

### Please complete in capital letters and in BLACK INK only

Nomination of your dependant is optional. Use this form to nominate to whom you wish your benefit paid in the event of your death.

There are two types of nomination you can choose from - Non-binding or Binding.

**Non-binding** - here the Trustee will endeavour to pay out your benefit in accordance with your nomination but is not legally obliged to do so. Your nomination will not expire unless you choose to cancel or amend it, which you can do at any time in writing. Complete section 4 if you want to make a non-binding nomination.

**Binding** - here the Trustee must pay your benefit to your estate or dependants as nominated by you, provided that your nomination is valid at the time the benefit is paid. A binding nomination expires three years after you sign and date this application form. If you nominate a person who is not a dependant, the nomination will be deemed invalid. An expired or invalid nomination will result in the Trustee deciding to whom a benefit will be paid. Complete section 5 if you want to make a binding nomination.

If you have not made a valid nomination at the time of your death, your benefits will be paid to the legal personal representative of your estate regardless of whether you have a spouse or other dependants. For further information, please refer to the Product Disclosure Statement (PDS). **Please ensure that you have first read the "Important Notes" before completing this form.**

### 1. Your details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
<b>Contact Details (postal address, telephone, email)</b>							
No./Street/PO Box	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						
<b>Residential Address</b>							
<input type="checkbox"/>	<b>Same as Postal Address above</b>						
<input type="checkbox"/>	<b>Different from Postal Address above – you MUST complete below</b>						
No./Street	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		

### 2. Nomination of Estate

<input type="checkbox"/>	On my death, I elect to have my benefit paid to my Legal Personal representative (Estate). The details of my Executor are as follows:						
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage	<input type="text"/>	%			
Full name	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		



### 3. Nomination of dependant(s)

<b>Nominee #1</b>			
Title	<input type="text"/>	(e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage <input type="text"/> %
Full name	<input type="text"/>		
Street/PO Box no.	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Territory	Postcode <input type="text"/>	Country (if outside Australia)	<input type="text"/>
Phone: Home no. (inc. STD/ISD)	<input type="text"/>	Relationship	<input type="text"/>
<b>Nominee #2</b>			
Title	<input type="text"/>	(e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage <input type="text"/> %
Full name	<input type="text"/>		
Street/PO Box no.	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Territory	Postcode <input type="text"/>	Country (if outside Australia)	<input type="text"/>
Phone: Home no. (inc. STD/ISD)	<input type="text"/>	Relationship	<input type="text"/>
<b>Nominee #3</b>			
Title	<input type="text"/>	(e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage <input type="text"/> %
Full name	<input type="text"/>		
Street/PO Box no.	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Territory	Postcode <input type="text"/>	Country (if outside Australia)	<input type="text"/>
Phone: Home no. (inc. STD/ISD)	<input type="text"/>	Relationship	<input type="text"/>
<b>Please notify the Trustee in the event of any change in the details of your Beneficiaries.</b>			

### 4. Applicant declaration – Non-Binding Nomination only

I direct Chifley Financial Services Limited (ABN 75 053 704 706) in its capacity as Trustee of FuturePlus Super to distribute my assets, upon my death as above. I understand that this nomination is not binding upon the Trustee and the Trustee has ultimate discretion as to how and to whom it is to pay my death benefit.

Signed  Date (dd/mm/yyyy)  /  /

### 5. Applicant declaration – Binding Nomination only

I direct Chifley Financial Services Limited (ABN 75 053 704 706) in its capacity as Trustee of FuturePlus Super to distribute my assets, upon my death as above. I understand that this nomination is only valid for three (3) years from the date of signing, or until I revoke the nomination (by delivering to Chifley a signed and dated confirmation/amendment/revocation form) whichever is sooner.

Signed  Date (dd/mm/yyyy)  /  /

**TO BE VALID, THIS FORM MUST BE SIGNED BY YOU, DATED AND WITNESSED BY TWO WITNESSES**  
**Witnesses must be over the age of 18 and not named as nominees.**

I, as witness, solemnly and sincerely declare that I am over eighteen (18) years of age and that the nomination was signed in my presence.

Witness 1  
 Full name

Signed  Date (dd/mm/yyyy)  /  /

Witness 2  
 Full name

Signed  Date (dd/mm/yyyy)  /  /



## IMPORTANT NOTES

You should read the Product Disclosure Statement (PDS) before completing this form. The PDS is available from Member Services and the Fund's website.

### BENEFIT ALLOCATION PERCENTAGE

Should you wish to nominate more than one person, then you need to specify the percentage of your death benefits to be paid to each person.

### WITNESS DEFINITION

A witness can be anyone who is at least 18 years of age and is not a beneficiary.

**Please note:** It is important that you keep an up-to-date and valid will.

### PROTECTING YOUR PRIVACY

Some of the personal information you are requested to provide is required to establish and maintain your membership in FuturePlus Super while other information is required under Australian Government Anti-Money Laundering and Counter-Terrorism Financing measures.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. The policies adopted by the Trustee in order to comply with these principles are set out in a Privacy Policies document available on request from Member Services or on the Fund's website at [www.futureplussuper.com.au](http://www.futureplussuper.com.au)

### TRUSTEE INFORMATION

Please note that the information contained in this document is of a general nature only and is not for personal advice and has not taken into account your personal objectives, financial situation or needs. Any advice in this document is provided by Chifley Financial Services Limited (ABN 75 053 704 706), as an Australian Financial Services Licensee (AFSL 231148). Chifley Financial Services Limited is an APRA Registrable Superannuation Entity Licensee (RSEL: L0001120) and the trustee of FuturePlus Super (ABN 76 829 356 693). FuturePlus Super is a Registered Superannuation Entity (RSE: R1004366). Chifley Financial Services Limited is co-owned by the Local Government Superannuation Scheme, the Energy Industries Superannuation Scheme and Unions NSW.

Members should not rely solely on this information and should consider their own personal objectives, financial situation and needs before acting on this information. Prior to making any decision you should obtain and consider the relevant Product Disclosure Statement (PDS) pertaining to your membership.

### Where to send this form/enquiries

FuturePlus Super

PO Box N835

Grosvenor Place NSW 1220

website: [www.futureplussuper.com.au](http://www.futureplussuper.com.au)

Phone: 1800 067 059

(8.30 am – 5.00 pm Mon – Fri)

enquiries: [info@futureplussuper.com.au](mailto:info@futureplussuper.com.au)

**DO NOT FAX THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED**

