

# Nomination of Beneficiary Form



This form is to advise the Trustee of CBH Superannuation Fund who you would prefer to receive your benefit in the case of your death whilst a member. If you wish for your request to be binding on the Trustee, please complete the *Binding Death Benefit Nomination* form.

## Personal Details

Title: Mr / Mrs / Miss / Ms (please circle one) Date of Birth: \_\_\_\_\_  
Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Nomination of preferred beneficiaries for death benefits

I nominate the following as my preferred beneficiaries of my death benefits from the CBH Superannuation Fund. I understand my nomination will be used by the Trustee as a guide only and that the Trustee is not in any way bound by my nomination when exercising its absolute discretion to pay my benefits in the Fund. This is not a binding nomination.

| Nominated beneficiary (full name) | Address (is same as above, show 'as above') | Relationship (e.g. spouse, child) | Date of Birth | % of Benefit |
|-----------------------------------|---|-----------------------------------|---------------|--------------|
|                                   |   |                                   |               |              |
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|                                   |   |                                   |               |              |

NOTE: Superannuation death benefits may only be paid to either a dependent or your legal personal representative (or executor of your will). A dependent is defined as:

- Your spouse, including de facto and same sex spouse;
- Your children, including step-children and adopted children;
- Any other person who the Trustee considers is wholly or partially dependent upon you at the time of death; and
- Any person you have an interdependency relation with (as legislatively defined).

Signature

Date

Please send your completed form to:

CBH Superannuation Fund, 30 Delhi Street West Perth WA 6005

**Phone:** (08) 9237 9707 **Fax:** (08) 9322 3942 **Email:** donna.adam@cbh.com.au

**Your Privacy:** The privacy of your personal information is important to us. We are collecting this information to administer your superannuation account and to keep you informed. For more information about the Fund's Privacy Statement, the complete document is available from the Fund.

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