

Extra binding death benefit nomination

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Use this form to nominate extra beneficiaries in addition to your *Make a binding death benefit nomination* form. It must be signed by you in the presence of the same witnesses who signed your *Make a binding death benefit nomination* form.

Section 1 Your details

Member number

Date of birth (DD MM YYYY)

Last name

First name

Middle name/s

Residential address

Suburb/Town/City

State

Postcode

Section 2 Nomination details

This nomination applies to the accounts you've specified in section 2 of your original *Make a binding death benefit nomination* form.

Details	Relationship (tick one only)	Benefit %
Mr Mrs Ms Miss Dr Date of birth (DDMMYYYY) <input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse	<input type="text"/> %
First name <input type="text"/>	<input type="checkbox"/> Child	
Last name <input type="text"/>	<input type="checkbox"/> Interdependency relationship	
	<input type="checkbox"/> Financial dependant	
	<input type="checkbox"/> Estate/legal personal representative	

Section 2
Nomination
details
(continued)

Details		Relationship (tick one only)	Benefit %
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>		
First name	<input type="text"/>		
Last name	<input type="text"/>		
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>		
First name	<input type="text"/>		
Last name	<input type="text"/>		
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>		
First name	<input type="text"/>		
Last name	<input type="text"/>		
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>		
First name	<input type="text"/>		
Last name	<input type="text"/>		

The combined total on this form and your *Make a binding death benefit nomination* form must equal 100%. %



Section 3
**Member
declaration**

I understand that these extra nominations form part of my *Make a binding death benefit nomination* form and has been made in line with the same conditions as noted and agreed in the original form.

Important information:

A power of attorney can't sign this form on behalf of a member.
You must sign and date this form in front of two witnesses – see **section 4** below.

Your signature

Date (DD MM YYYY)

Section 4
**Witness
declaration**

Each witness must sign and date this form and the original *Make a binding death benefit nomination* form on the same date as the member.

I declare that:

- I saw the member sign and date this form
- I'm over 18 years of age and
- I'm not listed as a beneficiary on this form.

Witness A

Full name of witness A

Signature witness A

Date witnessed (DD MM YYYY)

Witness B

Full name of witness B

Signature witness B

Date witnessed (DD MM YYYY)

This form may be invalid if corrections have been made.



Return the **original** completed, signed and dated form to Spirit Super, GPO Box 1547, Hobart TAS 7001.
We can't accept scanned copies of this form.

