Making a death benefit nomination



Your nomination options

In Catholic Super, you can choose to make a non-binding or a binding death benefit nomination. You can nominate more than one person and you can change this nomination at any time.

A **non-binding** nomination tells Catholic Super who you would like your benefit to be paid to upon your death. Catholic Super will take this nomination into account but is not bound by it, as it must consider all dependants at the time of your death.

A **binding** death benefit nomination, if valid and legally binding at the date of your death, requires Catholic Super to pay your benefit according to your nomination. This is why it's important to consider changing or cancelling your binding nomination if your circumstances change, so that your benefit will be paid in line with your current wishes.

For more information about beneficiary nominations, please see the *How super works* guide on our website.

How to make a nomination

You can use the accompanying form to make, update or cancel a non-binding or binding nomination.

Non-binding nominations can also be updated on our website or by contacting our member helpline. These additional options are not available for a binding nomination as your request must be witnessed.

If you do not make a nomination or your nomination is invalid, Catholic Super will determine to whom your benefit will be paid upon your death after considering the information it is able to obtain about your circumstances, including any dependants or other parties who make a claim. If Catholic Super is unable to determine who your benefit is to be paid to, it may need to be transferred to the Australian Taxation Office (ATO).

Catholic Super encourages members to consider making and maintaining a binding death benefit nomination to ensure your benefit is paid according to your instruction.

How long does a binding nomination last?

A correctly completed binding nomination remains valid for three years from the date you sign the form. The expiry date of your binding nomination is shown on your member statement and we'll also send you a reminder before your nomination expires.

It may also cease to have effect if you are subject to a Court Order at the time of your death that prohibited you from making a binding death benefit nomination or required you to amend or revoke a nomination, or if (and for so long as) the Trustee is prevented from paying out your death benefit in accordance with your nomination due to family law.

When is my binding nomination invalid?

Your binding nomination will be invalid if:

- · it was made more than 3 years ago
- the form is not correctly completed, for example, your percentage nominations don't equal 100%, the form was not signed or dated, the form was only witnessed by one person, or one of the witnesses was under 18 at the time of signing, or any of the witnesses were named as a beneficiary
- any of the people you nominated on this form die before you do
- any of the people you nominated on this form no longer qualify as your dependants and/or legal personal representative (LPR) at the time of your death
- you were legally incapable of making the nomination
- Catholic Super is legally restrained or prohibited from paying your super benefit to one or more of the persons nominated by you; or
- it was received by Catholic Super after your death.

Who can I nominate?

The person(s) you nominate as beneficiary(ies) must be any one or more of the following:

- your current spouse (legal or de facto; including same sex partner)
- your children (including step, adopted, ex-nuptial or children of a same sex relationship)
- · any person(s) financially dependent on you
- any person in an interdependency relationship with you (please see below)
- your legal personal representative (LPR), which means the executor or administrator of your estate

Interdependency relationship

An interdependency relationship exists if:

- two people have a close personal relationship, and
- they live together, and
- one or each of them provides the other with financial support, and
- one or each of them provides the other with domestic support and personal care

OR

 if they don't live together or provide each other with financial support, domestic support and personal care, it's because one or both of them suffer from a disability.

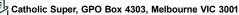
People who share accommodation, for example flatmates, do not qualify.

Need help?











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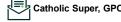
1 - Your member details

Please complete in pen using CAPITAL letters

Member number																					
Title			Sex							D	Date of birth (ddmmyyyy)										
Mr Mrs Ms Miss Ot	ther				Mal	e	F	emal	е												
First name				_	Las	nar	ne														
Postal address (must be provided)																					
Suburb																					
State Postcode Co	ountry (if not	Austra	ılia)																		
Business hours phone	Afte	r hour	s pho	ne				_				ľ	Mob	ile							
Email																					
2 – Nomination type Tick one box for the type of beneficiary no	omination vo	ı are r	makin	a on	this t	orm	Wh	ien a	cce	oted	and	d pre	oces	ssed	l by	Cat	holid	c Sı	ıper		
your nomination on this form will replace	any existing l	oenefi	ciary	nomi	inatio	n re	cord	ed or	n the	e ac	cou	nt y	ou h	ave						•	
I am making a binding nomination -	Please comp	lete st	eps 3	3, 4 a	and 5	and	the	n retu	ırn t	o Ca	atho	lic S	Supe	r.							
I am making a non-binding nominat (If you have a current binding death l															e ste	ep 5	to r	epla	ace i	t.)	
Cancel my current nomination and m																			el it	.)	











3 - Nomination of death benefit beneficiaries

If you wish to nominate more than four beneficiaries, please copy this page and attach it to your form when you return it to us. If you are making a binding nomination, **please read** *Who can I nominate* from page 1 before filling in this section. If you're nominating your 'Legal personal representative', you do not need to complete the 'Full Name' section, but you must complete the '% of benefit' section.

Please ensure that only one beneficiary type is selected per nomination.

Full Name	Beneficiary type	% of benefit
	☐ Spouse ☐ Financial dependant ☐ Child ☐ Legal personal representative (executor or administrator of your estate)	%
	☐ Spouse ☐ Financial dependant ☐ Child ☐ Legal personal representative (executor or administrator of your estate)	%
	☐ Spouse ☐ Financial dependant ☐ Child ☐ Legal personal representative (executor or administrator of your estate)	%
	☐ Spouse ☐ Financial dependant ☐ Child Legal personal representative (executor or administrator of your estate)	%

Privacy

The personal information you provide on this form will be used in accordance with Together Trustee's Privacy Statement, which you can view online at **csf.com.au/privacy** or you can obtain a copy by contacting us on **1300 655 002**.

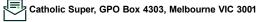
Together Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.com.au/privacy

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.









Must total 100%

4 - Sign this form

By signing this form I:

- confirm that I have read the notes on this form that set out the terms upon which this nomination is made and I understand that these are consistent with Catholic Super's Trust Deed and that I may request a copy if required.
- understand that if I have made a binding death benefit nomination and it is invalid or has not been received by Catholic Super when I die, the death benefit will be determined by Catholic Super at its discretion.
- understand that if I have made, updated or cancelled a binding death benefit nomination, this declaration must be signed by me in the presence of two witnesses (who are not nominated on this form), both of whom are aged 18 or over.

Member signature	Date (ddmmyyyy)
X	
5 – Witness declarations (only required if making, cha	nging or cancelling a binding nomination)
I confirm that I am aged 18 or over, am not a named binding beneficia	ry and the member signed and dated this form in my presence.
Witness 1 Signature of witness	Date (ddmmyyyy)
First name	Last name
Witness 2 Signature of witness	Date (ddmmyyyy)
First name	Last name

Please return your completed form to Catholic Super, GPO Box 4303, Melbourne VIC 3001









