

# Nomination of beneficiary form



## How to complete this form:

- Use this form if you wish to make a new Binding or Non-Binding nomination
- Complete all relevant sections, and read the Member notes and declarations.

## Please return the completed original of this form to:

LESF Member Services  
PO Box 1282 Albury NSW 2640

M: PO Box 1282 Albury NSW 2640  
P: 1800 359 686 E: lesf@diversa.com.au W: [www.lesf.com.au](http://www.lesf.com.au)  
Diversa Trustees Limited  
ABN 49 006 421 638  
RSE Licence No L0000635  
APS Licence No 235153

## Section 1 : Member details

<b>Personal details</b>		
Title	Surname	
Given name(s)		
Member number	Date of birth (ddmmyyyy)	
Email	Phone	
Address		
Suburb	State	Postcode

## Section 2 : New beneficiary details

Please select one of the following options and complete the table below:

- Non-binding** complete sections 1, 2 and 3
- Binding** complete sections 1, 2, 3 and 4
- Non-lapsing binding** complete sections 1, 2, 3 and 4

Name of nominated beneficiary (dependant or estate)	Address	Relationship to you	Date of birth	%
				%
				%
				%
				%
				%
				%
<b>Total must add up to 100%</b>				%

## Section 3 : Member declaration

- I hereby direct the Trustee to distribute the benefit payable in the event of my death in accordance with this form. This Nomination supersedes any previous nomination made by me. I acknowledge that I have read the Important Notes below;
- I understand the terms of this Nomination and have read the current PDS;
- The beneficiary/ies I have nominated above are either my dependant(s) or my legal personal representative(s);
- The proportions of benefit I have completed are certain;
- I acknowledge that if my circumstances change, or I otherwise wish to change my Nomination I must notify the Trustee and provide a new Nomination form and;
- I acknowledge that in any event this Nomination is valid for a period of three (3) years and that I agree to provide the Trustee with a new Nomination prior to expiry of the existing Nomination.

### Your privacy is important to us

When we collect your personal information, it is securely stored and will only be used and disclosed to authorised personnel, service providers and third parties in order to:

- administer your superannuation account
- make benefit payments
- direct marketing

For a copy of the Privacy Policy, visit [www.lesf.com.au](http://www.lesf.com.au) or contact us on 1800 359 686. Our Privacy Policy sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

If you do not wish to receive direct marketing material, please tick this box

Signature

Date (ddmmyyyy)

Please ensure that your signature is properly witnessed in the presence of two witnesses (binding nominations only, see section 4)

Print full name

If you have any questions regarding this form or your membership, please contact LESF Member Services on 1800 359 686.

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## Section 4 : Witness declaration (binding nominations only)

By witnessing this Nomination of beneficiaries form, I declare that I am over 18 years of age, I am not a beneficiary on this form, and I have witnessed the signing of this document by the member whose signature appears on this form.

Witness 1 signature

Date (ddmmyyy)

Name (BLOCK LETTERS)

Address

Phone

By witnessing this Nomination of beneficiaries form, I declare that I am over 18 years of age, I am not a beneficiary on this form, and I have witnessed the signing of this document by the member whose signature appears on this form.

Witness 2 signature

Date (ddmmyyy)

Name (BLOCK LETTERS)

Address

Phone

### Notes

- Ensure the date when each witness signs this form is the same as the date that the member signed the Binding Nomination Form, otherwise the form will not be valid;
- If this form is not witnessed, your nomination will be non-binding, and your death benefit will be paid accordance with the Trustee's discretion.

If you have any questions regarding this form or your membership, please contact LESF Member Services on 1800 359 686.

## Important notes

### Who is a dependant?

For the purpose of paying a superannuation death benefit, a dependant is:

- Your spouse (legal or de facto spouse) (including a person of the same sex as you); or
- Your children (including step-child and adult child); or
- Any person who is wholly or partially financial dependent on you at the time of your death; or
- Any person who is in an "interdependency relationship" with you.

An interdependency relationship means:

- You have a close personal relationship with the person; and
- You live together; and
- One or both of you provide the other with financial support; and
- One or both of you provide the other with the domestic support and personal care. (A person may however still qualify if you do not live together because one of you suffers from a disability)

### Binding nomination rules

A binding nomination ensures that you decide who receives your benefit when you die and in what proportions:

- The nominated proportion of benefit must total 100%.
- A binding nomination becomes invalid when a nominated beneficiary ceases to be a dependant or legal personal representative.
- To be effective a binding nomination must be signed by 2 witnesses who are at least 18 years old and who are not named in the nomination.
- Only your dependants or legal personal representative are eligible to receive your death benefit and that eligibility is determined as at the date of your death.
- If you have revoked and have not made a new binding nomination, or you have not confirmed or made a new nomination three (3) years from the date of your binding nomination, then payment of your death benefit to your dependants in accordance with the Trustee's discretion.
- If a dependant nominated to receive a benefit dies before you, or they are no longer a dependant of you at the time of your death, then your benefit will be distributed equally amongst your surviving nominated dependants or your legal personal representative. If there are no surviving dependants or nominated legal personal representative, your death benefit will be paid in accordance with the Trustee's discretion.

## Please return the completed original of this form to:

LESF Member Services Team  
PO Box 1282 Albury NSW 2640

Call LESF Member Services Team 1800 359 686 if you have any queries on how to complete the form, or speak to your professional financial adviser.

### Office use only

Reference	Process / eff date
Administrator	Authorised by