Nominate my beneficiaries

The industry fund for the **people who care**

Use this form to nominate who you wish to be considered in the distribution of your Death benefit. Refer to the Your account section of the Member Guide (Product Disclosure Statement) for important information about nominating your beneficiaries.

Your details

Your 7 or 8 digit Health Super member number

Mr Ms Mrs Miss Dr Other (please specify)

Given name(s)

Surname

Date of birth D D M M Y Y Y Y

Full residential address (PO Box not acceptable)

Suburb

Country

State

Postcode

Postal address if different from residential address

Suburb

Country

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address

Beneficiaries details

Note: You can only nominate a dependant(s) and/or legal personal representative. Beneficiary nominations are used as a guide only and are not binding on the Trustee. Fill in the boxes below to nominate your beneficiaries and what share of your benefit you would like them to have. If you need to add more beneficiaries, there are further fields on the back of this form.

1. Full name of Dependant

Relationship to you

Address

City

State

Postcode

Phone number

Share of benefit (the shares of benefit must total 100%)

2. Full name of Dependant

Relationship to you

Address

City

State

Postcode

Phone number

Share of benefit (the shares of benefit must total 100%)

3. Full name of Dependant

Relationship to you

Address

City

State

Postcode

Phone number

Share of benefit (the shares of benefit must total 100%)

OR

4. Legal personal representative

Share of benefit

Please see overleaf...

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 its regulators and Health Super Fund's Trust Deed including my spouse, (married or defacto), children, any person with whom I have an interdependency relationship or any person who is financially dependent 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 Health Super.
- I have read the Privacy Statement contained in the Member Guide and on our website and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.

Your signature

The original form must be sent to:

Health Super Pty Ltd, Locked Bag 2900,
Collins Street West VIC 8007

Date

D D M M Y Y Y Y

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).

Additional beneficiary(ies) details

5. Full name of Dependant | Relationship to you

Address

City | State | Postcode

Phone number | Share of benefit (the shares of benefit must total 100%)

6. Full name of Dependant | Relationship to you

Address

City | State | Postcode

Phone number | Share of benefit (the shares of benefit must total 100%)

7. Full name of Dependant | Relationship to you

Address

City | State | Postcode

Phone number | Share of benefit (the shares of benefit must total 100%)

8. Full name of Dependant | Relationship to you

Address

City | State | Postcode

Phone number | Share of benefit (the shares of benefit must total 100%)