

NOMINATION FOR PAYMENT OF DEATH BENEFIT



Policy number

Member's details Please use block letters

Title Mr Mrs Miss Ms Other Please specify

Surname

Given name(s)

Postal address

Telephone Home () Work () Mobile

State Postcode

- Each person must be your dependant, interdependent and/or the legal personal representative of your estate (please refer to the current Asteron Life Complete or Lifeguard Product Disclosure Statement (PDS) (whichever is applicable)). If nominating your legal personal representative, just write 'Estate'.
- If you wish a person to receive a portion of the death benefit as a lump sum and a portion as an allocated pension, please nominate the amounts separately.
- The Trustee is not bound to pay in accordance with this request unless you also complete the binding direction in part 2, on page 2.

1. Nomination of payment of death benefit

Please note:

- I request that the Trustee pay any death benefit under the Life Cover to the following person(s) in the percentages specified.
- I wish this nomination to be a non-binding direction to the Trustee
- I wish this nomination to be a binding direction to the Trustee (please also complete part 2)

Full name and address of dependant nominated or Estate	Date of birth	Relationship to you	Benefit paid as an Allocated Pension* (P) or Lump sum (L)	Proportion of benefit
				%
				%
				%
				%
				%
				100%

* Allocated pension must be at least \$20,000 of the death benefit.

Non-Binding Direction

If elected, the Trustee will take into consideration your nomination and exercise discretion in deciding who your benefits will be paid to. The Trustee will also decide the proportion of payment to nominations and your estate.

Under a Non-Binding Direction you can nominate:

- 'Spouse' means a person living with you as your spouse on a domestic basis in good faith. He or she can be of the same sex as you.
- 'Child' may include adopted, ex-nuptial, step or adult children.
- 'Financial dependant' may include any other person who is financially dependent on you at the time of your death.
- 'Interdependent relationship' as defined by superannuation law.
- 'Estate'.

Please ensure that 'Portion of Benefit' percentages (including any portion paid to your estate) add to 100%.

Member declaration (must be completed for both options)

I acknowledge that:

- I understand that the nominations I have made on this form will replace all previous nominations. I also understand that when I change my nominations in the future, I will need to contact either my financial adviser or customer service to obtain the relevant form.
- I understand that if my direction is invalid or a nominated beneficiary is not a dependant or otherwise not permitted to receive a benefit under superannuation law, my death benefit (or the relevant part of it) will be paid in accordance with the Fund rules.
- I will notify the Trustee in writing immediately if I am no longer eligible to contribute to the SPSL Master Trust.
- I understand that I should regularly review my selection as my personal circumstances change.

Signature of member

Date / /

2. Binding Direction

Please note: This part only needs to be completed if you wish to make a binding direction to the Trustee. The proposed member must sign this declaration in the presence of two witnesses.

- I direct that the Trustee pay any death benefit under the Life Cover to the person(s) nominated and in the proportions set out in the table above.
- I understand that the Trustee is not bound to pay a person who is not my dependant or legal personal representative at the time, date of death or if the Trustee is prohibited from doing so under superannuation law. (In this case, the death benefit will be paid as stated in the current Asteron Life Complete or Lifeguard PDS (whichever is applicable)).
- I understand that the Trustee will take into account my preference for payment of the benefit as a lump sum or pension but is not bound to follow that preference.
- I understand that a binding direction ceases to have effect 3 years after the day it was first signed, or last confirmed or amended by me.

Signature of member

Date / /

Both witnesses must be present when the proposed member signs this section and it must be signed and dated by the witnesses at the same time.

- I declare that I am over 18 years of age and am not nominated to receive any part of the death benefit and the member signed this form in my presence.

Signature of witness

Date / /

Name of witness

Signature of witness

Date / /

Name of witness

Binding Direction

If elected, the Trustee is required to pay the benefits according to your nomination, on the provision it is valid at time of death. However you cannot bind the Trustee as to how the benefit is paid to each beneficiary.

Under a Binding Direction you can nominate:

- 'Spouse' means a person living with you as your spouse on a domestic basis in good faith. He or she can be of the same sex as you.
- 'Child' may include adopted, ex-nuptial, step or adult children.
- 'Financial dependant' may include any other person who is financially dependent on you at the time of your death.
- 'Interdependent relationship' as defined by superannuation law.
- 'Estate'.

Please ensure that 'Portion of Benefit' percentages (including any portion paid to your estate) add to 100%.

Note: Any binding direction lapses 3 years after its signing (or subsequent confirmation of change).

The date of witnesses and member signatures must be the same.