



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. 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

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

RESIDENTIAL ADDRESS

SUBURB	STATE	POST CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS

SUBURB	STATE	POST CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Nomination

Beneficiary 1

Surname

Given name(s)

Relationship to you

Spouse

Child

Interdependency
relationship
Legal personal
representative

Percentage

 %

Beneficiary 2

Surname

Given name(s)

Relationship to you

Spouse

Child

Interdependency
relationship
Legal personal
representative

Percentage

 %

Beneficiary 3

Surname

Given name(s)

Relationship to you

Spouse

Child

Interdependency
relationship
Legal personal
representative

Percentage

 %

Beneficiary 4

Surname

Given name(s)

Relationship to you

Spouse

Child

Interdependency
relationship
Legal personal
representative

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 %

(must add up to exactly 100% for the nomination to be valid)

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 children 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%;" type="text"/>	
<input style="width: 100%;" 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%;" type="text"/>	
<input style="width: 100%;" 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