

# BINDING DEATH BENEFIT NOMINATION

Please write in blue or black pen.

This form can be used to make, update or cancel a Binding Death Nomination for your superannuation. This request will be invalid if unsigned.

When completed, please send to our Member Care Centre:

**Christian Super, Locked Bag 5073, Parramatta NSW 2124.**

## YOUR PERSONAL DETAILS

Mr/Mrs/Ms/Rev/Other Surname

Given Names

Date of Birth Member Number

### Postal Address

Street Number/PO Box

Street Name

Suburb/Town

State Postcode

## BENEFICIARY DETAILS

I wish to establish a binding death benefit nomination for my account with Christian Super. I understand that each beneficiary must be a dependant<sup>1</sup> or my legal personal representative. In the event of my death, my account with Christian Super is to be distributed as follows:

1. Name of Dependant

Spouse  Child  Dependant  Legal Representative % of Benefit

2. Name of Dependant

Spouse  Child  Dependant  Legal Representative % of Benefit

3. Name of Dependant

Spouse  Child  Dependant  Legal Representative % of Benefit

4. Name of Dependant

Spouse  Child  Dependant  Legal Representative % of Benefit

Check total 100%

Percentage must be in whole numbers.

Your total percentage of benefit nomination must add up to 100%.

It is your responsibility to inform your beneficiaries that you have provided Christian Super with their personal information.

You should refer them to the Christian Super privacy policy at [christiansuper.com.au](http://christiansuper.com.au)



## MEMBER DECLARATION

I hereby establish a binding death benefit nomination.

I understand that this binding nomination may be changed or revoked by me at any time by completing this form with amended details. This binding nomination will apply for three years from the date of signing, unless revoked. I have read and understood the Christian Super Privacy Policy.

I understand that Christian Super accepts no responsibility for an incorrect nomination, and that this nomination binds the Trustee of Christian Super to distribute my death benefits as listed, unless the nomination has expired or is invalid.

### Member's Signature

Date

## WITNESS DECLARATION

I confirm that this declaration was signed in my presence.

### Witness Signature

Date

Name

Address

### Witness Signature

Date

Name

Address



## Your Privacy

Christian Super is seeking to collect personal information from you so that we may record your binding death nominations. The personal information we are seeking to collect from you is your name, address, date of birth, contact details, your beneficiaries and their relationship to you.

We need to collect the requested personal information from you to record and give effect to your binding death benefit nomination. If you do not provide this, we will be unable to do so.

The Christian Super privacy policy is available on the Christian Super website at [christiansuper.com.au](http://christiansuper.com.au) and includes information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Christian Super usually discloses your personal information to our administrator, mail houses, insurer, Financial Advisors and the ATO. Please read this declaration before you sign and date your form.

• I understand that this binding death benefit nomination form is only valid if:

- the beneficiary/ies listed on this form are my spouse, child, dependant or legal representative, as stated in the definitions.
- it is signed by me in the presence of two witnesses who are 18 years of age or older and **not** listed as a beneficiary on this form
- my two witnesses and I sign and date this form at the same time; and
- my benefit nomination percentages total 100%.
- I understand that:
  - this binding death nomination is effective for three years from the date on which it is signed
  - it must be received by Christian Super before my death
  - my beneficiary/ies and I will be bound by the provisions of the Trust Deed
  - I can cancel or update a binding death benefit nomination at any time by completing a new binding death benefit nomination form
  - Christian Super accepts no

responsibility for an incorrect nomination or completion of this form.

- I have read the information about privacy on the Christian Super website [christiansuper.com.au](http://christiansuper.com.au) and the associated reference material available at [christiansuper.com.au](http://christiansuper.com.au) and I understand how my personal information might be used.

### Privacy declarations

- I have read and understood the Christian Super Privacy Policy
- I understand that it is my responsibility to inform my beneficiaries that I have provided their personal information to Christian Super and refer them to the Christian Super privacy policy at [christiansuper.com.au](http://christiansuper.com.au)

For more information on our Privacy Policy visit [christiansuper.com.au](http://christiansuper.com.au)

Return this completed form to Christian Super  
**Locked Bag 5073**  
**Parramatta NSW 2124**

For more info contact  
Ph 1300 360 907  
Fax 1300 367 828  
[helpdesk@christiansuper.com.au](mailto:helpdesk@christiansuper.com.au)  
[www.christiansuper.com.au](http://www.christiansuper.com.au)

Christian Super Pty Limited  
ABN 065 040 619 AFSL No. 244117  
as trustee of Christian Super  
ABN 66 628 776 348

<sup>1</sup> Dependant includes your spouse (including de-facto), child, adopted or anyone in an interdependency relationship with you.

<sup>2</sup> This nomination must be signed by two witnesses over the age of 18, who are not listed as beneficiaries.