

Binding Death Benefit Nomination



Super SA



Legal Personal Representative (Estate)

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

2. Nomination type

Tick the box below that applies to you:


I am making a new nomination. I am revoking an existing nomination.¹ I am extending (confirming) my nomination for a further 3 years.¹

¹You do not need to complete the witness declaration on page 2. Go to the member declaration and sign.

3. Account

Select the schemes/products below that you have and list the account(s) for which you wish to nominate your legal personal representative. If you have more than one account, please list each account number.


<input type="checkbox"/> Triple S	Client ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Flexible Rollover Product	Investor number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Super SA Select	Client ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Super SA Income Stream	Investor number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

 If you are a Super SA Income Stream investor, your pension will be paid to your nominated reversionary beneficiary on death, if one exists. You can also choose to nominate a legal personal representative, however this will only come into effect if there is no reversionary beneficiary at the time of your death.

4. Checklist

Use the list below to make sure you have completed the form correctly and to ensure that your nomination is processed as soon as possible.

- | | | |
|---|--|--|
| <input type="checkbox"/> I have read, understood and signed the member declaration. | <input type="checkbox"/> I am submitting an original copy (faxed or emailed copies cannot be accepted). | <input type="checkbox"/> The witnesses are over the age of 18 and have not been nominated as my legal personal representative. |
| <input type="checkbox"/> The witnesses have signed and dated this form on the same day as me. | <input type="checkbox"/> I have included certified proof of identity documents (required for first nomination only). | |

 **IMPORTANT: Please return the original signed form to Super SA. We cannot accept faxed or emailed forms.**
• by mail: Super SA, GPO Box 48, Adelaide, SA 5001 • in person: Member Centre, 151 Pirie Street, Adelaide SA 5000

Binding Death Benefit Nomination



Legal Personal Representative (Estate)

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

To find out more visit supersa.sa.gov.au or call **1300 369 315**

5. Member declaration and signature

I understand that:

- This nomination is binding on the Super SA Board or the Board of the Southern Select Super Corporation (as the case may be). In the absence of a valid binding death nomination, my benefit will be paid to my spouse, including putative spouse. If I do not have a spouse, my benefit will be paid to my estate and distributed in accordance with my Will.
- This is a binding death nomination that applies only to my elected Account(s).
- My nomination will remain in effect for three years from the date it was signed or until I notify Super SA to revoke it.
- My nomination is not valid until the completed form is received by Super SA, accompanied by the appropriate proof of identity documentation.
- A person holding a Power of Attorney from me can confirm a current nomination.
- I can revoke my nomination at any time by completing a new Binding Death Benefit Nomination - Legal Personal Representative (Estate) form and submitting it to Super SA. It will take effect on the date it is received by Super SA.
- If I am revoking my nomination, my benefit will be paid to my spouse, including putative spouse. If I do not have a spouse, my benefit will be paid to my estate upon my death.
- It is my responsibility to ensure my Will is up to date and reflects my wishes with regard to the payment of my super death benefit from my estate.
- It is my responsibility to seek appropriate estate planning advice.
- It is my responsibility to ensure my nomination does not expire and continues to reflect my wishes.
- I must sign and date my nomination in the presence of two witnesses, both aged over 18, and not my Legal Personal Representative.
- I have provided the appropriate certified proof of identity evidence.

Full Name

Signature

Date

6. Witness declaration

I declare that I am over the age of 18 and have not been nominated as the Legal Personal Representative of the person making this nomination. The member signed and dated this form in my presence and in the presence of the other witness.

Please note: Super SA employees are unable to witness this form.

Witness 1

Full Name

Signature

Date

Witness 2

Full Name

Signature

Date

Contact us



EMAIL supersa@sa.gov.au, or



POST GPO Box 48, Adelaide SA 5001



WEBSITE supersa.sa.gov.au



MEMBER CENTRE (BY APPOINTMENT ONLY) 151 Pirie St Adelaide SA 5000



PHONE 1300 369 315