

Beneficiary nomination form - Super

Please use this form if you wish to nominate who your death benefit is paid to on a ClearView Life Solutions Super or ClearChoice Super Policy.

Please use a separate form for each policy. If you are nominating beneficiaries for cover issued under a non-superannuation policy, please use the 'Beneficiary Nomination Form - Non-Super'.

You may nominate up to five beneficiaries to receive any death benefit that becomes payable under this policy.

Nomination type

There are two types of nominations available: non-binding and non-lapsing binding. Regardless of which type of nomination you make, your nomination must satisfy all of the following:

- any person you nominate must be either a 'dependent' under superannuation law or your Legal Personal Representative
- you must provide the full name, address, date of birth and relationship to the person(s) nominated
- your nomination must be given to the Trustee in writing prior to your death; and
- all nominations must be in whole numbers and total 100%.

For non-lapsing binding nominations, your nomination must be signed and dated in the presence of two witnesses who are over the age of 18 and are not nominated as a beneficiary. The two witnesses must also sign and date a declaration that they were in your presence when you signed and dated your nomination.

Please refer to 'Payment of death benefits' and 'Who is a dependent?' sections of the PDS and Policy Document for more information.

All signatures and dates for beneficiary nominations (including those of the witnesses) must be completed by hand at the same time. Please ensure all pages are returned on submission.

Please choose one of the following types of nomination. Please tick one box only.

Non-binding

Non-lapsing binding

Please list the nominated beneficiary(ies) and the portion of the benefit each is to receive. Please use whole numbers and ensure that the total of the percentages is 100%.

Note: Do not include the person insured as one of the nominated beneficiaries, as it will make the nomination invalid. Please ensure that full information is provided to prevent any delays in us accepting your nomination.

Policy number

Person insured

| | | | % of benefit |
|----------|--|---|--|
| 1 | First name <input type="text"/> Surname <input type="text"/> Date of birth <input type="text"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Relationship to you (select one only) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency <input type="checkbox"/> Financial dependant | Street number and name <input type="text"/> Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> <input type="text"/> |
| 2 | First name <input type="text"/> Surname <input type="text"/> Date of birth <input type="text"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Relationship to you (select one only) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency <input type="checkbox"/> Financial dependant | Street number and name <input type="text"/> Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> <input type="text"/> |
| 3 | First name <input type="text"/> Surname <input type="text"/> Date of birth <input type="text"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Relationship to you (select one only) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency <input type="checkbox"/> Financial dependant | Street number and name <input type="text"/> Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> <input type="text"/> |
| 4 | First name <input type="text"/> Surname <input type="text"/> Date of birth <input type="text"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Relationship to you (select one only) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency <input type="checkbox"/> Financial dependant | Street number and name <input type="text"/> Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> <input type="text"/> |
| 5 | Legal personal representative | | % |

The total allocation must add up to 100%.

Person insured declaration

- I request that the Trustee accept my non-lapsing binding nomination or non-binding nomination as appropriate.
- I have read and understand the 'Payment of death benefits' and 'Who is a dependant?' sections of the PDS and Policy Document.
- I understand that it is my responsibility to review and update my beneficiary nomination with the Trustee as my personal circumstances change.
- I understand that if my non-lapsing binding nomination is not valid at the time of my death, that the Trustee will pay my death benefit as a lump sum to a dependant(s) or my Legal Personal Representative at the discretion of the Trustee and in accordance with superannuation law.
- I have read and consent to the collection, use and disclosure of my personal information as set out in the Trustee's and ClearView's Privacy Policy. ClearView's Privacy Policy is available at clearview.com.au/privacy or by contacting ClearView on 1800 265 744. The Trustee's privacy policy is available at eqt.com.au/global/privacystatement or by contacting the Trustee's Group Privacy Officer on (03) 8623 5000.
- I understand that my personal information may be sent to relevant overseas third-party providers. I consent to my personal information being sent to overseas third-party providers. I understand that while ClearView will take all appropriate measures to help protect the privacy of my personal information, these overseas providers are not bound by the Australian Privacy Principles. Accordingly it is possible that I may not be able to exercise the rights I have under the Privacy Act if an overseas third-party provider does not meet those privacy obligations.
- When I provide personal information to the Trustee or ClearView about another person, I confirm that I am authorised to provide the information and will inform that person (unless doing so would pose a serious threat to the life or health of any individual) of the content of this form, who the Trustee and ClearView is, how the Trustee and ClearView will use and disclose information, that they can gain access to that information, and all other matters set out in the 'Privacy and your personal information' section of the PDS and Policy Document and confirmed that they have read the relevant Privacy policies.

Person insured signature

Date

Witness declaration

Only needed when making a non-lapsing binding nomination

I declare that I am over the age of 18, am not a nominated beneficiary and that the policy owner signed and dated this non-lapsing binding nomination in my presence and in the presence of the other witness.

Witness 1

Full name

Signature

Date

Witness 2

Full name

Signature

Date

Sending your form

Mail

ClearView
GPO Box 4232,
Sydney NSW 2001

Email

clearviewlife.maintenance@clearview.com.au

Enquiries

T 132 979

ClearView ClearChoice and LifeSolutions are issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView ClearChoice Super and LifeSolutions Super are issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.
clearview.com.au All other life insurance products are issued by ClearView.