

Nominate your preferred beneficiaries

Use this form to make or change your non-binding beneficiary nominations for your APSS benefit(s). Please print in CAPITAL LETTERS and place a cross X in any applicable boxes.

1. Your personal details

Title: Mr Ms Mrs Miss Dr Other: _____

Last name: _____ First name: _____

Date of birth: _____ APS Member number: _____

This number is shown on your Annual Benefit Statement.
For Australia Post Employees it is the same as your APS number.

2. Your beneficiary details

Name: _____ Address: _____ Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate	%
Name: _____ Address: _____ Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate	%
Name: _____ Address: _____ Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate	%
Name: _____ Address: _____ Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate	%
Total: 100%	

If you would like to nominate more Beneficiaries than this form allows, call SuperPhone on **1300 360 373**.
The total of all your nominations must equal 100%.



Nominate your preferred beneficiaries (continued)

3. Your nomination instruction

I would like the nominations on the previous page to apply to my: (Select ONE box only)

- Defined Benefit
- Rollover Account
- Spouse Account
- All Pension Accounts (if more than one) OR Specific Pension Policy number: _____

If you have both a Defined Benefit and a Rollover and/or Pension Account, then you will need to complete a separate form for each membership category. If you have multiple Pension Accounts in the APSS, then you will need to indicate whether this nomination applies to all, or a specific policy.

4. Your declaration

I acknowledge, that:

- this nomination revokes any previous nominations I have made
- the people listed in Section 2 must be my spouse, child, financial dependant, interdependent or a legal personal representative of my estate when I die
- this nomination only applies to my APSS accounts selection in Section 3
- this nomination is not legally binding. This means that the Trustee will use your nomination as a guide when deciding who will get your super, but ultimately, it is the Trustee who decides which of your beneficiaries (and in what proportions) will receive your benefit.

Privacy Collection Statement

I acknowledge and understand:

- that my personal information will be collected by the Trustee (PostSuper Pty Ltd) and stored and dealt with in accordance with the Trustee's Privacy Policy, available at apss.com.au, for the purpose of managing and administering my APSS Account;
- that if my personal information is not collected, then the Trustee may not be able to manage and administer my APSS Account;
- that my personal information may be disclosed to the Trustee's service providers, professional advisers, regulatory bodies and my employer (if applicable) and other parties (as required) in the course of managing and administering my account, as required by law or with my consent;
- that my personal information may be shared with overseas organisations and that I can obtain details of the countries in which such organisations are located by reading the Trustee's Privacy Policy;
- the Trustee's Privacy Policy contains information about how I can access and seek correction of any personal information held about me by the Trustee, how I can complain about a breach of the Privacy Act 1988 (Cth) and how the Trustee will deal with any such complaint; and
- if I have provided the Trustee with the personal information of any other individuals (i.e. nominated Beneficiaries), it is my responsibility to tell them that their personal information has been collected by the Trustee and to make them aware of the contents of this Privacy Collection Statement.

I consent to the handling of my information in this manner and acknowledge that I can access my personal information by contacting the APSS.

Signature: _____ Date: _____



When completed, this form can simply be sent back by email to sr@apss.com.au or by posting it to APSS, Locked Bag A5005, Sydney South NSW 1235.