

Change my beneficiaries

Health Super Pension



Important information

Use this form to nominate your beneficiaries. You must read the Pension Guide before making a decision about your beneficiaries. It may also be beneficial for you to obtain appropriate financial advice.

Reversionary beneficiary and Discretionary beneficiaries

One of the benefits of a Health Super Pension is that you can nominate a person (called a Reversionary Beneficiary) who will continue to receive your pension if you die. Alternatively, you can nominate someone you wish to receive your pension account balance as a lump sum (called a Discretionary Beneficiary).

If you want to nominate a Reversionary Beneficiary, you can only nominate one Reversionary Beneficiary. The Reversionary Beneficiary must be a dependant. If you die, a pension can only be paid to a dependant child if, at the date of your death, the child was:

- Less than 18 years of age; or
- Aged 18 to 24 and financially dependent on you; or
- Aged 18 or over and permanently disabled.

Once a child Reversionary Beneficiary reaches age 25, the pension must be commuted to a lump sum (tax free), unless the child is permanently disabled.

If you want to nominate a Discretionary Beneficiary, that person must be a dependant and/or your legal personal representative. The Trust Deed for Health Super and current superannuation law allows your death benefit to be paid to:

- Your personal legal representative (your estate);
- Your current spouse (including a person of the opposite sex who, although not legally married to you, lives with you in a genuine domestic relationship as your husband or wife);
- Your children (including adult and adopted children, but excluding any child born more than 10 months after your death);
- Any person with whom you have an "interdependency relationship";
- Any other dependants (includes any person who was wholly or partly dependent on you or who had a legal right to look to you for financial support).

*An interdependency relationship is where:

1. Two people have a close personal relationship;
2. They live together;
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.

However, if two people have a close personal relationship (whether or not related by family) and either one, or both, suffers from a physical, intellectual or psychiatric disability, then they are still considered to have an interdependency relationship for the purposes of the law and are not required to fulfil the other three criteria.

If you wish to nominate a Reversionary Beneficiary, you must generally do so before payment of the pension commences. Changes to your Reversionary Beneficiary nomination may be made after pension payments have commenced; however, we recommend you consult an appropriately qualified adviser as there may be taxation or Social Security implications. This nomination is binding on the Trustee, provided the nomination is consistent with legislative and Trust Deed requirements.

If you nominate one or more Discretionary Beneficiaries, the nomination will be used for Health Super's guidance only and is not binding on Health Super. If you do not have any dependants and there is no legal personal representative, the Trustee may pay the benefit as permitted by the Trust Deed and under superannuation law.

Different taxation implications may apply depending on who receives your superannuation benefits on death (and how they receive those benefits). If you do not make a nomination, the balance of your Health Super Pension account will be paid to your dependants and/or estate as determined by the Trustee.

Your details

Your Health Super Account Based Pension Number

/ABP

Given name(s)

Mr Ms Mrs Miss Dr Other (specify)

Surname

Date of birth

Residential address

City/Town

State

Postcode



Beneficiary Type

What type of beneficiary do you wish to nominate?

- Reversionary Beneficiary (you may only nominate one beneficiary below).
- Discretionary Beneficiary(ies) (please complete their details below).

Beneficiary details

Beneficiary (1)	Percentage	%	(percentages must total 100%)					
Given name(s)	<input type="text"/>	<input type="text"/>	Mr	Ms	Mrs	Miss	Dr	Other (specify)
Surname	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Relationship to you (ie. spouse, child, interdependant or financial dependant)	<input type="text"/>	<input type="text"/>	Date of birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	Gender		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	<input type="text"/>	<input type="text"/>	State		Postcode			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary (2)	Percentage	%						
Given name(s)	<input type="text"/>	<input type="text"/>	Mr	Ms	Mrs	Miss	Dr	Other (specify)
Surname	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Relationship to you (ie. spouse, child, interdependant or financial dependant)	<input type="text"/>	<input type="text"/>	Date of birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	Gender		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	<input type="text"/>	<input type="text"/>	State		Postcode			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary (3)	Percentage	%						
Given name(s)	<input type="text"/>	<input type="text"/>	Mr	Ms	Mrs	Miss	Dr	Other (specify)
Surname	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Relationship to you (ie. spouse, child, interdependant or financial dependant)	<input type="text"/>	<input type="text"/>	Date of birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	Gender		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	<input type="text"/>	<input type="text"/>	State		Postcode			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish to nominate more than three discretionary beneficiaries, please affix another copy of this page with further details.



The original form should be sent via our postal address:
Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

Sign and date

I understand/declare that:

- I understand my nomination of Discretionary Beneficiaries is not binding on the Trustee.
- I understand that superannuation legislation and/or the Trust Deed may not permit my superannuation benefits to be paid to my Nominated Reversionary or Discretionary Beneficiary/s and in these circumstances the Trustee may distribute my benefits at its discretion.

Signature Date

PRIVACY:

We collect your personal information for purposes detailed in Privacy Statements in Health Super's Pension Guide (Product Disclosure Statement) we have sent you. To find out more, read our Privacy Policy on healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.