

MAKING, CHANGING OR CANCELLING A NON-LAPSING DEATH NOMINATION



Please read the following **Important information** for details on how to make a non-lapsing nomination.

WHO CAN YOU NOMINATE?

You must nominate a beneficiary or beneficiaries who are eligible to receive your death benefit (**eligible beneficiary**). An eligible beneficiary is a person in at least one of the following categories:

- **Your spouse** – a person who is married to you [valid under *Marriage Amendment Act 2017* (CTH)], or has a registered relationship with you, or is in a de facto relationship with you (whether opposite sex or same sex).
- **Your children** – including adopted, step or ex-nuptial, a child of your spouse and someone who is your child within the meaning of the Family Law Act 1975.
- **Another dependant**, defined as:
 - A person who is wholly or partially financially dependent on you, or
 - A person in an interdependent relationship with you.
 - Two people will have an interdependency relationship if:
 - they live together;
 - they have a close personal relationship; and
 - one or each of them provides the other with financial and domestic support and personal care.

Interdependency can also apply in the case where a close personal relationship exists but the other requirements for interdependency are not satisfied because either or both people suffer from a physical, intellectual or psychiatric disability.

- **Your Legal Personal Representative** – the executor of your will or administrator of your estate.

The most appropriate nomination will depend on your personal circumstances. As there may be taxation, Centrelink, asset protection and other implications to consider, we recommend that you seek professional legal, taxation and financial advice before making your nomination.

WHAT IS A VALID NOMINATION?

To make a nomination valid, you must also follow these procedures. Your nomination must:

- Be made to the Fund in writing on this form
- Clearly set out the proportion of the benefit to be paid to each person nominated (total must add up to 100%)
- Be signed and dated by you in the presence of two witnesses over the age of 18 who are not nominated on the form
- Be signed and dated by the two witnesses present (the date signed must match the date for your signature)
- Be sent to the Fund (**a nomination will not apply until we receive the original form**)
- Meet the criteria in the **Who can you nominate?** section above.

You may also wish to inform your nominated beneficiaries of your nomination.

HOW DOES A NON-LAPSING NOMINATION WORK?

Your non-lapsing nomination is **valid** if this form is fully and correctly completed and witnessed, and nominates an eligible beneficiary, or more than one eligible beneficiary in specified proportions (see 'Who can you nominate?')

Your nomination only takes effect on the Trustee consenting to the nomination.

If the Trustee consents to your nomination, and your non-lapsing nomination is still valid at the time of your death, the Trustee will pay your death benefit to your nominated beneficiary/ies.

YOUR NOMINATION WILL BECOME INVALID IF AT ANY TIME:

- you nominated your spouse and they cease to be your spouse (e.g. you divorce) or you become permanently separated from them;
- you commence a relationship with a spouse who is not named in the nomination; or
- any person nominated as your dependant (under superannuation law) dies or ceases to be your dependant.

It is important that you review your nomination regularly and consider updating your nomination whenever your personal circumstances change.

You may replace or cancel your nomination at any time.

HOW DO YOU UPDATE YOUR NON-LAPSING NOMINATION?

If you want to make, replace or cancel a non-lapsing nomination, you must follow these procedures:

- **Make or replace a nomination:** If you want to make a non-lapsing nomination or make a new nomination replacing an existing nomination, you must write your chosen beneficiaries' details in the **Beneficiary details** section of this form and the **Percentage of benefit** column must total 100%. The form must be signed, dated and witnessed.
- **Cancel a nomination:** If you want to cancel a current non-lapsing nomination and not replace it, you must write "cancel previous nomination" in the **Beneficiary details** section of the form. Please note that the form must still be signed, dated and witnessed.

You'll need to complete a separate nomination form for each account you hold with the Fund.

We will write to you to confirm your new, replacement or cancelled nomination, and our consent to that nomination.

You will be advised of your nomination each time we send your Annual Statement, and we will ask whether you want to replace or cancel your nomination. Additional Non-Lapsing Death Benefit Nomination Forms can be obtained from the Fund or you can download one from the Energy Super website at energysuper.com.au

IF, AT THE TIME OF YOUR DEATH:

your non-lapsing death benefit nomination is not valid, the Trustee will have a discretion to pay your death benefit to any one or more eligible beneficiaries.

IS THERE A FEE FOR MAKING A BINDING NOMINATION?

We do not charge a fee to process a non-lapsing death benefit nomination.

NON-LAPSING DEATH BENEFIT NOMINATION FORM



To make a non-lapsing nomination or to change an existing nomination, please complete this form.

Make sure you list ALL the names of the persons you wish to be beneficiaries of your Energy Super Death benefit in the **beneficiary details** section below. If you are adding beneficiaries, ensure that you include those previously nominated as well as your new beneficiary(ies).

Please complete the form in BLOCK letters using a blue or black pen. Print an 'X' to mark boxes where applicable.

