

Beneficiary nomination form

Existing policy update

Policy number

Policy number

Policy number

Policy number

Information on nominating a beneficiary

Your account balance is paid to your beneficiaries or your estate in the event of your death. However, the law restricts who can be a beneficiary.

Who can you nominate?

Under superannuation law, you can nominate:

Individuals

- your spouse or de-facto spouse, including same sex partners
- children including step and adopted children
- individuals who are financially dependent on you at the time of your death
- someone in an interdependency relationship to you. This is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other. This type of relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

Legal representative (your estate)

- your legal representative (either the executor under your will or a person(s) granted letters of administration for your estate if you die without having left a valid will)

Types of nominations

- **a non-lapsing binding nomination which is binding on the Trustee** – ensures your account balance is paid as you have directed as long as the nomination is and remains valid.
- **a non binding nomination subject to Trustee discretion** – the Trustee will decide who receives your account balance and will consider your preferred beneficiaries.
- **no nomination** – the Trustee will decide who receives your account balance.

The Trustee

Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

The Fund

Smart Future Trust
ABN 68 964 712 340

The Insurer

Nippon Life Insurance Australia and
New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.



Before you complete this form please read the beneficiary section of the relevant Product Disclosure Statement (PDS).The PDS that are relevant to you are:

For Acenda Insurance and Acenda Insurance (Super) – Acenda Insurance and Acenda Insurance (Super) Product Disclosure Statement (Insurance PDS), issued by the insurer, Nippon Life Insurance Australia and New Zealand Limited.

For Acenda Insurance (Super) – please also read the Smart Future Trust - Retail Insurance in Super: for Acenda Insurance Super Product Disclosure Statement (Super PDS) issued by the trustee, Equity Trustees Superannuation Limited.

1. Your personal details

Please select your product:

Acenda Insurance Acenda Insurance (Super)

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

2. Your nomination details – Acenda Insurance only

Nomination of Beneficiary – Acenda Insurance – must be nominated by the Policy Owner
 Note: For Acenda Insurance, nominations cannot be made by trustees of a trust or a self-managed super fund.

Do you wish to make a beneficiary nomination? (This nomination only applies to your death benefit)

- Yes Please complete the details below
- No The death benefit will be paid to the Policy Owner(s) for Acenda Insurance.

Beneficiary nomination for Acenda Insurance

Complete this section to nominate who you wish the death benefit to be paid to. This is only available for insurance taken out for non-business purposes. Leave this section blank if you wish the death benefit to be paid to the Policy Owner(s).

Please nominate your preferred beneficiary/beneficiaries and the portion you would like each to receive. You may nominate up to six beneficiaries, including your Legal Personal Representative (Estate of the Life to be Insured).

Name and address of beneficiary	Date of birth	Relationship to you	Portion of total benefit*
1			%
2			%
3			%
4			%
5			%

2. Your nomination details – Acenda Insurance only continued

6				%
* The sum of each of your portions of the total benefit must equal 100% and up to two decimal places can be nominated for each position.				Total 100%

3. Your agreement and declaration – Acenda Insurance only

- I have read and understood the information provided to me in the Insurance PDS on beneficiary nominations
- I understand I should review my nomination regularly and as my circumstances change (eg marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.

Signature of Policy Owner 1

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Signature of Policy Owner 4

X	Date (DD/MM/YYYY)				
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Signature of Policy Owner 2

X	Date (DD/MM/YYYY)				
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Signature of Policy Owner 5

X	Date (DD/MM/YYYY)				
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Signature of Policy Owner 3

X	Date (DD/MM/YYYY)				
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Signature of Policy Owner 6

X	Date (DD/MM/YYYY)				
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4. Your nomination details – Acenda Insurance (Super)

Nomination of beneficiary – Acenda Insurance (Super) – must be nominated by the Life Insured

Non-Binding death benefit nomination

Complete this section if you wish to indicate to the Trustee your preferred beneficiary/beneficiaries of your death benefit. It is the Trustee's ultimate decision to whom the benefits will be paid and in what portions. Your nomination will be taken into account by the Trustee. The Trustee will ultimately be restricted to paying the death benefits to your dependants and/or your legal personal representative (estate). It is important that you read the beneficiaries section of the Super PDS about making nominations before completing this section.

If this application relates to an existing policy, then the nomination provided in this form overrides the existing nomination on file.

Non-lapsing binding death benefit nomination

Complete this section if you wish to indicate to the Trustee who your death benefit MUST be paid to.

Your nominated beneficiary/beneficiaries must be a dependant(s) or your legal personal representative (estate). The Trustee will pay the benefits to your nominated beneficiaries and in the portions indicated providing that you satisfy the requirements in making this nomination and at the date of death, the beneficiaries are your dependants or legal personal representative (estate). It is important that you read the beneficiaries section of the Super PDS about making nominations before completing this section.

Complete the table on the next page for all beneficiary nominations for Acenda Insurance (Super). Please nominate your beneficiary/ beneficiaries and the portion you would like each to receive. You may nominate up to 6 beneficiaries.

To be valid, your nomination must also be witnessed, signed and dated by witnesses as required in section 5.

4. Your nomination details – Acenda Insurance (Super) continued

Please tick only one of the options below to indicate what type of beneficiary nomination you would like to make:

Non-binding death benefit nomination

Please complete the table on page 4, then go to section 5 to sign, a witness signature is not required.

Non-lapsing binding death benefit nomination

Please complete the table below, ensuring the nomination is signed and dated by the witnesses in section 5.

Name and address of beneficiary		Date of birth	Relationship to you	Portion of total benefit*	
1			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant** <input type="checkbox"/> Estate	%	
2			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant** <input type="checkbox"/> Estate	%	
3			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant** <input type="checkbox"/> Estate	%	
4			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant** <input type="checkbox"/> Estate	%	
5			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant** <input type="checkbox"/> Estate	%	
6			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant** <input type="checkbox"/> Estate	%	
* The sum of each of your portions of the total benefit must equal 100% and up to two decimal places can be nominated for each position. ** Please note: For non-lapsing binding nominations, the selection of 'Other dependant' is not valid. If you select a binding nomination and tick 'Other dependant', your nomination will not be valid.				Total	100%

5. Your agreement and declaration – Acenda Insurance (Super)

Please complete this section when making a non-lapsing binding beneficiary nomination for Acenda Insurance (Super).

- I request that the Trustee accept my beneficiary nomination for my Acenda Insurance (Super) policy.
- I have read and understood the information provided in the Super PDS on beneficiary nominations.
- I understand I should review my nomination regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.

Signature of Policy Owner 1

	Date (DD/MM/YY)			

Witness declaration

Please complete this section when making a non-lapsing binding death benefit nomination for Acenda Insurance (Super). Must be signed and dated by two adult witnesses.

I declare that:

- I am over 18 years of age;
- I am not already a nominated beneficiary of the Life Insured and I am not one of the beneficiaries named above; and
- This form was signed and dated by the applicant in my presence.

Witness 1

First name

Middle name

Last name

Signature(s) of the witness

	Date (DD/MM/YY)			

Witness 2

First name

Middle name

Last name

Signature(s) of the witness

	Date (DD/MM/YY)			

6. Check your nomination

- I have completed all sections 1 to 5 of the form (where applicable).
- I have supplied the full name, relationship and date of birth of all beneficiaries in section 2 and/or 4.
- The total of the percentages allocated to beneficiaries adds up to 100% in section 2 and/or 4.
- If I have requested the non-lapsing binding nomination, I have signed and dated my form in front of two witnesses who are over 18 years of age and not nominated as beneficiaries in section 4.

Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.