

Date Stamp (Internal Office Use Only)



wa super

Change in nominated beneficiary

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an



SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr	Mrs	Miss	Ms	Dr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

First name/s

Female	Male	Date of Birth					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	D	M	M	Y	Y

Street address

Suburb/town

State

Postcode

Postal address (if different to street address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

Would you like to receive all communications and documents electronically (where legally possible)?

Yes No

SECTION 2 - CHANGE OF BENEFICIARY

If you wish to change a beneficiary, please complete the following section. Please refer to the Product Disclosure Statement for further information.

If there is insufficient space, please attach a separate sheet. Your percentage split across beneficiaries must total 100%.

Last name

First name/s

Relationship to you

% of benefit

SECTION 3 - ACKNOWLEDGEMENT AND DECLARATION

In signing this form I declare that:

- I understand that in completing and signing this form that any previous details will be replaced by the new details on this form.
- I understand that this nomination is not binding on the Trustee and in the event of my death while a member of the Fund, the Trustee has the discretion to pay a death benefit to one or more of my eligible dependants and any legal personal representative(s) to form part of my estate. (While the Trustee will exercise its discretion in deciding who is eligible to receive this benefit, your wishes will be taken into consideration. Please refer to the Product Disclosure Statement for further information).
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Trust Deed and Rules in all respects.
- The percentage split adds up to 100%.

Signature

Date