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# Binding Death Nomination Form – Super

## Who will get your super if you die?

In the event that you die without a valid reversionary beneficiary nomination or a valid reversionary beneficiary nomination or a valid binding death benefit nomination in place, Equity Trustees Superannuation Limited (the Trustee of Crescent Wealth Superannuation Fund) will be required to exercise its discretion and either pay your entire death benefit to your estate or decide on payment of your death benefit to any one or more of your Dependants.\*

A binding death benefit nomination is a binding direction from you to the Trustee to pay any death benefit to your estate or to one or more Dependants nominated by you and in the proportions that you have specified. If you make a binding death benefit nomination and it is still valid and in effect at the event of your death, the Trustee will be bound to follow it and pay your death benefit to your estate or the Dependants you have nominated and in the proportions specified by you.

## Completing the form

To make a binding death benefit nomination in the Crescent Wealth Superannuation Fund you must:

- >> Complete this form in full and sign and date it in the presence of two witnesses. The witnesses must be at least 18 years of age and neither of them can be nominated within this form. Each witness must also sign and date the form on the same date you signed the form in Step 4.
- >> Only nominate someone who is your Dependant\* and/or legal personal representative (of your estate).
- >> Ensure you clearly specify the percentage of your benefit that you wish to allocate to each person and that the total allocation equals 100%.
- >> Return the form to Crescent Wealth Superannuation Fund.

**Note:** The form must be received prior to your death. Once properly made, your nomination replaces any previous nomination you may have made, whether of preferred beneficiaries or a binding death benefit nomination.

**Note:** If you wish to revoke an existing binding death benefit nomination and not make a further nomination you need only complete Steps 1, 3 and 4 of this form, leaving Step 2 blank.

## What you should know about binding death benefit nominations

You can change your binding death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date. A binding death benefit nomination will be invalid if:

- >> it is not made using this *Binding Death Benefit Nomination Form*,
- >> this *Binding Death Benefit Nomination Form* has not been properly completed (for example, the nominated proportions are not clear or do not equal 100%, or the form has not been signed and witnessed correctly),
- >> at the time of your death, one or more of the persons nominated by you have died or is not your Dependant\* or legal personal representative,
- >> you were legally incapable of making the nomination, or
- >> the trustee is legally restrained or prohibited from paying your benefit payout to one or more of the persons nominated by you.

Binding death benefit nominations cease to have effect after a period of three years from the date you sign your nomination, unless revoked by you earlier. It would also cease to have effect if you are subject to a Court Order at the time of your death, that prohibited you from making a binding death benefit nomination or required you to amend or revoke a nomination, or if (and for so long as) the Trustee is prevented from paying out your death payout in accordance with your nomination due to Family Law.

## If you need help

For assistance or to access the Privacy Policy and your personal information call us on **1300 926 626**.

\* A Dependant has a special meaning for superannuation purposes and refers to person who fall into one of the classes of relationship listed in Step 2 of the attached form.

# Crescent Wealth Superannuation Fund Binding Death Benefit Nomination Form

## What's this form for?

You should use this form if you want to make a Binding Death Benefit Nomination.

### A few tips for you

- Make sure you complete all relevant sections before sending us this application, otherwise we may not be able to process it
- Don't forget to include signature where required.

## If you need help

Call us Monday to Friday 9am to 6pm (AEST) on **1300 926 626** if you have any questions. We're here to help.

## Step 1 - Your current personal details

\* This section must be completed in full.

Member Number	<input type="text"/>	Date of birth	<input type="text"/>	Age	<input type="text"/>	Gender	Male <input type="radio"/> Female <input type="radio"/>
Mr / Mrs / Ms / Miss / Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>						
Surname	<input type="text"/>						
Residential Address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from above)	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime telephone	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>						

## Step 2 - Death benefit nomination details

Please mark the appropriate box. Complete the table if you are making a new nomination or amending an existing nomination.

I would like to make a Binding Death Benefit Nomination that will revoke and replace any existing nomination. Please complete this section and Section 3. Note that Section 3 requires your signature and the signatures and personal particulars of two witnesses;

OR

I would like to revoke and not replace my existing Binding Death Benefit Nomination. Go to Section 3 and sign and date at 'member signature'. No witnesses are required.

