

Catholic Super

Binding Death Benefit Nomination

Who'll get your super if you die?

You can nominate one or more persons that you require the trustee of Catholic Super to pay your death benefit to should you die while a member of Catholic Super, by making a 'binding death benefit nomination'.

If you make a binding death benefit nomination and it is still valid and in effect at the event of your death, the trustee of Catholic Super will be bound to follow it and pay your death benefit to the persons you have nominated and in the proportions specified by you.

If you do not wish to make a binding death benefit nomination, and the Trustee allows it, you may still nominate who you would prefer to receive your super payout in the event of your death by calling the Catholic Super Service Centre on **1300 655 002** or via Mylife Online. A preferred nomination would not be legally binding on the Trustee.

You may confirm, amend or revoke your binding death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date.

Completing the form

To make a binding death benefit nomination in Catholic Super you must:

- Complete this form in full and sign and date it in the presence of two witnesses. The witnesses must be at least 18 years of age and neither of them can be nominated within this form. Each witness must also sign and date the form in Step 4.
- Only nominate someone who is your Dependant* and/or legal personal representative (of your estate).
- Ensure you clearly specify the percentage of your super that you wish to allocate to each person and that the total allocation equals 100%.

Once properly made, your nomination replaces any previous nomination you may have made, whether of preferred beneficiaries or a binding death benefit nomination.

If you wish to revoke an existing binding death benefit nomination and not make a further nomination you need only complete Steps 1, 3 and 4 of this form, leaving Step 2 blank.

What you should know about binding death benefit nominations

In the event that you die without a valid and in effect binding death benefit nomination in place, the trustee of Catholic Super will be required to either pay your entire death benefit to your estate or exercise its discretion and decide on payment of your death benefit to any one or more of your Dependents.

A binding death benefit nomination will become invalid if:

- it is completed prior to your admission to the Fund
- it is not made using the required *Binding Death Benefit Nomination form*,
- the *Binding Death Benefit Nomination form* has not been properly completed (for example, the nominated proportions are not clear or do not equal 100%, or the form has not been signed and witnessed correctly),
- at the time of your death, one or more of the persons nominated by you have died or is not your Dependant* or legal personal representative,
- you were legally incapable of making the nomination; or
- the trustee is legally restrained or prohibited from paying your super benefit to one or more of the persons nominated by you.

Binding death benefit nominations cease to have effect after a period of three years from the date you sign your nomination, or re-confirm it to apply for a further three years, unless revoked by you earlier. It would 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.

If you need help

For assistance or to access the Privacy Policy and your personal information call the Catholic Super Service Centre on **1300 655 002**.

* See Step 2



Please print in black or blue pen,
in uppercase, one character per box.



Title Mr Mrs Ms Miss Date of birth

Given names

Surname

Postal address

Suburb State Postcode

Daytime telephone Mobile

E-mail

Membership number

Name of your employer

Step 2 – Make your nomination

I direct the Trustee of Catholic Super to distribute my death benefit to the following people in the proportions shown below, in the event of my death (please attach an additional page if you wish to nominate more than four beneficiaries):

My nomination applies to these accounts: ☐ Super ☐ Pension

Name of First Nominee

Name of First Nominee

Relationship to you** (Select one option only) ✓

☐ Spouse ☐ Child ☐ Financial Dependant ☐ Legal Personal Representative ☐ Interdependency Relationship

Address*

Date of birth* / /

Proportion of payout %

Name of Second Nominee

Relationship to you** (Select one option only) ✓

☐ Spouse ☐ Child ☐ Financial Dependant ☐ Legal Personal Representative ☐ Interdependency Relationship

Address*

Date of birth* / /

Proportion of payout %

Continued over



Step 2 – Make your nomination (cont)

Name of Third Nominee

Relationship to you** (Select one option only) ☒

☐ Spouse ☐ Child ☐ Financial Dependant ☐ Legal Personal Representative ☐ Interdependency Relationship

Address*

Date of birth* / /

Proportion of payout %

Name of Fourth Nominee

Relationship to you** (Select one option only) ☒

☐ Spouse ☐ Child ☐ Financial Dependant ☐ Legal Personal Representative ☐ Interdependency Relationship

Address*

Date of birth* / /

Proportion of payout %

Total % (must equal 100%) %

* Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.

** The persons you nominate must be your 'Dependant' or legal personal representative (that is, the executor or administrator of your estate). 'Dependant' is defined as:

- your spouse – whether by marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners)
- your children including step-children, adopted children and your spouse's children;
- any other person who the trustee considers is wholly or partially dependent on you at the time of death; or
- any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
 1. they have a close personal relationship;
 2. they live together; and
 3. one or each of them provides the other with financial support; and
 4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

Any amounts paid to your legal personal representative would be distributed according to your will, or if you don't have a will, according to the laws of the State in which you resided at the date of your death.

Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information and marketing material about the other products and services offered by us and our related bodies corporate. If you do not wish to receive marketing material, please contact us on **1300 655 002**.

Our Privacy Policy is available to view at csf.com.au/privacy or you can obtain a copy by contacting us on **1300 655 002**.

When you become a member, we assume that you consent to this handling of your personal information. If you do not provide the personal information requested, we may not be able to manage your superannuation.



Your Privacy (continued)

Continued over

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail 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 also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 655 002** or write to Privacy Officer, Catholic Super, GPO BOX 4303, Melbourne, VIC 3001.

Step 3 – Sign the form

By signing this form I declare that I have read this form and understand that:

- My nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- My nomination in this form will be invalid if:
 - it has not been completed correctly, or completed prior to my admission to membership of the Fund
 - the persons nominated or my Dependents and/or legal personal representative at the time of my death are no longer alive
 - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
- My nomination in this form will expire and cease to have effect:
 - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
 - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
 - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- This form revokes any prior binding death benefit nomination or nomination of preferred beneficiaries I may have made.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

/ /

Step 4 – Witness declaration

Witness One (insert full name)

I, confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

X

Date

/ /

Witness Two (insert full name)

I, confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

X

Date

/ /

Please return your completed form to the Fund Administrator, Catholic Super, GPO Box 4303, Melbourne, VIC 3001.

