

2. Nomination of beneficiary

Please select the product you would like this nomination to apply to:

- OneAnswer Personal Super
 OneAnswer Pension

I would like to make the following nomination:

- binding death nomination (complete parts A and B)
 non-binding death nomination (complete part A only)

A. Beneficiary details – complete this section if you have nominated a binding or non-binding death benefit

If you are making a binding death nomination, your nomination will not be accepted unless two witnesses have signed and dated the witness declaration (part B).

Payment to your nominated beneficiaries

Full name of nominated beneficiary (dependant)	Address	Relationship to member	Date of birth	Proportion of death benefit %
1				<input type="text"/> <input type="text"/> <input type="text"/> %
2				<input type="text"/> <input type="text"/> <input type="text"/> %
3				<input type="text"/> <input type="text"/> <input type="text"/> %
4				<input type="text"/> <input type="text"/> <input type="text"/> %
5				<input type="text"/> <input type="text"/> <input type="text"/> %
and/or your estate		Not applicable	Not applicable	<input type="text"/> <input type="text"/> <input type="text"/> %
Total must add up to 100%				<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 %

Note: You can only nominate your estate or a person(s) who is a dependant to receive your death benefit.

Signature of member (sign clearly within box)

X

Date

Must be the same date as witness signature (if applicable)

B. Witness declaration – this section must be completed if you have nominated a binding death beneficiary

I am 18 years or over, I am not a named beneficiary on this form and the member's signature was signed and dated by the member in the presence of us both.

Full name of witness 1

Date of birth

Phone

Address

Signature of witness 1 (sign clearly within box)

X

Date

Must be the same date as member signature

Full name of witness 2

Date of birth

Phone

Address

Signature of witness 2 (sign clearly within box)

X

Date

Must be the same date as member signature

Note: The date each of the witnesses sign this form must be the same as the date the member signs, otherwise this nomination will not be valid.

3. Reconfirming your nomination

If you wish to reconfirm your existing nomination you need to sign and date here in the presence of two witnesses (refer to part 2B).

Signature of member (sign clearly within box)

Date

X

D D M M Y Y Y Y

4. Revoking your nomination

If you wish to revoke your existing nomination, you need to sign and date here in the presence of two witnesses (refer to part 2B).

Signature of member (sign clearly within box)

Date

X

D D M M Y Y Y Y

5. Special instructions