

# Form > SA Ambulance Service Superannuation Scheme

## NOMINATION OF PREFERRED BENEFICIARIES

&gt; 1

**SUPER SA**  
contributing to your future

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

Email\*

Telephone\* (W)

(H)

(M)

Employee no

#### 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 dependants<sup>1</sup>, 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.

<sup>1</sup>Dependant 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.

The original of this form must be returned to Super SA.  
A faxed or emailed copy will not be accepted.

#### Contact us

##### Address

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

##### Postal

GPO Box 48, Adelaide, SA 5001

##### Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

##### 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.

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>2



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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: _____ _____		

