Super Savings

Binding Death Benefit Nomination



We are unable to accept your form if it contains whiteout or material alterations. If you need to make alterations to sections 2, 3 or 4 please complete a new form. This form needs to be signed and dated by both witnesses on the same day as the member.

Retirement

13 11 84 | art.com.au Reply Paid 2924 Brisbane Qld 4001

Australian

Member number

This form can also be used to cancel your beneficiary nomination. See section 2A.

Please provide us with as much information as possible. If all fields are not completed, the form may be rejected. Please tick boxes where appropriate. Use BLOCK letters and black or blue ink when completing this form and ensure it is signed and dated. Where there's a *, it means you must give us that information. If you don't, it'll slow down your application.

1 Personal details		
Title First name*	Middle name	
Last name*		Date of birth (DD/MM/YYYY)* Gender*
		M F
Street address / PO Box*		! Please complete for identity purposes.
Suburb/Town*	State* Postcode* Home phone number	Daytime phone number*
Personal email address		Mobile phone number (if different from daytime number)

Important information

For more information visit **art.com.au/beneficiary** or contact us.

What is a binding death benefit nomination?

It is a legal instrument that "binds" us to pay your death benefit to your nominated beneficiaries. A binding death benefit nomination allows you to have greater certainty about where your death benefit will be paid. Provided the nomination is valid and less than 3 years old, then the Trustee has no discretion in relation to whom the benefit is to be paid.

In the event of your death, if your nomination is found to be invalid, or has not been received by us at the time of your death, we will use our discretion to determine how your benefit will be paid according to the rules in the trust deed. An invalid nomination may still be an important consideration for the Trustee when determining the payment of your death benefit, however this does not ensure the benefit will be paid in the same way as though it were a valid binding death benefit nomination.

Who can I nominate as a beneficiary?

You can nominate dependant(s) and/or your legal personal representative (that is the executor or administrator of your estate). 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.

Under superannuation law, "dependants" include:

- your spouse (includes same-sex and defacto partners),
- your child (includes an adopted child, step child, ex-nuptial child or child of
- any person in an 'interdependency relationship' with you, or
- any other person who was dependent on you for financial support at the date

Someone can be in an interdependent relationship with you if you have a close personal relationship, you live together, one or each of you provides the other with financial support, and one or each of you provides the other with domestic support and personal care. Interdependency can also arise where two people have a close personal relationship but don't live together or provide each other with financial support or personal care because of physical, intellectual or psychiatric disability.

In most cases, your parents are not considered to be your dependants. If you want your death benefit to go to your parents, you should seek legal advice about arranging for your Will to cater for this.

If your nominated beneficiary doesn't fit into any of the above categories, your nomination may be invalid. Contact us to discuss further.

How do I ensure my binding death benefit nomination is valid?

When you initially fill in your form you must do the following:

- complete all sections of the form
- ensure the beneficiaries are dependants or your legal personal representative
- ensure the benefit allocation between your beneficiaries adds up to 100.00%, and
- ensure you sign and date the form in front of two witnesses, who must be over 18 years of age and are not nominated as beneficiaries.

Your nomination may become invalid if:

- your form was signed more than three years before you die,
- your form is not received by Australian Retirement Trust prior to your death,
- 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're no longer a member of Australian Retirement Trust at the time of your death.

You must complete a new form or amend or confirm your existing nomination at least every three years to keep your binding death benefit nomination current.

What will Australian Retirement Trust do?

It's important that, like a Will, you keep your binding nomination up-to-date.

We'll confirm any new, amended or cancelled nomination. We'll confirm your current binding death benefit nomination details each year with your annual statement. We'll also contact you prior to the expiry of any existing nomination to help ensure you're given the opportunity to complete a new form.

Please continue over page

Your beneficiaries

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	•		ge 1 of this form for an explanatior Ir nomination is valid.	1					
2A	I'd like to	o cancel my curre	nt binding death benefit nomin	ation					
	I have an Income account and I'd like to cancel my current reversionary beneficiary nomination								
	Note: Ticking either of these boxes will cancel your current nomination(s). If you have requested and provided details in Section 2B below, these will be added as a new binding nomination. If you'd like to nominate a new reversionary beneficiary, you will need to complete the Reversionary Beneficiary Nomination form which can be found at art.com.au/forms-and-tasks								
2B	I'd like to	o nominate the in	dividual(s) listed below:						
	aries need to be this section of the	•	ts when you make your nom	ination and at the time of y	our death.				
 You can nom 	ninate a legal perso	nal representative a	nd/or individual beneficary/s						
			equals exactly 100% places - the use of fractions (e.g. 1	/4) can't be accepted					
		eficiary/s meet the		, i, caire se accepted					
	providing an extra iece of paper on th		t more beneficiaries, ensure that	you and your witnesses have sig	ined and dated this docu	ment			
First name*		Lá	st name*		Date of birth (DD	/MM/YYYY)*			
Relationship*1	Spouse	Child	Interdependent	Financial dependant	Portion of benefit*	0,0			

