

# Prime Super Binding Nomination of Beneficiaries

You should use this form if you want to make a binding death benefit nomination. For more information about nominating beneficiaries, please read the Product Disclosure Statement. This nomination does not apply to any income stream account that you may set up with Prime Super. You must complete an Income stream nomination of beneficiaries form if you wish to nominate beneficiaries in respect of an income stream account.

Refer to Explanatory notes on page 4 for important information about completing this form.



Part of your Community

**Prime Super**  
ABN 60 562 335 823  
RN 1000276

**Trustee**  
Farm Plan Pty Limited  
ABN 81 067 241 016  
AFSL 219723  
RSE L0000277

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM (SAMPLE LETTERS)

A | B | C | D

## Section 1 - Personal Details

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Membership Number

Surname

Given Names

Street Address / RMB / PO Box

City / Town / Shire

Phone Number (BH)

Phone Number (AH)

Mobile

Email (UPPER and lower case where applicable)

Date of Birth

Gender

Male  Female

State

Postcode

Facsimile

## Section 2 - Death Benefit Nomination Details

Please  cross the appropriate box. Complete Beneficiary Section/s (1-5) 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 the signature box at the bottom of page 2. No witnesses are required.

### IMPORTANT

- Please record details for each nominated beneficiary. Please ensure the total of all percentages adds to 100%.
- Only people who are eligible to be beneficiaries, as shown on page 4 of this form, may be nominated as your beneficiary(ies).

### Beneficiary One

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Relationship to You? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)

Percentage of Benefit

 %

### Beneficiary Two

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Relationship to You? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)

Percentage of Benefit

 %

## Section 2 - Death Benefit Nomination Details (Continued)

### Beneficiary Three

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Relationship to You? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)

Percentage of Benefit

 %

### Beneficiary Four

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Relationship to You? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)

Percentage of Benefit

 %

### Beneficiary Five

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Relationship to You? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)

Percentage of Benefit

 %

• Decimals are NOT Permitted and Nominations MUST TOTAL  % Total Percentage of Benefit =  %

## Section 3 - Member and Witness Declarations for Binding Nominations

Please read this declaration before you sign and date your binding death benefit nomination.

- I have read and understood the information in the Product Disclosure Statement.
- 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 explained on page 4; 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 Prime Super before my death;
  - my beneficiaries and I will be bound by the provisions of Prime Super;
  - I can amend or revoke this binding death benefit nomination at any time by completing a new Binding nomination of beneficiaries form and returning it to Prime Super;
  - 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 any death benefit under Prime Super;
  - Prime Super accepts no responsibility for either the correct nomination of beneficiaries or the completion of this form.

**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.**

Print Full Name

Signature

Date

**This MUST be the same date as the date the form is witnessed.**

### Section 3 - Member and Witness Declarations for Binding Nominations (Continued)

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.

#### Witness One

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Street Address / RMB / PO Box

City / Town / Shire

State

Postcode

Phone Number (BH)

Phone Number (AH)

Mobile

Facsimile

Email (UPPER and lower case where applicable)

Signature

Date

**This MUST be the same date as the form signed by Member.**

#### Witness Two

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Date of Birth

Given Names

Gender

Male  Female

Street Address / RMB / PO Box

City / Town / Shire

State

Postcode

Phone Number (BH)

Phone Number (AH)

Mobile

Facsimile

Email (UPPER and lower case where applicable)

Signature

Date

**This MUST be the same date as the form signed by Member.**

## Section 5 - Explanatory notes

### Binding death benefit nominations

If you want certainty about who will receive your benefit when you die, you can make a binding death benefit nomination which (if valid and subject to superannuation law) binds the Trustee to pay your death benefit according to your wishes.

A binding death benefit nomination can affect your estate planning, so please consider your options and circumstances carefully, and seek help from a licensed or authorised financial adviser before making or altering a binding death benefit nomination.

While you may nominate more than one person, the people you nominate must be one or more of the following at the time the Trustee pays the benefit:

- your current spouse or de facto
- your children, including step, adopted and ex-nuptial children
- any person/s financially dependent on you
- your legal personal representative – the executor or administrator of your estate
- a person in an interdependent relationship with you.

**To make a valid binding nomination, you must complete each step below.**

Please cross  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 (if you nominate your estate, record "legal personal representative").
- 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 **Prime Super, Locked Bag 2229, Wollongong NSW 2500**. It will only become effective once we receive it, and if all the above steps have been correctly completed.

## Further information

If you need to make a more detailed nomination, please prepare a letter which meets all the conditions in the checklist.

### Please note:

- this binding death benefit nomination will override any existing binding or non-binding death benefit nomination.
- a binding death nomination is valid for up to three (3) years after the day it was first signed, or last confirmed or amended.

Please consider your options and circumstances carefully and seek help from a licensed financial adviser before making or altering a death benefit nomination.

## Privacy notice

The information you provide in this form is collected by and held for Prime Super by the fund administrator, Pillar Administration, in accordance with the National Privacy Principles of the Commonwealth Privacy Act.

### For further Information about Privacy:

Please phone Customer Service on 1800 675 839 or visit [www.primesuper.com.au](http://www.primesuper.com.au) to view the Privacy Policy.

### Please send this completed form to:

Prime Super  
Locked Bag 2229  
Wollongong, NSW 2500

**If you have any enquiries please call Customer Service on 1800 675 839 between 8:00 am and 10:00 pm AEST from Monday to Friday for the cost of a local call (unless calling from a mobile or pay phone).**