

Nomination of Beneficiary Form

Integra Super

1 February 2020

Retirement Portfolio Service (Fund)

ABN 61 808 189 263 RSE R1000986

OnePath Custodians Pty Limited

ABN 12 008 508 496 AFSL 238346 RSE L0000673

GPO Box 5306, Sydney NSW 2001

Customer Services

Phone 133 665

Email customer@onepath.com.au

Website onepath.com.au

This form is for existing members to nominate, revoke, or reconfirm a beneficiary nomination in:

- **Integra Super**

Please complete this form in capital letters using black or blue pen.

You can make nominations for multiple accounts in Integra Super held under your name using this form. Simply provide the member number in the Member details section.

In completing the proportions of benefits, your nominations must add up to 100% (no fractions or decimals). If the proportions do not equal 100%, you will be asked to complete a new form.

To make a binding nomination or revoke your existing binding nomination, you and two witnesses must sign section 4. Any alterations to your form must be initialled by you and both witnesses.

To make a non-binding nomination, you are required to sign section 4. No witnesses' signatures are required in section 4.

Please complete this form and send it to: OnePath, GPO Box 5306, Sydney NSW 2001

This form cannot be faxed. We require the original form.

1. Member details

Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>					
Surname	<input type="text"/>										
Given name(s)	<input type="text"/>										
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>						
Residential address (this cannot be a PO Box)	<input type="text"/>										
Suburb/Town	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>		
Phone (during business hours)	<input type="text"/>										
Email	<input type="text"/>										

2. Nomination instruction

Select (x) from the below:

☐ **New nomination** – I would like to provide new nomination details (complete sections 3 and 4).

- To make a binding nomination, you and two witnesses must sign section 4.
- To make a non-binding nomination only you are required to sign section 4.

or

☐ **Revoke** – I would like to revoke the existing nomination without replacing it (go to section 4. You and two witnesses must also sign section 4 if you are revoking a binding nomination).

and/or

☐ **Reconfirm** – I would like to reconfirm my existing binding nomination (go to section 4).

3. Beneficiary details

You can only nominate your legal personal representative (your estate), and/or a person(s) who is a dependant, to receive your death benefit. Please refer to the relevant PDS and Member Guide (which forms part of the PDS) 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 (Print in capital letters)	Relationship to member (select one)	Date of birth of beneficiary (dd/mm/yyyy)	Proportion (%) of death benefit
1. My Legal Personal Representative (My Estate) and/or nominated beneficiary(ies) below	Not applicable	Not applicable	<input type="text"/> <input type="text"/> <input type="text"/> %
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> %
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> %
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> %
The total of your beneficiary nominations, including your legal personal representative (your estate), must be 100%			Total <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 or by calling Customer Services. If I have provided information (including health and other sensitive 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 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 and services from time to time. I also consent to OnePath Custodians disclosing my personal information (including health and other sensitive information) to organisations with whom it is in an arrangement or alliance. This is to enable those organisations to send me marketing information about their products or services. I understand that if I do not want OnePath Custodians, its related companies or alliance partners to use and disclose my personal information (including health and other sensitive information) for this purpose, I must notify OnePath Custodians by contacting 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 Integra Super account associated with the member numbers identified on this form and if I have made a binding nomination, it is only valid for three years from the date I sign it or any confirmation or amendment of it.

Signature of member

(Sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

Witness declaration – must be completed for a binding nomination to be valid and/or you have chosen to revoke an existing binding 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

(Sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

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

(Sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

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