



ISSUED 3 DEC 2018

FUND ABN 65 628 675 169 | USI 45 960 194 277 020

This is the form you fill out to make a death benefit nomination for your Verve Super account.

You can also use this form to cancel your current nomination.

THIS FORM MAY BE POSTED TO VERVE SUPER PO BOX 909, BYRON BAY NSW 2481 OR EMAILED TO HELLO@VERVESUPER.COM.AU

Section 1: Personal details

GIVEN NAME(S)

SURNAME

MEMBER NUMBER

DATE OF BIRTH (DD/MM/YYYY)

GENDER

/ /

PHONE NUMBER

EMAIL ADDRESS

ADDRESS

CITY

STATE

POSTCODE



Section 2: Important information about nominating beneficiaries

NON-BINDING NOMINATION

A non-binding nomination is a request to the Trustee to pay your benefit a certain way however the Trustee is not bound to follow this instruction. The Trustee must follow the law (Superannuation Industry (Supervision) Act 1993) when establishing who your death benefit should be paid to.

You can nominate a dependant, your legal personal representative or a person with whom you have an interdependency relationship as your beneficiary.

DEPENDANTS - 'DEPENDANT' IS DEFINED AS:

- a) the spouse of the person, any child of the person and any person with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of their death); and
- b) any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of their death) wholly or partially dependent on the person.

INTERDEPENDENCY:

Two persons have an interdependency relationship if:

- a) they have a close personal relationship; and
- b) they live together; and
- c) one or each of them provides the other with financial support; and
- d) one or each of them provides the other with domestic support and personal care.

Two people have interdependency if they have a close personal relationship but do not satisfy the other requirements of an interdependency relationship because either or both of them suffer from physical, intellectual or psychiatric disability.

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

Once properly made, your nomination replaces any previous nomination you may have made. We will write to you and confirm any new, amended or cancelled nomination. We will confirm your current non-binding death benefit nomination details each year with your annual statement.

Section 3: Beneficiary details

If you would like your benefit to be paid to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option, otherwise please complete the details of the people you would like your benefit to be paid to as well as the percentage of the benefit they should receive. The total must add to 100%.

LEGAL PERSONAL REPRESENTATIVE



BENEFICIARY 1

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

/ /

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 2

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

/ /

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 3

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

/ /

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 4

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

/ /

RELATIONSHIP TO YOU

% OF BENEFIT

BENEFICIARY 5

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

/ /

RELATIONSHIP TO YOU

% OF BENEFIT

If you need to nominate more than 5 beneficiaries please include more than one copy of this page.



Section 4: Cancellation of nomination of beneficiaries

Only tick this box if you would like to remove any existing beneficiaries from your account and will not be making a new nomination at this time.

I WOULD LIKE TO CANCEL MY CURRENT DEATH BENEFIT NOMINATION

Section 5: Declaration and Signature

BY COMPLETING THE APPLICATION FORM I CONFIRM THAT:

- I have read and understand the information in the Verve Super Product Disclosure Statements (PDS)
- I authorise the Trustee to change the details of my Verve Super account as shown on this form
- I understand that a non-binding nomination will not be binding on the Trustee
- I understand that if this form is invalid the Trustee may not pay my benefit to the people named in this form.
- I may revoke this nomination at any time by completing a new form
- It is my responsibility to ensure my nomination remains valid and continues to reflect my wishes
- This form overrides any previous non-binding death benefit nomination for this member number.

SIGNATURE

DATE (DD/MM/YYYY)

/ /