

Trustee:  
Diversa Trustees Limited  
ABN: 49 006 421 638  
AFSL: 235153  
Trustee No.: L0000635

## BINDING NOMINATION OF BENEFICIARIES FORM

Fund:  
ABN: 32 367 272 075  
USI: 32 367 272 075 159  
Fund Registration No.: R1001204

This is the form you fill out to make a **non-lapsing binding** death benefit nomination for your Cruelty Free Super account. You can also use this form to cancel your current nomination. In order for this nomination to be binding you must send us the completed form by post.

A non-lapsing binding death benefit nomination is a written direction to the Trustee that sets out the dependants and/or legal personal representative, as decided by a member, to receive his/her benefit in the event of the member's death. If a binding death benefit nomination is valid and in effect at the date of the member's death, the Trustee must pay your benefit to the beneficiaries nominated in the proportions set out in the member's binding death benefit nomination.

You can nominate a dependant, your legal personal representative or a person with whom you have an interdependency relationship as your beneficiary. If you nominate your legal personal representative it is important that you have a valid Will and keep it up to date, as the Trustee must pay your death benefit to your estate.

**Dependants** - 'Dependant' is defined as:

- (a) the spouse of the person, 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); and
- (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.

### **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 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 physical, intellectual or psychiatric disability.

You may confirm, amend or revoke your death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date.

To make a non-lapsing binding death benefit to Cruelty Free Super you must:

- Complete this form in full
- Only nominate someone who is your dependant and/or legal personal representative (of your estate)
- Ensure that you clearly specify the percentage of your super that you wish to allocate to each person and that the total allocation equals 100%.
- Ensure you sign and date the form in front of two witnesses, who must be over 18 years of age and not nominated as beneficiaries.

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 binding death benefit nomination details each year with your annual statement.



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A non-lapsing binding death benefit nomination will become invalid if:

- one of your beneficiaries dies before you do
- one of your nominated dependants is not a dependant at the time of your death, or
- you are no longer a member of Cruelty Free Super at the time of your death.
- the nomination was not made directly by you (it is the Trustee policy no to accept nominations through Power of Attorneys, or from anyone other than you)

If your nomination is invalid at the time of your death it will be treated as a non-binding nomination.

## Section 1 Personal Details

Title and Given Name (s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Phone Number	<input type="text"/>
Email address	<input type="text"/>	Member Number	<input type="text"/>

## Section 2 Your non-lapsing binding death benefit nomination

*I wish that any benefit payable out of the Fund in the event of my death, is paid to the beneficiaries in the following proportions:*

### First Nominee

Full given name(s)	<input type="text"/>		
Surname	<input type="text"/>	Date of birth	<input type="text"/>
% of death benefit	<input type="text"/>		

Relationship to you (*i.e. spouse, child, financial dependant, interdependency relationship*)

Postal address

  

Contact number

**Second Nominee**

Full given name(s)

Surname  Date of birth

% of death benefit

Relationship to you (*i.e. spouse, child, financial dependant, interdependency relationship*)

Postal address

Contact number

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**Third Nominee**

Full given name(s)

Surname  Date of birth

% of death benefit

Relationship to you (*i.e. spouse, child, financial dependant, interdependency relationship*)

Postal address

Contact number

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If more than three beneficiaries are to be nominated please include extra copies of this page.

Total nominations percentage

*Please note this nomination will be deemed invalid if the total percentage of nominated benefit does not total 100%*

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**OR** Tick here to cancel your current death benefit nomination and proceed to section 3.

I wish to cancel my current non-lapsing binding death benefit nomination



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**Section 3 Declaration and Authorisation**

By signing this form I declare that I have read this form and understand that:

- Cruelty Free Super has a privacy policy available from the Fund Administrator and that by signing this form I consent to the handling of my personal information
- I have read and understand the information in the Cruelty Free Super Product Disclosure Statements (PDS)
- I authorise the Trustee to change the details of my Cruelty Free Super account as shown on this form
- This non-lapsing binding nomination will be binding on the Trustee for this member number only
- I may revoke this nomination at any time by completing a new form
- That it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes
- That this form overrides any previous death benefit nomination for this member number.

I have read, understood and agree to the above declaration.

...../...../.....  
 Signature Date

.....  
 Print Name

**Witness Declaration**

I declare that the member signed and dated this non-lapsing binding nomination form in my presence. I am over 18 years of age and I am not listed as a beneficiary on this form.

...../...../.....  
 Signature (witness 1) Date

.....  
 Print Name

...../...../.....  
 Signature (witness 2) Date

.....  
 Print Name