Important:

- Please record details for each nominated beneficiary in the section below and ensure that the total of your nominations equals 100%.
- Only those people listed in the Relationship section may be nominated as your beneficiaries.
- Please attach an additional page if you wish to nominate more than 3 beneficiaries

In the event of my death, I nominate that my death benefit be paid as follows:

### Name of First Nominee

Relationship to you\*\* (Select one option only)

Spouse/de facto  Child  Financial Dependant  Interdependency Relationship  Legal Personal Representative

Address\*

  

Date of birth\*  /  /   Male  Female  Proportion of payout^   %

### Name of Second Nominee

Relationship to you\*\* (Select one option only)

Spouse/de facto  Child  Financial Dependant  Interdependency Relationship  Legal Personal Representative

Address\*

  

Date of birth\*  /  /   Male  Female  Proportion of payout^   %

### Name of Third Nominee

Relationship to you\*\* (Select one option only)

Spouse/de facto  Child  Financial Dependant  Interdependency Relationship  Legal Personal Representative

Address\*

  

Date of birth\*  /  /   Male  Female  Proportion of payout^   %

^ decimals are not permitted and nominations must total 100%.

\* mandatory

\*\* must be a dependant or be your legal personal representative (or the executor of your will). A dependant is defined as:

- your spouse (including de-facto and same-sex)
- your children including step-children and adopted children, and
- any other person who the Trustee considers is wholly or partially dependent on you at the time of death, and
- any person you have an interdependency relationship with. Two people have an interdependency relationship if:
  1. they have a close personal relationship;
  2. they live together;
  3. one or each of them provides the other with financial support; and
  4. one or each of them provides the other with domestic support and personal care. An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

## Your Privacy

The Crescent Wealth Superannuation Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1300 926 626**.

Our Privacy Policies are available to view at [www.crescentwealth.com.au/privacy](http://www.crescentwealth.com.au/privacy) or you can obtain a copy by contacting us on **1300 926 626**.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 926 626** or write to our Privacy Officer, GPO Box 4650 Melbourne VIC 3001.

## Step 3 – Sign the form

By signing this form:

- I understand that this Binding Death Benefit Nomination will only be valid if:
  - at the date of my death, each of the beneficiaries listed on this form is a person I can nominate, as listed in the Relationship section above; and
  - it is signed by me in the presence of two witnesses, who are 18 years of age or older, and who are not listed as beneficiaries on this form.
- I understand that:
  - this Binding Death Benefit Nomination Form is only valid and effective for up to three years from the date it is signed or last confirmed, and that it must be received by Crescent Wealth Superannuation Fund before my death;
  - my beneficiaries and I will be bound by the provisions of Crescent Wealth Superannuation Fund's Deed;
  - I can amend or revoke this Binding Death Benefit Nomination at any time by completing a new Binding Death Benefit Nomination Form and returning it to Crescent Wealth Superannuation Fund;
  - the Binding Death Benefit Nomination binds the Trustee to distribute my benefit as I have specified, unless the binding nomination is invalid or Superannuation Law requires otherwise. Where the nomination is invalid, I understand that the Trustee may exercise its own discretion in determining the beneficiaries of my death benefit under Crescent Wealth Superannuation Fund's Trust Deed;
  - Crescent Wealth Superannuation Fund accepts no responsibility for either the correct nomination of beneficiaries or the completion of this form.

### IMPORTANT

You must sign and date this form in the presence of two witnesses who must also sign and date this form on the same day as you. Your witnesses must be over the age of 18 and must not be beneficiaries nominated on this form.

Signature

Date   /   /    This MUST be the same date as the form is witnessed.

## Step 4 – Witness

WITNESS ONE (INSERT FULL NAME)

I,  declare that the member signed this Binding Death Benefit Nomination Form in my presence. I am over 18 years of age and I am not listed as a beneficiary on this form.

Signature  X Date   /   /

WITNESS TWO (INSERT FULL NAME)

I,  declare that the member signed this Binding Death Benefit Nomination Form in my presence. I am over 18 years of age and I am not listed as a beneficiary on this form.

Signature  X Date   /   /

## Checklist

To make a valid binding nomination, you must complete each step below. Please tick each step as you complete it to make sure you submit a valid nomination.

- Provide the full name/s and date/s of birth and relationship to you of your nominated beneficiaries.
- Clearly state the percentage of the benefit to be paid to each nominee and make sure the percentages add up to 100%. For example, if you split between 3 people, you may wish to show the percentages as 33%, 33% and 34%.
- Sign and date the nomination in the presence of two witnesses, who are 18 years of age or older (and who are not nominated as beneficiaries).
- The two witnesses must also complete and sign the witness declaration on the same day that you sign the form.
- Send the nomination to Crescent Wealth Superannuation Fund, GPO Box 4650 Melbourne VIC 3001. It will only become effective once we receive it, and if all the above steps have been correctly completed.

### Return the completed form to:

Crescent Wealth Superannuation Fund  
GPO Box 4650 Melbourne VIC 3001

Call us on **1300 926 626** (Mon to Fri 9am to 6pm (AEST)) if you have any questions.