



Phone: 1300 754 748

NOMINATION OF BENEFICIARY: BINDING

Instructions: Please fill in Sections 1 and 2 on your device and print this form.
Once you and your witnesses have signed Sections 3 and 4 please email a scanned copy of the form to support@raizinvest.com.au
This form can also be used to cancel your beneficiary nomination. See section 2c

Member number _____

1. PERSONAL DETAILS

Title _____ First name* _____ Middle name _____

Last name* _____ Date of birth (DD/MM/YYYY)* _____ Gender* M F

Street Address/PO Box* _____

Suburb/Town* _____ State* _____ Postcode* _____ Home phone number _____

Personal email address _____ Mobile phone number* _____

2. YOUR BENEFICIARIES

2A I'd like to nominate the individual(s) listed below:

First name*	Last name*	Date of birth (DD/MM/YYYY)*	Relationship*	Portion of benefit*
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	_____ %
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	_____ %
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	_____ %
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	_____ %

2B I'd like to nominate the executor or administrator of my estate (my Legal Personal Representative). Portion of benefit* _____ %

Total must equal 100% or all of the nominations will be invalid. You may nominate a percentage up to two decimal places. **Must add up to TOTAL 100.00%**

2C I'd like to cancel my current binding death benefit nomination Note: ticking this box will cancel your current nomination and add any new nominations if you have requested and provided details in 2A or 2B.

You and your witnesses MUST all sign. Please continue over page.

2. YOUR BENEFICIARIES continued

Important information

Instructions – Fully complete all sections and return this form to the above address

- Please ensure all sections are fully completed.
- A valid binding nomination means that you will decide who is to get your benefit when you die and in what proportions.
- In completing the proportions of benefits, your nominations must add up to 100%.
- This binding nomination is valid for three years from the date it is signed, unless revoked earlier.
- If you have revoked and not made a new binding nomination, or you have not confirmed or made a new nomination after the three year period has expired, then payment of your death benefit will be subject to Trustee discretion.
- When you sign this binding nomination, your signature must be personally witnessed by two people aged 18 years or over who are not nominated beneficiaries for your benefit.
- A non-binding nomination will not override a current valid binding nomination. A binding nomination must be revoked before a non-binding nomination can take effect.
- You can nominate a dependant or legal personal representative (eg executor of your Will) or a combination of both. Please refer to Super FAQ on our website for more info.

3. Member authorisation You MUST sign in front of two witnesses

I acknowledge and have read the Member authorisation below.

- A valid binding death benefit nomination will be binding on the Trustee for this member number only,
- I have read and understood the Important information in this form,
- this nomination becomes effective upon acceptance by the Trustee and will remain in effect for 3 years from the date it was first signed, or last confirmed or amended,
- I may at any time revoke this nomination by completing a new form,
- by signing this form I consent to the handling of my personal information,
- it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes, and
- this form overrides any previous death benefit nomination for this member number.

Member to sign here*
(Power of Attorney not accepted)

X

Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

4. Witness declaration This form must be signed and dated by both witnesses on the same day as the member.

Witness 1

Witness 1 (please print your full name)* **Witness 1, to sign here***

Date (DD/MM/YYYY)*

X

I declare that:

- The member signed and dated binding death benefit nomination form in my presence.
- I am over 18 years of age.
- I am not listed as a beneficiary on this form.

Witness 2

Witness 2 (please print your full name)* **Witness 2, to sign here***

Date (DD/MM/YYYY)*

X

I declare that:

- The member signed and dated binding death benefit nomination form in my presence.
- I am over 18 years of age.
- I am not listed as a beneficiary on this form.

Please return the form to support@raizinvest.com.au