

## Nominating your beneficiaries

### Who will get your super if you die?

To nominate how you would prefer your benefit to be paid in the event of your death, please first read the information in the Product Disclosure Statement. You can use this form to make or change a binding or non-binding nomination, you can also make or change a non-binding nomination using Member Online.

### If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to [anzstaffsuper.com](http://anzstaffsuper.com).

Step 1 – Complete your personal details				Please print in black or blue pen, in uppercase, one character per box.	
Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Ms <input type="radio"/>	Miss <input type="radio"/>	Other <input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>				
Surname	<input type="text"/>				
Postal address	<input type="text"/>				
Suburb	<input type="text"/>			State	Postcode
Daytime Telephone	<input type="text"/>		Mobile	<input type="text"/>	
E-mail	<input type="text"/>				
Membership number	<input type="text"/>				
Membership Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Employee Section	Employee Section C	Personal Section	Partner Section	

Continued over

Please return your completed form to:  
**ANZ Staff Super**  
**GPO Box 2139**  
**Melbourne VIC 3001**

# Step 2 – Nominate your beneficiaries\*

Please complete one Option only.

If you wish to:

- nominate a Dependant# as your beneficiary please complete **Option A** then proceed to **Step 3**.
- to nominate that 100% of your benefit is paid to your legal personal representative (your estate) please complete **Option B**.

## Option A

Please list the Dependents (as defined on the following page) you wish to nominate below and indicate the percentage of your benefit you wish to allocate to each person listed (please attach an additional page if you wish to nominate more than four beneficiaries). **Please ensure that the percentages add up to 100%.** After completing **Option A** proceed to **Step 3** to indicate whether you'd like this nomination to be non-binding or binding.

Name of first nominee

Relationship to you# (Select one option only)

Spouse  Child  Financial Dependant  Legal Personal Representative  Interdependency Relationship

Address\*

Date of birth\*  /  /  Proportion of payout    %

Name of second nominee

Relationship to you# (Select one option only)

Spouse  Child  Financial Dependant  Legal Personal Representative  Interdependency Relationship

Address\*

Date of birth\*  /  /  Proportion of payout    %

Name of third nominee

Relationship to you# (Select one option only)

Spouse  Child  Financial Dependant  Legal Personal Representative  Interdependency Relationship

Address\*

Date of birth\*  /  /  Proportion of payout    %

Name of fourth nominee

Relationship to you# (Select one option only)

Spouse  Child  Financial Dependant  Legal Personal Representative  Interdependency Relationship

Address\*

Date of birth\*  /  /  Proportion of payout    %

**TOTAL**    **1 0 0** %

## Step 2 – Nominate your beneficiaries (continued)

### Notes:

\* Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.

# The persons you nominate must be your 'Dependant' or legal personal representative (that is, the executor or administrator of your estate).

'Dependant' is defined as:

- your spouse – whether by marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners);
- your children including step-children, adopted children and your spouse's children;
- any other person who the Trustee considers is wholly or partially dependent on you at the time of death; or
- any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
  1. they have a close personal relationship;
  2. they live together; and
  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.

### Option B

I would like all (100%) of my benefit paid to my estate

Any amounts paid to your legal personal representative would be distributed according to your Will, or if you don't have a Will, according to the laws of the State in which you resided at the date of your death.

Go to **Step 3** and tell us whether you'd like this nomination to be non-binding or binding.

## Step 3 – Type of nomination

**Choose either a non-binding or binding nomination. Please tick one option only and complete the relevant details for that option.**

### Option 1 – Non-binding nomination

By signing below I declare that I have read this section and understand that:

- the nominations I have made on this form are not binding on the Trustee and the Trustee is not obliged to pay a death benefit to the dependant(s) I nominate
- the Trustee cannot consider a nomination unless it is in favour of my spouse, my children, a person who is financially dependent on me and/or a person who is my dependant under superannuation law
- if a nominated beneficiary does not survive me, his/her share of the benefit may be paid, at the discretion of the Trustee, to my estate or to my other dependants.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

X

/   /

### Option 2 – Binding nomination

By signing below I declare that I have read this section and understand that:

- my nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- my nomination in this form will be invalid if:
  - it has not been completed correctly, or completed prior to my admission to membership of ANZ Staff Super
  - the persons nominated or my Dependants and/or legal personal representative at the time of my death are no longer alive
  - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
- my nomination in this form will expire and cease to have effect:
  - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
  - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
  - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

## Step 3 – Type of nomination (continued)

Signature

X

Date

/   /

**Witness One** (insert full name)

I confirm that I am at least 18 years of age, am not a person nominated in **Step 2** of this form and that the member named has signed this form in my presence.

Signature

X

Date

/   /

I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

**Witness Two** (insert full name)

I confirm that I am at least 18 years of age, am not a person nominated in **Step 2** of this form and that the member named has signed this form in my presence.

Signature

X

Date

/   /

I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian Administration Services Pty Limited (ABN 62 003 429 114) which forms part of the Link Group of companies, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas (in particular, its related entity Link Administration Private Limited (India)) as part of the day-to-day provision of administration or ancillary services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super  
 Mail: GPO Box 2139  
 Melbourne VIC 3001  
 Phone: 1800 000 086  
 Fax: (02) 9287 0320  
 Email: enquiry@anzstaffsuper.com

The Trustee's Privacy Policy Statement is available on ANZ Staff Super's website [anzstaffsuper.com](http://anzstaffsuper.com) or by calling us on **1800 000 086**. You can also access the administrator's privacy policy on our website.