

Change of nominated beneficiary form

Please complete this form if you wish to make, revoke or amend an existing death benefit nomination.

Fund name

Fund number

Member account number

Title

Surname

Given name(s)

Section 1: Nominated dependant(s)

In the event of your death, your accumulated benefits must be paid either:

- to your legal personal representative or
- directly to the dependant/s nominated by you (provided the beneficiary is a dependant at the time of your death or as superannuation law permits).

Please specify (✓) one of the two options for the accumulated balance of your Private Super Fund account upon your death:

I wish my accumulated balance at my death to be paid to my legal personal representative (my estate)

or

I wish my accumulated balance at my death to be paid to my nominated dependants below.

A 'dependant' as defined under superannuation law includes a spouse, a child (of any age) or person with whom you share a relationship of interdependency.

Generally, two persons will have a relationship of interdependency if they have a close personal relationship and live together and if one or each of them provides the other with financial support and one or each of them provides the other with domestic support and personal care.

Beneficiary's surname

Beneficiary's given name(s)

Beneficiary's date of birth

 / /

Relationship of beneficiary to the member

Percentage of benefit (%)

 . %

Beneficiary's surname

Beneficiary's given name(s)

Beneficiary's date of birth

 / /

Relationship of beneficiary to the member

Percentage of benefit (%)

 . %

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Beneficiary's surname

Beneficiary's given name(s)

Beneficiary's date of birth

 / /

Relationship of beneficiary to the member

Percentage of benefit (%)

 . %

Section 2: Financial adviser details

Financial adviser's dealer group

Financial adviser's name

Financial adviser's contact number

Section 3: Member declaration and signature

I understand that:

- the nomination I have made above replaces my existing arrangements
- the trustee may not rely upon this nomination if it is incomplete or incorrect.

Member's signature

Date

 / /

Please return to Australian Executor Trustees Limited by:

Fax 1800 781 166

Email forms@aetlimited.com.au

or Post Australian Executor Trustees Limited
Administration Services
GPO Box 546
Adelaide SA 5001

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