

Non-Binding Death Benefit Nomination Form

Please use this form if you wish to change your current nominated beneficiaries. We recommend you seek professional advice before making a nomination.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

*I want to: Replace an existing nomination Cancel an existing nomination (complete sections A and C)

A. Member details

*My ClearView Roll-Over Bond account number / (e.g. TRLL / 100000)

*Title

Mr Mrs Ms Miss Dr Other

*Gender

Male Female

*Date of birth

*Given name(s)

*Surname

To provide you with flexibility, nominations are made at account level. If you have more than one account with ClearView please complete a separate nomination form for each account as required or include the other account numbers below.

This nomination will replace any existing non-binding nominations on these accounts.

Please apply this nomination to these account(s) / (e.g. TRLL / 100000)

/

/

B. Non-binding beneficiary details

Legal Personal Representative <input type="checkbox"/>	% of death benefit <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
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Given name(s) <input type="text"/>	% of death benefit <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

Given name(s) <input type="text"/>	% of death benefit <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

Given name(s) <input style="width: 90%; height: 20px;" type="text"/>	% of death benefit <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> %
Surname <input style="width: 90%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Surname <input style="width: 90%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Surname <input style="width: 90%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Relationship <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

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Surname <input style="width: 90%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Relationship <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

<input type="checkbox"/> Tick this box if you have more than 6 beneficiaries	Total <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
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¹ Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

The total of your beneficiary nominations, including your legal personal representative (if nominated), must equal 100.00%

Note: If you are nominating more than 6 beneficiaries you will need to copy this page, complete the beneficiary details and attach it to this form.

C. Member declarations and signature

In giving your nomination to the Trustee you agree to, and make the following declarations:

- I understand the terms of this nomination and have read the Customer Information Brochure and Policy Document (Disclosure Documents) to which it relates.
- The beneficiaries I have nominated are either my dependant(s) and/or my legal personal representative, within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act). A dependent includes my spouse, child, or person who is financially dependent on me or with whom I have an interdependency relationship.
- I understand this nomination is invalid if any beneficiary nominated is not a dependant or legal personal representative at the time of my death or after I die.
- The proportions I have allocated to my dependant(s) or legal personal representative as non-binding beneficiaries total 100%.
- I understand this nomination may be amended or revoked at any time by notifying the Trustee.
- I understand this nomination is not valid until received by the Trustee or administrator (on the Trustee's behalf).
- I understand if my nomination is not valid, the Trustee will have the sole discretion to pay my benefits to any one or more of my dependants and/or to my legal personal representative as specified in the Disclosure Documents, Trust Deed and super law.

The information collected on this form is governed by the ClearView Information Handling Policy which is available on www.clearview.com.au.

Signature of member

Date

D	D	M	M	Y	Y	Y	Y
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Member full name (print clearly in block letters)

Sending your form

Please send the form to us via email or mail.

Mailing address:

ClearView Wealth
Reply Paid 4232
Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.