Please note: You must sign and date this form in the presence of two witnesses over the age of 18 who are not beneficiaries. This form must be clear, legible and completed correctly. Any alterations to this form must be initialled by you and both witnesses. It is also important to note that the original form must be returned to the Fund as it will not be accepted if faxed or emailed.

Please tick ONE of the boxes below and follow the instructions.

- I would like to MAKE, AMEND OR RENEW a non-lapsing nomination.** Enter your nominations in the **Beneficiary details** section, sign and date the **Member declaration** and have two witnesses sign and date the **Witness declaration**.
- I would like to CANCEL a non-lapsing nomination.** To cancel a current nomination and not replace it, write "cancel previous nomination" in the **Beneficiary details** section, sign and date the **Member declaration** and have two witnesses sign and date the **Witness declaration**.

YOUR PERSONAL DETAILS

Energy Super member number* (if known):

Surname:

Title: Mr Mrs Ms Miss Dr

Given names:

Date of birth: (DD/MM/YYYY) / /

Residential address:

State: Postcode:

Postal address (if same as residential address, write "as above"):

State: Postcode:

Telephone (home):

Telephone (work):

Mobile:

Primary email:

Secondary email:

*Please note you must complete a separate form for each account you hold.

BENEFICIARY DETAILS

Each beneficiary must be an eligible dependant (your spouse, child, or another dependant) or your Legal Personal Representative. The percentages allocated to each beneficiary must be whole numbers and the total must equal 100% or this nomination will not be valid.

Please refer to the **Important information** section for more information about who is eligible to be nominated.

FULL NAME OF BENEFICIARY	DATE OF BIRTH (DD/MM/YYYY)	ADDRESS	RELATIONSHIP TO YOU	% OF BENEFIT
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
			<input type="radio"/> Spouse <input type="radio"/> Interdependent <input type="radio"/> Child <input type="radio"/> Financial Dependent	%
Your Legal Personal Representative (Executor or Administrator of your Estate)				%
				Total 100%

MEMBER DECLARATION

You must sign and date this form in the presence of two witnesses over the age of 18 who are not beneficiaries.

If any part of this form is unclear, illegible or not completed correctly, this form will not be accepted.

I declare that to the best of my knowledge and belief, the information I have provided is true and correct.

I acknowledge that the Fund collects my personal information when I complete this form, and confirm that I have read and understood the Privacy Statement set out below.

By completing this *Non-Lapsing Death Benefit Nomination Form*, I declare that:

- I cancel any earlier Death Benefit Nomination.
- I understand the Trustee will pay my death benefit in accordance with my nomination, where the Trustee has consented to the nomination and the nomination is valid at the time of my death.
- I understand I may at any time cancel or replace a nomination in accordance with the Fund's procedures.
- I understand that if at the time of my death the Trustee has not received my valid nomination and consented to the nomination, the Trustee might not pay my death benefit in accordance with the nomination.
- I have read and understood the **Important information** section which sets out the terms upon which this nomination is made and I understand that a copy of the *Fund's Trust Deed* is available on request.

Member's signature:

Date: (DD/MM/YYYY)

 / /

WITNESS DECLARATION

I hereby declare that I am over the age of 18 years. I am not a beneficiary nominated on this form and I have witnessed the member signing this form.

Signature of witness #1:

Date witnessed:
(DD/MM/YYYY)

 / /

Print name:

Signature of witness #2:

Date witnessed:
(DD/MM/YYYY)

 / /

Print name:

DO YOU WANT MORE INFORMATION?

Before making, replacing or cancelling a non-lapsing death benefit nomination you should read the Product Disclosure Statement relevant to you and consider consulting your legal, taxation and financial advisers. Inconsistencies between the terms of the Fund's Trust Deed and this document, the terms of the Trust Deed prevail.

PRIVACY STATEMENT - YOUR PRIVACY IS IMPORTANT TO US

LGIAsuper (the issuer of the Energy Super product) respects your privacy. All personal information collected via this form is protected in line with LGIAsuper's Privacy policy. To find out more about how we collect and manage your personal information, please refer to our privacy policy available at energysuper.com.au

RETURN THIS FORM

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This document has been prepared for the general information of members of the Fund. It does not take into account any member's individual financial objectives, financial situation or needs. Any statements of law or proposals are based on our interpretation of the law or proposals as at 1 July 2021. We recommend that you seek help from a licensed financial adviser before acting on any information contained in this document. While all due care and diligence has been taken in the preparation of this document, the Trustee reserves the right to correct errors or omissions. If there are inconsistencies between the terms of the Fund's Trust Deed and this document, the terms of the Trust Deed prevail.

Prepared and issued by LGIAsuper Trustee (ABN 94 085 088 484) (AFSL 230511) (the Trustee), as trustee for LGIAsuper (ABN 23 053 121 564) (RSE R1000160) (the Fund). LGIAsuper is an authorised MySuper product provider (Product Number 23 053 121 564 638).