

# Binding Death Benefit Notice to Trustee

For assistance and enquiries: Ph 132 467

Please send this completed form to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**



**If you are completing this form by hand, please write in BLOCK letters using a BLUE or BLACK pen. This request will be invalid if it is unsigned or undated.**

## 1: Member details

Intrust Super Member Number

Mr/Mrs/Ms/Miss Surname

Given Names

Telephone (Home)

Mobile

Date of Birth (DDMMYYYY)

Email

### POSTAL ADDRESS

Street number/PO Box

Street name

Suburb/Town

State

Post code

## 2: Information about Binding Death Benefit Notice

### Who should complete this form?

This form should only be completed by Members who wish to instruct the Trustee to pay their death benefit to particular persons. When completed correctly and valid upon the death of the member, this form has the effect of binding the Trustee to pay the person[s] nominated. If the nomination expires or is invalid upon the death of the member, the Trustee will retain an absolute discretion as to how to distribute the death benefit.

In order for this notice to be valid, this form is to be completed in full, and the allocation of the death benefit among nominees must be clear.

### Who can I nominate?

Each death benefit nominee must be a legal personal representative or a dependant. A 'dependant', includes a spouse, any child and any other person with whom you have an interdependency relationship.

Spouse of a person includes:

1. another person to whom you are married, or
2. a person which whom you are in a de facto relationship [whether you are of the same sex or different sex], or
3. another person with whom you are in a relationship that has been registered under State or Territory law

Child includes an adopted child, step child, exnuptial child of you, a child of your spouse and someone who is a child within the meaning of the Family Law Act 1975.

A 'child' includes an adopted child, a stepchild or an ex-nuptial of you.

An adopted child means a person legally adopted by you.

An interdependency relationship exists if generally there is a close personal relationship, the two persons live together, 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. Should you have any questions on interdependency relationships please contact call Intrust Super on 132 467.

### When does this notice expire?

This notice ceases to have effect three [3] years after the date on which it was first signed, last confirmed or last amended by you.

You can confirm, amend or revoke your binding death benefit notice at any time. Any notice amending or revoking must:

- [a] be in writing; and
- [b] be signed, and dated, by you in the presence of 2 witnesses that are 18 years of age or older; and neither of whom is a person mentioned in the notice; and
- [c] contain a declaration signed, and dated, by the witnesses stating that the notice was signed by the member in their presence.

If you wish to confirm a previous notice, you can do so by simply sending a notice in writing that is signed and dated. This does not need to be witnessed and must be received by Intrust Super before the expiry of a previous notice.

### What if I need more information?

If you do not understand the information contained in this form or if you have any questions, please do not hesitate to phone Intrust Super on 132 467 before completing and submitting this form.

### 3. Beneficiary(ies) details

[If you have more than 6, please photocopy this form]

Beneficiary name:

Relationship to you: [e.g. wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [e.g. wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [e.g. wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [e.g. wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [e.g. wife, son]

Portion of benefit:

%

Beneficiary name:

**YOUR ESTATE AS PER WILL**

Relationship to you: [e.g. wife, son]

Portion of benefit:

%

**LEGAL PERSONAL REPRESENTATIVE**

Please ensure your nominations are in whole numbers and add up to 100%.

Total of benefit

**1 0 0**%

### 4. Member declaration

#### I declare that:

- I have received and understand all information that I reasonably require to make an informed decision on the making of a binding death benefit notice;
- I have signed and dated this notice in the presence of two witnesses aged 18 years or older, neither of whom is a nominee;
- Each nominee is a legal personal representative or a dependant of mine;
- I understand that this notice will expire 3 years after the date I first sign my notice, last confirm or last amend my nominations;
- I understand that if my binding nomination is not witnessed correctly, my nomination will become a preferred nomination until I provide a validly witnessed form.

Member name

Member signature

Date [DDMMYYYY]

**Must be signed and dated in the presence of two witnesses.**

### 5. Witness declaration

#### I declare that:

- I have read and understand all information that I reasonably require to be a witness to this notice;
- I am 18 years of age or older;
- This notice was signed by the above person in my presence;
- I am not nominated as a beneficiary in this notice.

Witness 1 name

Witness 2 name

Witness 1 signature

Witness 2 signature

Date [DDMMYYYY]

Date [DDMMYYYY]

**Must be signed and dated in the presence of the member.**