

Binding nomination

Please read this information before completing pages 2-4 of this form to make a Binding nomination.

What is a Binding nomination?

A Binding nomination instructs the APSS how to pay your death benefit if you die.

As long as it's valid and in effect at the date of your death, the nomination is legally binding and the Trustee **must** pay your benefit to the Beneficiaries you have nominated in the proportions set out in this form (subject to certain exclusions such as family court orders).

The APSS will not accept a Binding nomination made under a power of attorney.

Who can I nominate as a Beneficiary?

For a Binding nomination to be valid, the people you list in Section 3 of this form must be your Dependants and/or legal personal representative.

Your Dependants include:

- Your Spouse (including defacto and same sex)
- Your Child (including step, adopted or ex-nuptial)
- Other financial dependants (someone who relies on you financially)
- A person who has an Interdependent Relationship with you.

Interdependent Relationship

An Interdependent Relationship means:

- you live with someone in a close personal relationship, and
- one of you provides the other with financial assistance, domestic support and personal care.

If you have a close personal relationship but don't meet the other requirements because either or both of you suffer from a disability, or you are temporarily living apart (e.g. temporarily working overseas or in prison), your relationship may still be classified as interdependent.

Lapsing and non-lapsing binding death benefit nominations

APSS offers two types of Binding nomination: lapsing and non-lapsing. A valid binding nomination (lapsing) remains valid for three years from the date you sign the form. The expiry date of your binding nomination (lapsing) will be shown on your Benefit Statement and we'll also send you a reminder before your nomination expires.

A valid binding death benefit nomination (non-lapsing) will not expire unless you amend or revoke it, and will be effective when accepted by the Trustee. If you don't make a choice on the Binding death benefit nomination form, your nomination will be treated as lapsing.

If you choose to make a Binding nomination (whether lapsing or non-lapsing), please ensure to keep it up to date, as the Trustee may be bound by that nomination even if your circumstances change.

What if I change my mind?

You can cancel your Binding nomination at any time. To cancel your nomination you need to complete Section 1, 2, 4 and 5 of this form and return it to us.

What if my nomination is invalid?

If your Binding nomination is invalid for any reason at the date of your death, the Trustee must pay your benefit to one or more of your Dependants and/or legal representative, in proportions determined by the Trustee.

Examples of an invalid nomination include:

- Any of the people nominated on this form dies before you do, or
- The individuals nominated no longer qualify as your Dependants at the time of your death, or
- This form was not correctly signed and witnessed. (We will write to you if this occurs.)

If you have made a binding nomination (lapsing), your nomination may also be invalid if your nomination was made more than three years ago, and therefore has expired.

Privacy

The Trustee recognises the importance of protecting your personal information and is committed to complying with its privacy law obligations. To find out more about how APSS collects and manages your personal information, please refer to the Scheme's Privacy Policy which is available from the APSS website at apss.com.au or by calling SuperPhone on **1300 360 373** Monday to Friday 9am to 5.30pm (Sydney time).



Binding nomination (continued)

Use this form to make, change or cancel an existing Binding nomination for your APSS super benefit.

Before completing this form, read the information set out on page 1. Please print in CAPITAL LETTERS and place a cross X in any applicable boxes.

I wish to: (Select ONE box only)

- Make** a Binding nomination – Complete sections **1, 2, 3, and 5**
- Change** an existing Binding nomination – Complete sections **1, 2, 3, and 5**
- Cancel** an existing Binding nomination – Complete sections **1, 2, 4, and 5**

Important

By completing this form you are overriding any previous Beneficiary nominations. However, if you operate an APSS Pension, please note that your nomination instruction below cannot override any existing Reversionary Beneficiary nomination you have previously made. Call **1300 360 373** for details.

1. Your nomination instruction

I would like this Binding nomination instruction to apply to my: (Select ONE box only)

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

***Note:** 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. Also, if you operate an APSS Pension, remember that your nomination instruction cannot override any existing Reversionary Beneficiary nomination you have previously made.

Type of nomination

I would like my binding nomination to be: (Select ONE box only)

- Lapsing**
- Non-lapsing

****Note:** If you don't make a choice, your nomination will default to a lapsing binding nomination.

2. Your personal details

Title: Mr Ms Mrs Miss Dr Other: _____

Last name: _____ First name: _____

Date of birth: _____ Member number: _____

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

Address: _____

_____ State: _____ Postcode: _____

Provide your contact details below in case we have a question we need to ask you regarding this form:

Phone: _____ Email: _____

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Binding nomination (continued)

3. Your Beneficiary details

| Beneficiary 1 | | |
|--|--|--------------------|
| Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependent Relationship <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Legal personal representative/Estate | Name: _____ Address: _____ _____ _____ Date of birth: _____ | % |
| Beneficiary 2 | | |
| Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependent Relationship <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Legal personal representative/Estate | Name: _____ Address: _____ _____ _____ Date of birth: _____ | % |
| Beneficiary 3 | | |
| Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependent Relationship <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Legal personal representative/Estate | Name: _____ Address: _____ _____ _____ Date of birth: _____ | % |
| Beneficiary 4 | | |
| Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependent Relationship <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Legal personal representative/Estate | Name: _____ Address: _____ _____ _____ Date of birth: _____ | % |
| 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%. | | Total: 100% |

For more information about nominating Beneficiaries see the fact sheet *Choosing your Beneficiaries* at apss.com.au on the *Fact Sheet* page under the *Publications and Forms* tab.

4. Cancel your current Binding nomination

- Please cancel my previous Binding nomination and pay benefits at the APSS Trustee's discretion to my Dependants or legal personal representative/Estate.

Continue to next page 

Binding nomination (continued)

5. Member and witness declaration

Member declaration

I acknowledge that:

- I have read and understood the information on page 1 of this form and I understand the terms on which this nomination is made.
- the people listed at Section 3 must be either my Spouse, Child, financial dependant, a person who has an Interdependent Relationship with me or a legal personal representative of my estate when I die.
- I can cancel this nomination at any time.
- this nomination only applies to my super accounts listed in Section 1.
- if this nomination is invalid or has not been received by APSS when I die, my death benefit will be paid at the Trustee's discretion.
- if I have made a lapsing binding nomination, it is only valid for three years from when I sign this form.
- if I have made a valid non-lapsing binding nomination which has been accepted by the Trustee, it will not expire after three years.
- this declaration must be signed by me in the presence of two witnesses over age 18, who are not nominees on this form.

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: _____

Witness declaration

I declare that I am over age 18, I am not a Beneficiary nominated on this form and the Member signed this Binding nomination in my presence.

Witness 1

Full name: _____ Date of birth: _____

Signature: _____ Today's date: _____

Witness 2

Full name: _____ Date of birth: _____

Signature: _____ Today's date: _____



Please return the original copy of this form to APSS, Locked Bag A5005, Sydney South, NSW 1235

Note: Faxes or emailed copies will not be accepted as we need an original signature.