

# Nomination of Beneficiary and Payment Allocation Form Total Care Plan Super



The Trustee will only accept this form if you were a member of Total Care Plan Super before 1 April 2017.

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL), the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust).  
The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA) is responsible for the administration of Total Care Plan Super and provides insurance benefits to FirstChoice Trust as insurer of Total Care Plan Super.

## A – Member's details

Given name(s)		Surname	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
State		Postcode	
<input type="text"/>		<input type="text"/>	
Home phone number	Business phone number	Mobile phone number	Date of birth
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email address			Policy number
<input type="text"/>			<input type="text"/>

## B – Non-binding nomination

A non-binding nomination allows you to inform the Trustee how you would like any benefit to be paid in the event of your death. This nomination is **not binding** on the Trustee who has complete discretion as to which of your dependants and/or legal personal representative will receive any benefit payable on your death and the form of payment. To assist the Trustee in making this decision, you may nominate anyone who is a dependant as defined in the CommInsure Protection PDS.

A dependant for this purpose includes:

- a spouse, including a person (whether of the same sex or a different sex) with whom you are living on a genuine domestic basis in a relationship as a couple and a person with whom you are in a relationship registered under State or Territory law
- a child of any age (including an adopted child, step child or an ex-nuptial child, a child of your spouse and your child within the meaning of the Family Law Act 1975)
- a person with whom you have an interdependency relationship
- any person financially dependent on you.

There may be tax implications in nominating eligible dependants directly, rather than nominating your legal personal representative. Please consult your financial or taxation adviser.

You may also nominate that your benefit be paid to your legal personal representative (i.e. the executor or administrator of your estate).

## C – Beneficiary nominations

**Member's Instructions** – Please tick the relevant box

- I wish to cancel all current beneficiary nominations for this policy, or
- I wish to nominate the following beneficiaries (If there is insufficient space to show all the beneficiaries you wish to nominate please list the additional nominees on a separate piece of paper and sign and date the paper and attach it to this form):

### Nominee 1

Given name(s)		Surname	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
State		Postcode	
<input type="text"/>		<input type="text"/>	
Date of birth	Sex	<b>Form of Payment</b>	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Lump sum	<input type="text"/> %
Relationship to you		Pension	<input type="text"/> %
<input type="text"/>			

**Nominee 2**

Given name(s)  Surname

Address   
 State  Postcode

Date of birth  /  /  Sex  Male  Female

Relationship to you

**Form of Payment**  
 Lump sum  %  
 Pension  %

**Nominee 3**

Given name(s)  Surname

Address   
 State  Postcode

Date of birth  /  /  Sex  Male  Female

Relationship to you

**Form of Payment**  
 Lump sum  %  
 Pension  %

**Nominee 4**

Given name(s)  Surname

Address   
 State  Postcode

Date of birth  /  /  Sex  Male  Female

Relationship to you

**Form of Payment**  
 Lump sum  %  
 Pension  %

**AND/OR**

To my legal personal representative

Lump sum  %

**Total must equal 100%**  
 **100 %**

Signature of Member

Date  /  /

Please mail this form to:

**CommInsure Life Insurance**  
**PO Box 320**  
**Silverwater NSW 2128**