



### 3. Beneficiary nominations

You can only nominate your estate or a person(s) who is a dependant to receive your death benefit. Please refer to the relevant PDS and additional information guide for more information. Your existing beneficiary nomination will be replaced by the new beneficiary nomination details you provide here. You should inform any nominated beneficiary that their details will be provided to OnePath Custodians.

Full name of nominated beneficiary	Gender	Relationship to member (pick one)	Date of birth (dd/mm/yyyy)	Proportion of death benefit to be paid
<b>1. My Legal Personal Representative (My Estate)</b>	Not applicable	Not applicable	Not applicable	<input type="text"/> <input type="text"/> <input type="text"/> %
and/or nominated beneficiaries below				
<b>2. Please print in CAPITAL LETTERS</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
<b>3.</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
<b>4.</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
<b>5.</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total</b>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %

### 4. Member declaration

By signing this form, I confirm that I:

- consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy) If I have provided information about another person in this application (for example a life insured), I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy) so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by OnePath Custodians.
- consent to OnePath Custodians, and its related companies using my personal information (including health and other sensitive information) to send me information about their products or services from time to time. I also consent to OnePath Custodians disclosing my personal information (including health and other sensitive information) to organisations, including those in an arrangement or alliance with OnePath Custodians or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Custodians, its related companies or alliance partners using and disclosing my information for this purpose, I understand and agree that I must phone 133 665 to withdraw my consent.
- agree that my beneficiaries and I are bound by the provisions of the relevant trust deed
- agree that this nomination only applies to the relevant OneAnswer or OptiMix account(s) associated with the member numbers identified on this form.

**Signature of member**  **Date (dd/mm/yyyy)**

(Sign clearly within the box)

#### Witness declaration – must be completed for the non-lapsing death benefit nomination to be valid and/or you have chosen to revoke an existing nomination.

Declaration: I am 18 years or over; I am not a named beneficiary on this form; and the member's signature was signed and dated by the member in the presence of us both.

**Full name of witness 1**

(Print in capital letters)

**Signature of witness 1**  **Date (dd/mm/yyyy)**

(Sign clearly within the box)

The date of the member and witness signatures must be the same.

**Full name of witness 2**

(Print in capital letters)

**Signature of witness 2**  **Date (dd/mm/yyyy)**

(Sign clearly within the box)

The date of the member and witness signatures must be the same.