="text"/>	<input type="text"/>														
D	D			M	M			Y	Y	Y	Y																																																																				
<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="text"/>	<input type="text"/>																																																																			
Address	<input type="text"/>																																																																														
	<input type="text"/>																																																																														
	SUBURB													STATE				POST CODE																																																													
	<input type="text"/>													<input type="text"/>				<input type="text"/>																																																													
Percentage	<input type="text"/> %																																																																														

Beneficiary 2

Surname	<input type="text"/>																																																																														
Given name(s)	<input type="text"/>																																																																														
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative																																																																														
Date of birth	<table border="0"> <tr> <td>D</td><td>D</td><td></td><td></td> <td>M</td><td>M</td><td></td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td colspan="14"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> <td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td colspan="14"></td> </tr> </table>																										D	D			M	M			Y	Y	Y	Y															<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="text"/>	<input type="text"/>														
D	D			M	M			Y	Y	Y	Y																																																																				
<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="text"/>	<input type="text"/>																																																																			
Address	<input type="text"/>																																																																														
	<input type="text"/>																																																																														
	SUBURB													STATE				POST CODE																																																													
	<input type="text"/>													<input type="text"/>				<input type="text"/>																																																													
Percentage	<input type="text"/> %																																																																														

Section C continued on next page

Beneficiary 3

Surname

Given name(s)

Relationship to you

 Spouse Child Interdependency relationship Legal personal representative

Date of birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

SUBURB

STATE

POST CODE

Percentage

 %**Beneficiary 4**

Surname

Given name(s)

Relationship to you

 Spouse Child Interdependency relationship Legal personal representative

Date of birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

SUBURB

STATE

POST CODE

Percentage

 %

If you want to nominate more than four beneficiaries, please attach the same details as above on a separate sheet which is identified as an attachment to your nomination, signed, dated and witnessed in the same manner as this nomination form.

Total Percentage

1 0 0 %**SECTION D Declaration**

You must sign and date this declaration in the presence of two witnesses. Your witnesses must not be nominated as beneficiaries on this form.

I declare:

- > The information I have provided on this form is complete and correct
- > I have read and understood the PSSap Product Disclosure Statement and the Beneficiary nomination fact sheet
- > I understand that this binding nomination form is only valid if:
 - > the beneficiaries listed are either my spouse (including de facto), children (including adopted, step or ex-nuptial, or ward, or a child within the meaning of the Family Law Act 1975) - see the Binding nomination fact sheet for the full definition, a person with whom I have an interdependency relationship, or legal personal representative (as stated in my Will) and
 - > it is signed by me in the presence of two witnesses, who are 18 years of age or older and not listed as beneficiaries on this form.

I understand:

- > This binding nomination is only effective for three years from the date it is signed, and is received by ARIA before my death
- > My beneficiaries and I will be bound by the provisions of the PSSap Trust Deed
- > I can cancel or amend a binding nomination at any time by completing a new Beneficiary binding nomination form
- > Subject to the law, this binding nomination binds ARIA to distribute my benefit as specified, unless this binding nomination is invalid or has expired, in which case I understand that it is at ARIA's discretion to identify and pay beneficiaries
- > ARIA accepts no responsibility for an incorrect binding nomination or for the nomination being invalid whether through incorrect completion, expiry or otherwise
- > This binding nomination revokes any previous binding nomination I have made.

SIGNATURE	Date signed D D / M M / Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
FULL NAME	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	

SECTION E Witness declaration

I declare:

- > I am over the age of 18
- > I am not a beneficiary nominated in this form
- > The member signed and dated this nomination in my presence

Witness 1

Full name

<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>

SIGNATURE	Date signed D D / M M / Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
-----------	---

This date must be the same as the date the member signs

Witness 2

Full name

<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>

SIGNATURE	Date signed D D / M M / Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
-----------	---

This date must be the same as the date the member signs

SECTION F Lodgement

Please post this completed form to:

PSSap Beneficiary Nomination
PO Box 22
Belconnen ACT 2616

END FORM

Your privacy is important to us

We are collecting the information on this form to administer your superannuation. For further information about our privacy policy, see www.pssap.gov.au or call us on 1300 725 171 for a copy.

Need assistance? Call 1300 725 171