



Please note that AXA will not be able to process your request unless all 'must fill in sections' are completed.

**1 Member details (must fill in this section)**

Mr  Mrs  Miss  Ms  Other please specify  Member number

Surname (please print)   
Given name(s)

Street number and name Town/Suburb State Postcode

Telephone Date of birth

**2 Confirm or revoke an existing binding nomination (must fill in this section)**

- (i) I confirm my current nomination and understand that this extends the term of this nomination for a period of three years from the date that I sign this form.  
**(You are not required to have this form witnessed – please complete section 6)**  
**OR**
- (ii) I revoke my current binding nomination and wish to make a new nomination.  
**(You are required to have this form witnessed – please complete sections 3, 4 and 6)**  
**OR**
- (iii) I am making a nomination for the first time.  
**(You are required to have this form witnessed – please complete sections 3, 4 and 6)**

To make a new binding nomination, please complete this section:

Upon my death, I direct the Super Directions Trustee to pay my death benefit as follows:

**3 Nominee details (must fill in this section if you have ticked (ii) or (iii) above)**

Title	Given name(s)	Surname	Date of birth	% of benefit	Male	Female
1	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/>						
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> LPR* <input type="checkbox"/> Financial dependant (non-spouse/non-child) <input type="checkbox"/> Interdependency relationship						
2	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/>						
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> LPR* <input type="checkbox"/> Financial dependant (non-spouse/non-child) <input type="checkbox"/> Interdependency relationship						
3	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/>						
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> LPR* <input type="checkbox"/> Financial dependant (non-spouse/non-child) <input type="checkbox"/> Interdependency relationship						
4	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/>						
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> LPR* <input type="checkbox"/> Financial dependant (non-spouse/non-child) <input type="checkbox"/> Interdependency relationship						
5	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/>						
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> LPR* <input type="checkbox"/> Financial dependant (non-spouse/non-child) <input type="checkbox"/> Interdependency relationship						
6	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/>						
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> LPR* <input type="checkbox"/> Financial dependant (non-spouse/non-child) <input type="checkbox"/> Interdependency relationship						

\*LPR is your Legal Personal Representative, ie the executor of your will.

**4 Witness declaration (this section must be completed by two witnesses if you ticked either (ii) or (iii) in section 2)**

Witnesses must be over the age of 18 and must not be nominated on any of the above sections.

I declare that:

- I am over 18 years of age and I am not nominated on this form, and that this nomination was signed by the member in my presence.

<input type="text"/>	<b>X</b>	
Witness 1 full name	Signature	Date
<input type="text"/>	<b>X</b>	
Witness 2 full name	Signature	Date

**5 Information on completing this form (general information for you)**

**How do I confirm my current nomination?**

You may use this form to confirm your nomination by providing the details required along with your signature and the date. Please note, when confirming a nomination you do not need to have your notice witnessed.

**How do I amend, revoke or review my current nomination?**

To review your current nomination, please complete this form. The form must be signed and dated by you and must be witnessed.  
 To revoke your current nomination, please tick the box provided.  
 To revoke a nomination the form must be signed and dated by you and must be witnessed.

- 1 If you do not wish to make a death benefit nomination that is binding on the Trustee and would prefer the Trustee to have discretion in relation to the payment of your superannuation benefit after your death, you may confirm your non-binding nomination in writing to AXA. Please note, when making a non-binding nomination you do not require your request to be witnessed.
- 2 Unless you revoke your nomination before its expiry, your Binding Nomination will remain valid for a period of three years from the date you last made, confirmed (renewed) or amended it.
- 3 If you have made a Binding Nomination, and that nomination is valid, the Trustee must comply with the nomination. A Binding Nomination must be updated every three years and must be witnessed. If you make a nomination that is not binding, or do not make a nomination, the Trustee will pay the benefit to one or more of your Dependants or legal personal representative in accordance with the governing rules of the Fund. If the Trustee is unable to identify a legal personal representative or Dependant, the Trustee will pay the benefits in favour of another individual as permitted by the applicable law.
- 4 To be valid, a nomination must:
  - (a) be fully completed, signed and dated by you
  - (b) be witnessed by two people who are over 18 years of age and neither of them can be a beneficiary named on the form. Each witness must also sign and date the Witness Declaration section. Please note, the date of your signature and the witnesses' signatures must be the same, and

- (c) nominate one or more Dependants or legal personal representatives and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100 per cent.
- 5 If a Binding Nomination is invalid, it will not be binding on the Trustee and the Trustee will have discretion to determine to whom your death benefit is paid.
  - 6 No matter the type of nomination, the Trustee must ensure that the benefits are paid to your legal personal representative or 'Dependants' as defined in the Trust Deed and applicable law. A summary of the Trust Deed definition of a Dependant is:
    - (a) the spouse, de facto spouse, widow, widower, child or children (including any adopted child or step-child, ex-nuptial child or unborn child) of a member, or
    - (b) any person who, in the opinion of the Trustee is, at the date of your death, either wholly or partially dependent on a member or who has or had at the relevant date a legally enforceable right to look to that member for financial support.
    - (c) any person who was at the date of your death in the opinion of the Trustee in an interdependency relationship with you (generally a close personal relationship between two persons who live together, where one or each of them provides the other with financial support, domestic support and personal care).
  - 7 This form provides for up to six nominations. If you wish to nominate more than six, please complete a second nomination form at the same time as completing this form. Please clearly state that the second form is a continuation of the first. You may obtain a second form from your financial adviser or from our Customer Service Centre by calling 131 737. For a binding nomination on Super Directions Personal Super Plan, the maximum number of people that can be nominated is eight.
  - 8 The proportional entitlement for all nominees must total 100 per cent.
  - 9 The nomination will only be effective if the completed form is received by the Super Directions Trustee prior to the death of the member.

**6 Declaration (must fill in this section)**

Please note that the member must sign this declaration and have the presence of both witnesses.

I have read the Information above and understand that:

- in the event of my death, the Trustee will pay my death benefit in accordance with this nomination
- unless I revoke or amend it before it expires, this nomination will cease to be valid in three years time
- this nomination revokes any previous nomination that I may have made.

<b>X</b>	
Signature	Date