Form > SA Ambulance Service Superannuation Scheme NOMINATION OF PREFERRED BENEFICIARIES



Please complete all the details on this form and return the original to Super SA

1. Personal Details
Super ID
Mr Ms Miss Mrs Dr Prof
Surname
Given name(s)
Residential address
Postcode
Postal address (if different from above)
Postcode
Date of birth
Email*
Telephone* (W)
(H)
(M)
Employee no



Address

Ground floor, 151 Pirie Street Adelaide SA 5000 (Enter from Pulteney Street)

Postal GPO Box 48, Adelaide, SA 5001

Call (08) 8214 7800

Website www.supersa.sa.gov.au *By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Only use this form if you are a member of the SA Ambulance Service Superannuation Scheme.

If you are a member of Triple S, Super SA Select, FRP or the Super SA Income Stream you can nominate a Legal Personal Representative using the *Binding Death Benefit Nomination Form Legal Personal Representative (Estate)* form available on the Super SA website.

The Trustee uses your nomination as a guide in deciding who shall receive the entitlement payable if you die whilst a member of the Scheme. The Trustee has the final say in determining to whom and in what proportion your death entitlement is distributed, but will take your nomination into consideration.

2. If you have dependants or have made a Will

Your entitlement can only be paid to one or more of your dependants¹, or the Executor of your Estate named in your Will. Complete Section 4 to nominate persons who fall within this category. Your Will can specify the people to whom you would like your entitlement paid: these can be dependants or non-dependants.

Please tick this box if you currently have dependants and/or have a Will.

3. If you have no dependants and have not made a Will

If you do not have any dependants and have not made a Will, the Trustee must pay your entitlement to the executor of your Estate. Your entitlement would then be distributed together with your other assets according to the law of intestacy. If an executor is not appointed to your Estate, the Trustee may allocate your entitlement between your relatives.

Please tick this box if you currently do not have any dependants and have not made a Will.

¹Dependant means your spouse (including a defacto spouse), your children (including step children and adopted children) or any other person who is wholly or partially dependent on you.



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4. Nomination of Beneficiaries

If you nominate persons other than as described in Sections 2 and 3, your nomination will be invalid. Please note that you cannot nominate charities or any similar organisations. If more than one person is nominated, please indicate the relevant percentage of the entitlement to apply (these percentages must total 100%).

It is important that you remember to update your nominated beneficiaries and your Will as your personal circumstances change.

If I die while a member of the Scheme, I would like to nominate the following dependants to be considered by the Trustee for distribution of any entitlement.	Proportion of benefit (%)	Relationship to you (eg spouse, child)
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		

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5. Additional Information

In the space below please provide any additional information that you believe may assist the Trustee in the case of distributing your entitlement (eg you could advise the location of your Will or the extent of any financial dependency of any potential beneficiary).

6. Member (or Spouse) Declaration

I understand that the information on this form will be used by the Scheme to assist in determining the payment of my death entitlement. It may be disclosed to the administrator and other parties as required, including the Trustee of any other fund to which I may transfer.

-] I agree to this use of my personal information.
- I understand that if I do not provide the Scheme with this information, the Scheme will be unable to take into account my preferred beneficiaries.
- I have read and understand all the statements in Section 6.

Signature 🗶	Date
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