



Contents and instructions

Please complete this form to confirm a previous nomination of beneficiary, revoke an existing nomination, or request a new nomination.

You should seek financial advice prior to completing this form. Please see the information in the Super Directions for Business product disclosure statement (PDS) available on www.axa.com.au.

If you have more than one membership within this product, you will need to complete a separate nomination form for each.

Step 1 Member details

Complete the full name in which the membership is held, including plan and member number.

Step 2 Benefit nomination

Select the option you would like to perform.

Step 3 Information on nominations

Ensure that you have read this section.

Step 4 Confirmation of existing binding death nomination

Please tick and sign this section if you wish to re-confirm a previous nomination.

Step 5 Nomination of beneficiaries

If you wish to nominate beneficiaries that differ from your previous nomination, please complete this section. Please complete the full personal details of your nominated beneficiaries. The total benefits must equal 100 per cent.

Step 6 Declaration

This section must be signed and dated by you (the member).

Step 7 Binding nomination witness signatures

If you have chosen to make your nomination binding, this section is to be completed and signed by two independent witnesses. The witnesses must be aged 18 years or over, and not be named as beneficiaries for you.

This section is not required if you have selected non-binding nominations.

Step 8 Return form to AXA

Once completed, please send this form to:

AXA
Super Directions Fund
Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001

Step 1 Plan/Member details

Plan name		Plan reference	Member reference
Title	Given name(s)	Surname	
Street number and name	Town/Suburb	State	Postcode
Home telephone	Work telephone		

Step 2 Benefit nomination

I wish to confirm my existing binding death benefit nomination – Read section 3 and complete sections 4 and 6

OR

I wish to revoke my existing binding death benefit nomination – Read section 3 and complete sections 6 and 7

I understand this means that in the event of my death the Trustee will have the discretion to determine to whom the benefit is paid.

If your existing death benefit nomination is binding, section 7 of this form must also be completed by two witnesses who see you sign and date the form.

OR

I wish to make a new non-binding benefit nomination – Read section 3 and complete sections 5 and 6

I understand that the Trustee will decide who will receive my benefit in the event of my death.

The Trustee will generally pay your nominated beneficiary(ies), but may decide to pay your death benefit differently.

OR

I wish to make a new binding death benefit nomination – Read section 3 and complete sections 5, 6 and 7

Step 3 Information on nominations

Non-binding death benefit nominations

If you elect to make a non-binding death benefit nomination, the Trustee will consider the nomination provided by you but has discretion to pay your benefit to one or more of your dependants and/or legal personal representative in proportions it determines.

Binding death benefit nominations

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death.

When you have nominated a beneficiary and the nomination is valid under superannuation law, the approved trustee will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on how a beneficiary must be nominated:

- A beneficiary must be a spouse (including de facto spouse and same sex partner), a child (including an adopted child, step child, or ex-nuptial child) and the child of the member's spouse, or any person who is, or was at the relevant time, in the opinion of the Trustee in an interdependency relationship with the member, (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care) a legal personal representative, or any person who in the opinion of the Trustee is, or was at the relevant time, dependant in whole or in part upon the member. If any beneficiary nominated is not a dependant according to superannuation law at the date of your death, this notice will be invalid.
- You must allocate the total benefit on this form. If you have not allocated the full 100 per cent, the entire nomination will be deemed invalid.
- This nomination may be amended or revoked at any time by submitting the approved form. It will be valid for a maximum period of three years if no amendment is made. Your signature must be witnessed by two witnesses aged 18 years or over, neither of whom is nominated as a beneficiary. The administrator will attempt to contact you before the nomination expires to ask you to renew your nomination. However, it is your responsibility to update and review it every three years. AXA accepts no liability for any failure on your part to do so.
- Any amendments must be submitted on the approved form. Copies are available from your financial adviser or by calling our Customer Service Centre on 133 056.
- Sections 6 and 7 must be signed and dated by you in the presence of your two witnesses.

If you would like to nominate more than five beneficiaries, please complete an additional form. If you do not wish to nominate a beneficiary, or your nomination is invalid or defective, any benefit payable on your death will be paid at the approved Trustee's discretion to your dependants or legal personal representative. If the approved Trustee is unable to locate any of your dependants or your legal personal representative, it may pay your benefit to any other person permitted by superannuation law (usually a relative of the deceased member). You should update your nomination if there is any change to your personal circumstances. If you nominate your legal personal representative, please ensure you have a valid and up-to-date will. If you die without a will, the Trustee is required to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula, which varies from state to state. This can result in some classes of beneficiary being excluded (such as a de facto spouse or same sex partner). Payment to a legal personal representative may also take longer as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid. You should note that by directing payment to your legal personal representative you are exposing the benefit to claims by creditors of your estate.

Step 4 Confirmation of existing binding death benefit nomination

I wish to confirm my existing binding death benefit nomination.

X	/ /
Signature of member	Date

Step 5 Nomination (or change of nomination) of beneficiaries

1	<input type="checkbox"/>	Given name(s)	Surname	/ /	%	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Address		Date of birth	% of benefit	
	Relationship to member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent					
	<input type="checkbox"/> Legal personal representative <input type="checkbox"/> Dependant (other: please specify)					
2	<input type="checkbox"/>	Given name(s)	Surname	/ /	%	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Address		Date of birth	% of benefit	
	Relationship to member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent					
	<input type="checkbox"/> Legal personal representative <input type="checkbox"/> Dependant (other: please specify)					
3	<input type="checkbox"/>	Given name(s)	Surname	/ /	%	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Address		Date of birth	% of benefit	
	Relationship to member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent					
	<input type="checkbox"/> Legal personal representative <input type="checkbox"/> Dependant (other: please specify)					
4	<input type="checkbox"/>	Given name(s)	Surname	/ /	%	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Address		Date of birth	% of benefit	
	Relationship to member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent					
	<input type="checkbox"/> Legal personal representative <input type="checkbox"/> Dependant (other: please specify)					
5	<input type="checkbox"/>	Given name(s)	Surname	/ /	%	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Title	Address		Date of birth	% of benefit	
	Relationship to member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent					
	<input type="checkbox"/> Legal personal representative <input type="checkbox"/> Dependant (other: please specify)					

Step 6 Declaration

I have read the information in step 3 and understand these conditions. I direct the approved Trustee to accept my death benefit nomination for my plan.

X	/ /
Member's signature	Date

Step 7 Binding nomination witness signatures

Witness A – I declare that the above notice was signed and dated by the member in my presence and that I am aged 18 years or over.

X		/ /
Signature	Name	Date

Witness B – I declare that the above notice was signed and dated by the member in my presence and that I am aged 18 years or over.

X		/ /
Signature	Name	Date

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