

# \* Hunter United Super Choice Fund

Death benefit nomination - lump sum benefits only\*



Hunter United  
Since 1963

## Instructions

You should not complete this form unless you have received, read and understood the current Hunter United Super Choice Fund Product Disclosure Statement (PDS) and the Nomination of Beneficiaries fact sheet or the current Hunter United Super Choice Fund Pension Product Disclosure Statement (PDS).

- Black or blue pen please.
- Please use BLOCK letters.
- Please place an X in boxes where required.

### Please send your completed form to:

Hunter United Super Choice Fund,  
GPO Box 4559, Melbourne VIC 3001

\*If you have a pension account, you can make a reversionary beneficiary nomination. Go to [www.hunterunited.com.au](http://www.hunterunited.com.au) or contact us on 03 9691 2944 for the relevant form.

## Step 1 - Member details

Member Number

Title

First Name

Last Name

Email (Mandatory requirement)

Date of Birth

Phone number (mobile)

## Step 2 - Death benefit nomination

By completing this form you are overriding any previous death benefit nomination you may have made, unless you specify otherwise.

**Note: Nominations cannot be made under a Power of Attorney.**

### I wish to revoke my existing death benefit nomination

If your existing death benefit nomination is binding, step 5 of this form must also be completed by two witnesses who see you sign and date the form.

### Non-Binding Death Benefit Nomination

If you make a non-binding death benefit nomination, it is at the Trustee's discretion how your benefit is paid in the event of your death however your nomination may be taken into account. You will not need to complete section 5 of this form.

### Binding Death Benefit Nomination

The Trustee must pay your benefit in the event of your death to the person(s) or your Legal Personal Representative/Estate you have nominated, provided that your nomination is valid and effective at the date of your death.

You need to complete each section of this form. Step 5 of this form must also be completed by two witnesses who see you sign and date the form.

If this form is not completed correctly, we will treat your death benefit nomination as non-binding. We will advise you if this happens. Your nomination will also be treated as non-binding until a fully completed and signed form is received by the Trustee. A valid binding nomination expires after three years. Please note, the validity and effectiveness of a binding nomination is only fully assessed in the event of death.

## Step 3 - Beneficiary details

You can only nominate your Legal Personal Representative/Estate or a person(s) who is a 'dependant' to receive your death benefit.

<input type="checkbox"/>	Legal Personal Representative/Estate	<input type="text"/>	Proportion of total benefit	<input type="text"/>	%
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OR

You can nominate more than one beneficiary; however the total nominations must equal 100%.

A dependant includes:

- Your spouse (including a de-facto spouse);
- Your children (including an adopted child, a step-child or an ex-nuptial child, child of your spouse);
- Anyone who is financially dependent on you at the time of your death; or
- Anyone with whom you have an interdependency relationship with at the time of your death.

For a more detailed explanation refer to the Nomination of Beneficiaries fact sheet. The assessment of whether a person is a dependant is made after your death is notified to the trustee.

### 1. Full name of Beneficiary

Title	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address line 1			
<input type="text"/>			
Address line 2			
<input type="text"/>			
Suburb	State	Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Relationship	Proportion of total benefit
<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/>	<input type="text"/> %

### 2. Full name of Beneficiary

Title	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address line 1			
<input type="text"/>			
Address line 2			
<input type="text"/>			
Suburb	State	Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Relationship	Proportion of total benefit
<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/>	<input type="text"/> %

### Step 3 - Beneficiary details (Cont)

#### 3. Full name of Beneficiary

Title	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address line 1			
<input type="text"/>			
Address line 2			
<input type="text"/>			
Suburb	State	Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Relationship	Proportion of total benefit
<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/>	<input type="text"/> %

#### 4. Full name of Beneficiary

Title	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address line 1			
<input type="text"/>			
Address line 2			
<input type="text"/>			
Suburb	State	Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Relationship	Proportion of total benefit
<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/>	<input type="text"/> %
<b>Note: Total nominations must equal 100%</b>			<b>Total</b>
			<input type="text"/> %

### Step 4 - Authority

I have received, read and understood the current Hunter United Super Choice Fund PDS and the Beneficiary Nomination fact sheet or current Pension PDS as applicable. I request the Trustee accept this death benefit nomination for all accounts I hold within the CUBS Superannuation Fund, except for any pension account for which I have made a reversionary beneficiary nomination.

I understand that this instruction replaces any previous death benefit nomination forms I have provided unless I specify otherwise.

I declare that I have fully read this form and the information completed is true and correct.

Signature

Date

## Step 5 - Witness declaration – only required to make or cancel binding nominations

I declare that:

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

### Witness 1

First Name

Last Name

Signature

Date

### Witness 2

First Name

Last Name

Signature

Date