Relationship*1	Spouse	Child	Interdependent	Financial dependant	Portion of benefit*		
First name*	* Last name*				Date of birth (DD/MM/YYYY)*		
Relationship* ¹	Spouse	Child	Interdependent	Financial dependant	Portion of benefit*		
First name* Last name*			Date of birth (DD/MM/YYYY)*				
Relationship*1	Spouse	Child	Interdependent	Financial dependant	Portion of benefit*		
First name*		Last	: name*		Date of birth (DD/MM/YYYY)*		
					00/00/0000		
Relationship*1	Spouse	Child	Interdependent	Financial dependant	Portion of benefit*		
1 If your beneficiary doesn't fit into any of the above categories, your nomination may be invalid.							
and/or	I'd like to	o nominate the exe	ecutor or administrator of m	y estate (my legal personal rep	Portion of benefit* resentative). **Portion of benefit** %**		
Total must equal 100% or all of the nominations will be invalid. You may nominate a percentage up to two decimal places. Must add up to TOTAL							
					You and your witnesses MUST all sign.		
					Please continue over page		

Member authorisation You MUST sign in front of two witnesses.

I acknowledge and have read the Member authorisation below.

- a valid binding death benefit nomination will be binding on the Trustee for the Super Savings accounts associated with this member number only,
- I have read and understood the Important information in this form,
- this nomination becomes effective upon acceptance by the Trustee and will remain in effect for three years from the date it was first signed, or last confirmed or amended,
- any binding nomination instructions provided on this form will be applied to all Super Savings accounts under this member number with the exception of any Income account where a reversionary beneficiary is recorded (unless I have requested to cancel my reversionary beneficary nomination in Section 2A),
- I may at any time revoke or amend this nomination by completing a new form,
- by signing this form I consent to the handling of my personal information in accordance with the notice of personal information collection below,
- it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes, and
- this form overrides any previous death benefit nomination for this member number.

Please hand write your signature in blue or black pen. We are unable to accept digital signatures on this form



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Witness declaration This form must be signed and dated by both witnesses on the same day as the member.

I declare that:

- The member signed and dated this Binding Death Benefit Nomination form in my presence.
- I am over 18 years of age.
- I am **not** the member's legal personal representative and I am **not** listed as a beneficiary on this form.

Please hand write your signature in blue or black pen. We are unable to accept digital signatures on this form.

✓ Please return the form to Australian Retirement Trust via Reply Paid 2924 Brisbane Qld 4001 OR art.com.au/contact-us





Note: If emailing your form, we are unable to accept photographs, screen shots or images captured via scanning applications (e.g. CamScanner).

The purpose for which we collect your information is to provide superannuation benefits, administer your benefits, and provide related services, information, and offers to you. This includes processing your application, managing your participation in Australian Retirement Trust, providing you with information about your benefits and our available services, and ensuring you receive your entitlements.

We will generally collect your personal information directly from you, your authorised representatives, your employer or other third parties, such as the Australian Taxation Office (ATO). If the information we request is not provided, we may be unable to properly administer your benefits and notify you about your entitlements.

We may disclose your personal information to entities within the Australian Retirement Trust Group, our service providers and advisers, medical and health professionals, regulators and government bodies, or to other third parties if we need to or if you have given consent to the disclosure. This includes but is not limited to the Fund's administration service provider, insurers, auditors and legal advisers. We also might be required by law to disclose information about you, for example to government bodies such as the ATO. We may also disclose information to third-party service providers in various countries, as described in our Privacy Policy.

For more information, please read our Privacy Policy which sets out the types of information we collect and how we collect, hold, use and disclose your personal information. Our Privacy Policy also describes how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date, and information on our privacy complaints process. We are committed to respecting the privacy of personal information you give us. Our Privacy Policy may be updated from time to time and is available at **art.com.au/privacy** or by contacting us.

This form has been prepared and issued by Australian Retirement Trust Pty Ltd (ABN 88 010 720 840 AFSL No. 228975), (Trustee) as trustee of Australian Retirement Trust (ABN 60 905 115 063). This form contains general information only and does not take into account the investment objectives, financial situation or needs of any particular individual. You should consider if the information is appropriate to your own circumstances before acting on it. You should also consider the relevant Product Disclosure Statement (PDS) before deciding to acquire or continue to hold any financial product and also the relevant Target Market Determination (TMD). For a copy of the PDS or TMD visit art.com.au/pds or contact us for a copy, free of charge.