

# ANZ Superannuation Savings Account Nomination or Change of Beneficiary Details



12 March 2014

## Customer Services

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MEMBER NUMBER

ADDRESS

## NOMINATION OF BENEFICIARY(IES)

### Non-binding nomination

I hereby advise the Trustee of my preferences in relation to who should receive my death benefit, and in what proportions. Such payment is subject to any limitations imposed by ANZ SSA or law at the time of payment. I understand that I may alter my nomination at any time by advising the Trustee in writing.

You should make your nomination(s) in the space provided below, up to a maximum of six (6) nominations including your estate. You should amend or revoke your preferences as personal circumstances change, e.g. you marry, divorce or have a child/children.

A **dependant** includes a spouse, or a child and any other person with whom you have an interdependency relationship or who, in the opinion of the Trustee, is financially dependent on you at the time of your death.

**Spouse** includes a person who, although not legally married to you, lives with you on a bona fide domestic basis in a relationship, as a couple (whether the persons are the same sex or different sex).

**Child** includes an adopted child, a step child or an ex-nuptial child.

Name of nominated beneficiary	Address	Relationship to member	Date of birth (dd/mm/yyyy)	Proportion of death benefit %
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
and/or estate				<input type="text"/> %
<b>Total (must add up to 100%)</b>				<b>100</b> %

## DECLARATION FOR NOMINATIONS

- I understand that the beneficiary(s) nominated by me must be my dependant(s) or my legal personal representative.
- I acknowledge that I may revoke my nomination at any time by notifying the Trustee in writing and subject to the requirements below.

By completing this form, I also:

- acknowledge that I have received a paper or an electronic version of the PDS and have read it and consent to be bound by the terms of the PDS. I further consent to ANZ or any of its related group companies (including the Trustee) sending me information about its financial products from time to time.
- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in ANZ's Privacy Policy which is available at [anz.com](http://anz.com), or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at [anz.com](http://anz.com)

By signing this application I confirm that I have read and understood the declarations, conditions and acknowledgments above.

I, the applicant, whose signature appears below state that the statements made in this form are true and correct.

Full name of member

Signature of member (sign clearly within box)

Date (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)