Nominate my beneficiaries

healthsuper

Use this form to nominate who you wish to be considered in the distribution of your Death benefit. Refer to the Your account section in the Member Guide (Product Disclosure Statement) for important information about nominating your beneficiaries. You can also nominate your beneficiary(ies) online through eSuper. You can register for eSuper online at healthsuper.com.au or by calling 1800 331 719.

Use black or blue pen and capital letters

Your personal details

Health Super Member Number (7 or 8 digits)

Title (Mr, Mrs, Ms, Dr or Other) Given name(s)

Family name

Residential address

City/Town State/Territory Postcode

Postal address

City/Town State/Territory Postcode

Phone (home) ( ) Mobile

Phone (work) ( ) Date of birth D D M M Y Y Y Y

Email address

Nominating your beneficiary(ies)

The person(s) you nominate as your beneficiary(ies) must be one or more of the following:

- Your current spouse (legal or defacto; includes a same sex partner);
- Your children (including step, adopted, ex-nuptial or children of a same-sex relationship);
- Any person(s) financially dependant upon you (a financial dependant is defined as a person who is wholly or partially financially dependant upon you);
- Your interdependent*;
- Your Legal Personal Representative, which means the executor or administrator of your estate.

If you choose to nominate a person outside those listed above, the nomination will be noted, however, any future benefits will be assessed in accordance with the Health Super Trust Deed.

You may wish to inform the beneficiaries of their nomination. It's important to note that all nominated beneficiaries must be alive and fall within one of the abovementioned categories at the time of your death.

Beneficiary nominations are used as a guide only and are not binding on the Trustee of Health Super.

*An interdependent relationship includes a close personal relationship between two people who live together, where one or both provides for the financial, domestic and personal support of the other. An example is where an adult child lives with and cares for an elderly parent. People who share accommodation for convenience, for example flat mates, do not qualify.

Beneficiary(ies) details

Note: You can only nominate a dependant(s) and or personal/legal representative as described in the Nominating your beneficiary(ies) section above. Please complete the section below to nominate your beneficiaries and the share of your benefit (expressed as a % which must equal 100% for all beneficiaries in total) you would like them to have in the event of your death. You can nominate more than four beneficiaries by providing their details on a separate piece of paper and attach it to this form. Remember to make sure it's signed and dated by you in the same manner as this form.

1.

Title (Mr, Mrs, Ms, Dr or Other) Given name(s)

Family name

Relationship to you

Residential address

City/Town State/Territory Postcode

Phone (home) ( ) Share of benefit (the share of benefit must total 100%)

Phone (mobile)

2.

Title (Mr, Mrs, Ms, Dr or Other) Given name(s)

Family name

Relationship to you

Residential address

City/Town State/Territory Postcode

Phone (home) ( ) Share of benefit (the share of benefit must total 100%)

Phone (mobile)

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Beneficiary(ies) details (continued)

3.

Title (Mr, Mrs, Ms, Dr or Other) Given name(s)

Family name

Relationship to you

Residential address

City/Town State/Territory Postcode

Phone (home) ( ) Share of benefit (the share of benefit must total 100%)

Phone (mobile)

4.

Title (Mr, Mrs, Ms, Dr or Other) Given name(s)

Family name

Relationship to you

Residential address

City/Town State/Territory Postcode

Phone (home) ( ) Share of benefit (the share of benefit must total 100%)

Phone (mobile)

OR

5. Legal Personal Representative

Title (Mr, Mrs, Ms, Dr or Other) Given name(s)

Family name

Phone (home) ( ) Share of benefit (the share of benefit must total 100%)

Phone (mobile)

Sign and date

Declaration

I understand and declare that:

- My beneficiary(ies) must be a dependant or the Legal Personal Representative of my estate;
- The Trustee can only pay benefits to:
  - My dependants as defined in the Superannuation Industry (Supervision) Act 1993 and the Health Super Fund Trust Deed and includes my spouse, (married or defacto), children, any person with whom I have an interdependent relationship or any person who is financially dependant on me, and/or
  - My legal personal representative.
- Health Super may take my nomination into consideration when exercising its discretion under the provisions of the Health Super Trust Deed; and my nomination is not binding on the Trustee of Health Super.
- I have read the Privacy Statement contained in the Member Guide and on the website and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.

Name

Sign here X

Date D D M M Y Y Y Y

Do you have any questions?

We have people who are ready to take your call and guide you through any issues you may have. Call us on 1800 331 719 8:30am - 6:00pm AEST Monday to Friday.

Please return this form to:
Health Super Pty Ltd,
Locked bag 2900, Collins St West VIC 8007

Health Super Pty Ltd ABN 97 084 162 489 AFSL 246492 is the Trustee of the Health Super Fund ABN 88 293 440 675 (Health Super).