



# My Beneficiaries form

Use this form to tell us who should receive your death benefit. Oracle employee members can make a binding or non-binding nomination. You can change your nomination at any time.

Note: if you are a **Spouse member or Retained Benefit member**, your death benefit can only be paid to your estate. You do not need to complete this form.

A **binding nomination** obliges the Trustee to pay your death benefit according to your stated wishes (provided that the nomination is valid at the time of your death). Your nomination is valid for up to three years. It is your responsibility to ensure that your nomination is kept up to date, especially if your circumstances change. Your nomination must be witnessed by two people who are aged 18 years or over, and who are not nominated as your beneficiaries.

A **non-binding nomination** is used only as a guide for the Trustee, who will investigate your circumstances at the time of your death and then decide who to pay your benefit to.

For more information on these choices, please refer to the Plan's Product Disclosure Statement (PDS), available on the Plan's website, <https://super.towerswatson.com/super/oracle>.

## My details

Last name	<input type="text"/>	Mr/Mrs/Ms/Miss	<input type="text"/>
First name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> dd mm yyyy

## My beneficiaries

Fill in the table below to nominate your beneficiaries (who must be your dependants) and the share of your benefit you would like them to receive.

Beneficiary Names and addresses of dependants	Relationship to you (e.g. spouse, child)	Share of benefit (must total 100%)
Estate		
If you need more room, please attach a separate note.	<b>TOTAL</b>	<b>100%</b>

The Trustee can only pay your death benefit to one or more of:

1. Your dependants, who are:

- Your spouse of any sex (including de facto);
- Your children (including adopted, step or unborn children and children of your spouse);
- Any person who is wholly or partially financially dependent on you; and
- Any person with whom you have an interdependency relationship (for details see the Plan's PDS);

**AND/OR**

2. Your Estate.

On this form, you can nominate your dependant(s). If you die with no dependants, your benefit will be paid to your Estate.

## My nomination

Do you want to make a non-binding or a binding nomination? Tick ONE box only to indicate your choice.

Tick this box if you want the Trustee to use its discretion in paying your death benefit. The Trustee will be guided by your nomination, but not bound by it.

**Spouse and Retained Benefit members have their death benefit paid to their Estate.**

- Option 1: Non-binding nomination.** I would like the Trustee to use its discretion when paying my death benefit. I understand that this nomination revokes all previous nominations I have made and the Trustee will use my nomination as a guide. I also understand that if I die after leaving Oracle, any death benefit will be paid to my Estate.

Signature

Date

  
dd mm yyyy

OR

Tick this box if you want your nomination to be binding on the Trustee. The Trustee must pay your benefit as you have shown on this form, even if your circumstances change.

**Note: Binding nominations are only available to Oracle employee members. Spouse and Retained Benefit members have their death benefit paid to their Estate.**

\* Important: To complete your binding nomination, your form must be signed in the presence of two witnesses aged 18 or over who are not nominated as beneficiaries.

- Option 2: Binding nomination.** I want the Trustee to be bound by my nomination. I understand that:

- This nomination will no longer have effect:
  - after three years; or
  - when I am no longer employed by Oracle or I leave the Plan;
- If my nomination is no longer valid, the Trustee will determine who receives my death benefit;
- If I leave Oracle and subsequently die while a Retained Benefit member, any death benefit will be paid to my Estate; and
- I may at any time cancel or change my nomination in accordance with the Plan's procedures.

I acknowledge receipt of the Plan's PDS which explains the benefits provided by the Plan.

Signature\*

Date

  
dd mm yyyy

By signing below you also make the declarations to the left.

### Witness Declaration

As a witness, I declare that:

- This form was signed and dated by the member described overleaf in my presence;
- I am at least 18 years old; and
- I am not a beneficiary of this benefit.

#### Witness 1

Full name

Date of birth

  
dd mm yyyy

Signature

Date

  
dd mm yyyy

#### Witness 2

Full name

Date of birth

  
dd mm yyyy

Signature

Date

  
dd mm yyyy

Please return your completed form to:  
**The Plan Administrator, Oracle Superannuation Plan, PO Box 1442, Parramatta NSW 2124**  
**Ph: 1800 127 953 Fax: (02) 8571 6222**