



Australian  
Reward  
Investment  
Alliance

# PSSap 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.
- > You must 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 - Personal details

PSSap membership number	<input type="text"/>								
Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>								
Surname	<input type="text"/>								
Given name/s	<input type="text"/>								
Date of birth	<table border="0"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>		
DAY	MONTH	YEAR							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Postal address	<input type="text"/>								
	<input type="text"/>								
	STATE <input type="text"/> POSTCODE <input type="text"/>								
Contact phone numbers	<table border="0"> <tr> <td>DAYTIME</td> <td><input type="text"/></td> <td>EVENING</td> <td><input type="text"/></td> </tr> <tr> <td>MOBILE</td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table>	DAYTIME	<input type="text"/>	EVENING	<input type="text"/>	MOBILE	<input type="text"/>		
DAYTIME	<input type="text"/>	EVENING	<input type="text"/>						
MOBILE	<input type="text"/>								
Email address	<input type="text"/>								
	<input type="text"/>								

### SECTION B - Your options

Why are you using this form?  
(please tick one)

**I want to:**

**nominate my beneficiaries or change my list of beneficiaries** (and thereby cancel my existing binding nomination)

> Complete **Beneficiary details** and **Your declaration**

**cancel my existing binding nomination**

> Complete **Your declaration** (you do not need to complete the Beneficiary details section)

## 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 NAME box, 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

Given name/s

Relationship to you  Spouse  Child  Interdependency relationship  Legal personal representative

Address

STATE  POSTCODE

DAY  MONTH  YEAR

Date of birth  /  /

Percentage   %

**BENEFICIARY 2**

Surname

Given name/s

Relationship to you  Spouse  Child  Interdependency relationship  Legal personal representative

Address

STATE  POSTCODE

DAY  MONTH  YEAR

Date of birth  /  /

Percentage   %

**BENEFICIARY 3**

Surname

Given name/s

Relationship to you  Spouse  Child  Interdependency relationship  Legal personal representative

Address

STATE  POSTCODE

DAY  MONTH  YEAR

Date of birth  /  /

Percentage   %

Section C continued over page

Section C continued

**BENEFICIARY 4**

Surname

Given name/s

Relationship to you  Spouse  Child  Interdependency relationship  Legal personal representative

Address

STATE  POSTCODE

DAY MONTH YEAR  /  /

Date of birth

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     %

## SECTION D - Your 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), 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

DAY MONTH YEAR  /  /

FULL NAME

## SECTION E - Witness declaration

- I declare:
- > I am over the age of 18
  - > I am not a beneficiary nominated in this form
  - > This nomination was signed and dated by the member in my presence.

### WITNESS 1

SIGNATURE

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

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FULL NAME

### WITNESS 2

SIGNATURE

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

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FULL NAME

What now?

Please post this completed form to:

**PSSap Beneficiary Nomination, PO Box 22, Belconnen ACT 2616**

Faxed copies will not be accepted.

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 **PRIVACY & DISCLAIMERS** at [www.pssap.gov.au](http://www.pssap.gov.au) or call us on **1300 725 171** for a copy to be emailed or posted to you.

Need assistance?

Call us on **1300 725 171**