

NOMINATION OF BENEFICIARIES FORM

Complete this form to make a non-binding or a non-lapsing binding nomination in relation to your Simple Choice Super account. You can also use this form to change or cancel an existing nomination.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

Section 1 Personal Details

Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Member Number	<input type="text"/>				
Date of Birth	<input type="text"/>				
Mobile Phone Number	<input type="text"/>				
Email Address*	<input type="text"/>				
Residential Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

Section 2 Important Information about Nominating Beneficiaries

Non-binding nomination

A non-binding nomination is a written request made by you that suggests to the Trustee the beneficiaries that may receive your benefit (being your account balance and any applicable insurance proceeds) in the event of your death whilst a member of Simple Choice Super. **The Trustee must consider your nomination but is not bound to follow it.** The Trustee has the discretion to pay to any one or more of your dependants or your Legal Personal Representative.

Non-lapsing binding nomination

A non-lapsing binding nomination is a legally binding instruction the Trustee on the beneficiaries that should receive your benefit (being your account balance and any applicable insurance proceeds) in the event of your death whilst a member of Simple Choice Super. **So long as the nomination itself is valid, the Trustee is bound to follow it.** In the event that the non-lapsing binding nomination is found to be invalid, it will be treated as a non-binding nomination.

Who can you nominate?

You can nominate your legal personal representative, or one or more of your dependants or persons with whom you have an interdependency relationship, as your beneficiaries.

Interests in Simple Choice Super are issued by Diversa Trustees Limited (ABN 49 006 421 638, AFS Licence No. 235153, RSE Licence No. L0000635) as trustee of the Grosvenor Pirie Master Super Fund - Series 2 (ABN 32 367 272 075, RSE Registration R1001204). Simple Choice Super is a sub-plan of GPMSF-2 which is marketed under two brands – Simple Choice Super and Slate Super.

How long does your nomination last?

Your nomination lasts unless or until you amend or revoke it. You can amend or revoke your nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up to date.

Once properly made, your nomination replaces any previous nomination you may have made. We will write to you and confirm any new, amended or cancelled nomination. We will confirm your current nomination details each year as part of the information provided in your Annual Statement.

Dependant

A dependant is:

- (a) The spouse of the person (including a qualifying de-facto spouse of the same or opposite sex), any child of the person, and any person with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of their death); or
- (b) Any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of their death) wholly or partially dependent on the person for maintenance or support.

Interdependency

Two persons have an interdependency relationship if:

- (a) They have a close personal relationship; and
- (b) They live together; and
- (c) One or each of them provides the other with financial support; and
- (d) One or each of them provides the other with domestic support and personal care.

Two people will also have interdependency if they have a close personal relationship but do not satisfy the other requirements of an interdependency relationship because either or both of them suffer from a physical, intellectual or psychiatric disability.

Section 3 Nomination Options

Please select **one** of the following nomination options:

- Non-lapsing binding nomination
- Non-binding nomination

Section 4 Beneficiary Details

If you would like your benefit to be paid to your estate and distributed in accordance with your Will, please tick the Legal Personal Representative option. Otherwise, please complete the details of the people you would like your benefit to be paid to, as well as the percentage of the benefit they should receive. **The total must add to 100%.**

If you need to nominate more than 5 beneficiaries, please include more than one copy of this page.

- Legal Personal Representative**

Beneficiary 1

Full Name	Date of Birth	Relationship to You*	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Mobile Phone Number		
<input type="text"/>	<input type="text"/>		

* Please select from: Spouse, Child, Financial Dependant, or Interdependency Relationship.

Beneficiary 2

Full Name	Date of Birth	Relationship to You*	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Mobile Phone Number	
<input type="text"/>		<input type="text"/>	

Beneficiary 3

Full Name	Date of Birth	Relationship to You*	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Mobile Phone Number	
<input type="text"/>		<input type="text"/>	

Beneficiary 4

Full Name	Date of Birth	Relationship to You*	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Mobile Phone Number	
<input type="text"/>		<input type="text"/>	

Beneficiary 5

Full Name	Date of Birth	Relationship to You*	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Mobile Phone Number	
<input type="text"/>		<input type="text"/>	

TOTAL BENEFIT 100%

* Please select from: Spouse, Child, Financial Dependand, or Interdependency Relationship.

Section 5 Cancellation of Nomination of Beneficiaries

Only tick this box if you would like to remove any existing beneficiaries from your Simple Choice Super account and will not be making a new nomination at this time.

I would like to cancel my current death benefit nomination.

Section 6 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided are true and correct.
- I have read and understood the Simple Choice Super PDS and all related information applicable to beneficiary nominations.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
- I authorise the Trustee to update the details of my Simple Choice Super account as shown on this form.
- I understand that if this form is invalid or has not been received by the Trustee before I die, the Trustee may not pay my benefit to the people named in this form.
- I understand that it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
- I understand that this form overrides any previous death benefit nomination for this member number.

x

.....
Signature

...../...../.....
Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone 02 8556 7576 or email us at info@simplechoicesuper.com.au.

Section 7 Witness Declaration (only required for non-lapsing binding nominations)

Two witnesses must sign and date this declaration to ensure that your non-lapsing binding nomination is valid.

I declare that:

- I am 18 years of age or over;
- I am not a nominated beneficiary of this member; and
- This form was signed and dated by the member in my presence.

Signature of Witness 1

x

.....
Signature

...../...../.....
Date

.....
Print Name

...../...../.....
Date of Birth

Signature of Witness 2

x

.....
Signature

...../...../.....
Date

.....
Print Name

...../...../.....
Date of Birth