

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

Commlnsure



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

You should complete this form if you wish to nominate or change one or more beneficiaries to receive any death benefit.

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) the trustee of 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

Policy number (if known)	Title				
<input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Given name(s)	Surname				
<input type="text"/>	<input type="text"/>				
Residential address (PO Box is not acceptable)					
<input type="text"/>					
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					
<input type="text"/>					

## B – Important notice for binding nominations

A binding nomination allows you to direct the trustee of the FirstChoice Trust to pay any death benefit to the person(s) you nominate. This nomination is binding on the trustee of the FirstChoice Trust. You may also nominate the form (lump sum and/or pension) in which any benefit is paid, however, this is not binding on the trustee of the FirstChoice Trust. Appropriate professional advice relevant to your circumstances is recommended before making a binding nomination.

You can only direct the trustee of the FirstChoice Trust to pay any death benefit either to your dependant(s), as defined in the Commlnsure Protection PDS, or to your legal personal representative (ie the executor or administrator of your estate) or both.

A dependant for this purpose includes:

- a spouse, including a person (whether of the same 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.
- a person financially dependent on you.

Your binding nomination will remain valid for 3 years from the date you sign it, renew it or update it. Making a new binding nomination revokes a previous one.

If a binding nomination is invalid (wholly or partly) or has expired, it will not bind the trustee of the FirstChoice Trust and, in that case, the trustee of the FirstChoice Trust will have complete discretion as to whom your death benefit will be paid.

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 must provide all details requested. If you do not, the trustee of the FirstChoice Trust may need to contact you to obtain further information.

## C – Binding direction to the trustee of the FirstChoice Trust

In the event of my death, I direct the trustee of the FirstChoice Trust to pay any death benefit to my dependant(s) and/or legal personal representatives as follows (if there is insufficient space to show all the nominees 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).

**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):

Page 1 of 2

**C – Binding direction to the trustee of the FirstChoice Trust (continued)**

**Nominee 1**

Title Mr  Mrs  Miss  Ms  Other

Sex  Male  Female

Relationship to you (please (✓) tick)

Spouse  Child

Interdependant

Financial dependant

Full Name

Residential address (PO Box is not acceptable)

State  Postcode

Date of birth  /  /

**Form of Payment**

Lump sum  %

Pension  %

**Nominee 2**

Title Mr  Mrs  Miss  Ms  Other

Sex  Male  Female

Relationship to you (please (✓) tick)

Spouse  Child

Interdependant

Financial dependant

Full Name

Residential address (PO Box is not acceptable)

State  Postcode

Date of birth  /  /

**Form of Payment**

Lump sum  %

Pension  %

**Nominee 3**

Title Mr  Mrs  Miss  Ms  Other

Sex  Male  Female

Relationship to you (please (✓) tick)

Spouse  Child

Interdependant

Financial dependant

Full Name

Residential address (PO Box is not acceptable)

State  Postcode

Date of birth  /  /

**Form of Payment**

Lump sum  %

Pension  %

**AND/OR**

To my legal personal representative

Lump sum  %

**Total must equal 100%**

**100 %**

**D – Declaration**

I understand that:

- in the event of my death, the trustee of the FirstChoice Trust will pay any death benefit in accordance with this nomination;
- this nomination cancels all previous binding nominations and overrides any non-binding nominations made by me in respect of this Policy;
- unless I renew, cancel or update this nomination earlier, it will become invalid in 3 years time; and
- I should review my nomination at least every 3 years or as my personal circumstances change;
- The form in which I nominate my death benefit to be paid (lump sum and/or pension) is not binding to the trustee of the FirstChoice Trust.

**Signing this form**

This form must be signed and dated in the presence of two witnesses. Each witness must be over 18 years old and must not be a person nominated on this form.

Signature of Member

Date  /  /

**Declaration by witnesses**

I hereby declare that this binding nomination was signed and dated by the member in my presence. I confirm that I am at least 18 years old and I am not a person who has been nominated on this form.

Witness 1 name (please print)

Signature of witness

Date  /  /

Witness 2 name (please print)

Signature of witness

Date  /  /

Please send the completed form to:

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