

NOMINATION OF BENEFICIARIES FORM

This is the form you fill out to make a **non-binding** death benefit nomination for your Cruelty Free Super account. You may elect to make a Non-binding nomination of beneficiaries to whom your accrued Cruelty Free Super entitlements will be paid in the event of your death.

A non-binding nomination of preferred dependants is not binding on the Trustee, but will assist the Trustee in exercising its discretion. The Trustee will determine what proportion of your entitlements goes to one or more of your dependants or your legal representative on your death. Unless the Trustee decides to pay the benefits to your estate, your entitlements will not form part of your estate and will therefore not be subject to the terms of your will.

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 non-binding 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-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%.

Once properly made, your nomination replaces any previous nomination you may have made.

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

- It is completed prior to your admission to the fund
- It is not made using the required non-binding death benefit nomination form
- The non-binding death benefit nomination form has not been properly completed
- At the time of your death one or more of the persons nominated by you has died or is not your dependant or legal personal representative
- You were legally incapable of making the nomination; or
- The trustee is legally restrained or prohibited from paying your super benefit to one or more of the persons nominated by you.



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

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

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-binding death benefit nomination

Although I understand that the final decision will rest with the Trustee, I wish that any benefit payable 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*)

Residential address

Second 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*)

Residential address



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

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

Section 2 (Continued)

Third nominee

Full given name(s)

Surname Date of birth

% of death benefit

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

Residential address

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

Total nominations percentage

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



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

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

Section 3 Declaration and Signature

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

- The final decision will rest with the Trustee.
- I authorise the Trustee to change the details of my Cruelty Free Super account as shown on this form.
- The information provided within this form will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or legal representative at the time of my death. The information may be disclosed to the administrator, my employer, and other parties as required and I consent to the handling of my personal information in this way.
- This form revokes any prior non-binding death benefit nomination or nomination of preferred beneficiaries I may have had.
- By providing my email address, I consent and authorise Cruelty Free Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies.
- I understand there is a Privacy Policy available at the Grosvenor Pirie website
- I have read and understand the information in the Cruelty Free Super Product Disclosure Statements (PDS) and related documents.

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

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

.....
Print Name

Post the completed form to: Cruelty Free Super, GPO Box 263, Sydney, NSW 2001, or email to info@crueltyfreesuper.com.au