



Deseret Benefit Plan for Australia

Change form

Use this form to update your Plan membership details and choices.

Complete the 'Your personal details' and 'Your approval' sections, together with any updates you wish to make to:

- Nomination of Beneficiaries;
- Compulsory member contributions;
- Voluntary Savings Program contributions; and/or
- Your investment choice.

Your personal details

Surname:		Given names:	
Address:			
Suburb:		State:	Postcode:
Business phone:		Email:	
Date of birth:		Employer:	

Please return your completed form to:

The Plan Administrator
Deseret Benefit Plan for Australia
Link Super Pty Limited
PO Box 1442
Parramatta NSW 2124

Plan Helpline: 1800 115 885

Nomination of beneficiaries

I am aware that in the event of my death while a member of the Plan, the benefit provided under the Trust Deed is payable at the discretion of the Trustee. I understand that:

- (i) the Trustee is obliged to consider my personal circumstances in the event of my death;
- (ii) the Trustee is not bound by this form and can use its discretion to decide who should receive my death benefit;
- (iii) the Trust Deed requires that the benefit must be paid to either my estate or to my dependants – which includes my spouse, children (natural, adopted, step, unborn and ex-nuptial), financial dependants and any person with whom I may have an interdependency relationship* ;
- (iv) if I die with no dependants, the benefit will be paid to my estate; and
- (v) this nomination cancels any previous nomination I have made.

* An interdependency relationship is where:

1. two people have a close personal relationship; and
2. they live together; and
3. one or each of them provides the other with financial support; and
4. one or each of them provides the other with domestic support and personal care.

However, if two people have a close personal relationship and one or both of them suffer from a physical, intellectual or psychiatric disability, then they are still considered to have an interdependency relationship for the purposes of the law and are not required to fulfil the other three criteria.

The benefit payable from the Plan may be a substantial sum of money and you should therefore make your nominations carefully. You are strongly advised to have a Will and to make sure that your Will and this nomination do not contradict one another. If in doubt, you should seek appropriate professional advice.

In the event of my death it is my wish that the benefit be paid to the persons nominated below in the proportions shown:

Full name and address of nominated beneficiary(ies)	Relationship	Proportion of benefit %
My estate		
		100%

Note: Make sure the share of benefit you allocate to your dependants and/or estate adds up to 100%

Compulsory member contributions

Your level of compulsory contributions will directly impact how your retirement benefit is calculated.

<i>(Tick one)</i>	Contribution	Retirement benefit accrued while contributing at the selected rate
<input type="checkbox"/>	4.00% of salary (or 4.71% of salary if made on a pre-tax basis)	1.5% × Final Average Salary × Membership
<input type="checkbox"/>	5.00% of salary (or 5.88% of salary if made on a pre-tax basis)	1.7% × Final Average Salary × Membership
Basis for contributions <i>(tick one)</i>		
<input type="checkbox"/>	Pre-tax (salary sacrifice) basis	<input type="checkbox"/> Post-tax (after-tax) basis

I authorise my employer to deduct my compulsory member contributions from my pre-tax or post-tax salary as stated. I understand that I can increase my level of compulsory contributions at any time, with the change taking effect from the next pay period. I also understand that once I have selected 5% (or 5.88%) of salary as a contribution, I cannot reduce this contribution to 4% (or 4.71%) of salary.

Voluntary Savings Program contributions

I wish to make voluntary contributions of _____ % of salary **OR** \$ _____ per fortnight.

Basis for contributions *(tick one)*

<input type="checkbox"/>	Pre-tax (salary sacrifice) basis	<input type="checkbox"/>	Post-tax (after-tax) basis
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I authorise my employer to deduct my voluntary contributions from my pre-tax or post-tax salary as stated. I understand that these contributions are not compulsory and that I may change the amount elected at any time, with the change taking effect from the next pay period.

I understand that if I have chosen a contribution amount which is a percentage of salary, my contributions made to the Plan will increase as my salary increases. If I have chosen a dollar contribution amount, my contributions will stay fixed until I advise otherwise.

Your investment choice

Please complete this section to indicate how you would like your additional member contributions, rollovers and Employer Additional Accounts to be invested.

Note: if you have more than one of these accounts, they will all be invested as per the choices you make below. Any future investments or withdrawals from these accounts will also be made in the same proportion. To find out more about the investment options available and the accounts that are eligible for investment choice, refer to your latest member booklet, *About your super plan*.

I wish to INVEST:

_____ % in the Cash Option	_____ % in the Market Linked Option
_____ % in the Enhanced Yield Option	_____ % in the High Growth Option

Total must equal 100%

I understand that I can change my investment option at any time during the year by sending this completed form to the Plan Administrator. My new choice will take effect from the following month after my application has been received, provided the Plan Administrator receives this request at least five days before the end of the month.

Your approval

I acknowledge that I have read the Plan's latest member booklet, *About your super plan*, and I understand the superannuation options available to me for contributions and investments. I also acknowledge that:

- My membership of the Plan is subject to the terms and conditions specified in the Plan's Trust Deed and I agree to be bound by those terms and conditions.
- Any taxes and fees that apply will be deducted from my benefits in the Plan.
- The choices I have made on this form supersede any previous choices that I may have made.
- I have read and understood the information I have received from the Plan about the protection of my privacy and agree to the use and disclosure of my personal information as disclosed therein.

I also understand and acknowledge the following **about my investment choice**:

- If I do not make a valid investment choice on this form, my accounts will continue to be invested in the same way they are currently invested.

Signature:

Date: