# 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	Only use this form if you are a member of the
Super ID  Mr Ms Miss Dr Prof  Surname	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.
Given name(s)  Residential address	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.
Postcode Postal address (if different from above)	<ul><li>2. If you have dependants or have</li><li>made a Will</li></ul>
Postcode	Your entitlement can only be paid to one or more of your dependants <sup>1</sup> , of 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
Date of birth  Email*	dependants or non-dependants.  Please tick this box if you currently have dependants
Telephone* (W)	and/or have a Will.
(H) (M)	3. If you have no dependants and have not made a Will
Employee no	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

### **Contact us**

## **Address**

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

GPO Box 48, Adelaide, SA 5001

(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.

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.



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Form updated 12 March 2024 Sensitive: Personal (when completed) - I2 - A1 Page 1 of 3 SSA1829

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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:		
<u></u>		

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I understand that the information on this form will be used by the Scheme to assist in determining the payme
6. Member (or Spouse) Declaration  ☐ I understand that the information on this form will be used by the Scheme to assist in determining the payme
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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 X Date



A faxed or emailed copy will not be accepted.