



Death Benefit Nomination Form

Use this form to tell the Trustee who you would like to receive your Death Benefit. See the Product Disclosure Statement from IPE Super for more information.

How to complete this form

Tell us what type of nomination you would like to make by ticking the appropriate box:

- I want to make a **non-binding nomination**. Complete Parts A and B.
- I want to make a **binding nomination**. Complete Parts A and C and get your witnesses to sign Part D.

PART A Your personal details (please print)

Title (please tick): Dr Mr Ms Mrs Miss Membership No.:
(See your latest Benefit Statement)

Given name: Surname:

Home address:

Telephone: () Date of birth: / /

PART B Non-binding nomination

I want to make a **non-binding** nomination for my Death Benefit.

If I die while a member of IPE Super, I would like any benefit to be paid to my estate and/or my dependants, as outlined below:

Full name and address of nominated dependant	Relationship to me	Portion of benefit
<input type="text"/>	Spouse / Child / Dependant / Interdependent	<input type="text"/>
<input type="text"/>	Spouse / Child / Dependant / Interdependent	<input type="text"/>
<input type="text"/>	Spouse / Child / Dependant / Interdependent	<input type="text"/>
<input type="text"/>	Spouse / Child / Dependant / Interdependent	<input type="text"/>
<input type="text"/>	Spouse / Child / Dependant / Interdependent	<input type="text"/>
<input type="text"/>	Spouse / Child / Dependant / Interdependent	<input type="text"/>
Legal personal representative (i.e. your estate)		<input type="text"/>
		Total 100%

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

Your Death Benefit can be paid to your dependants and/or your estate. Your dependants generally include your spouse, children or any person who is wholly or partially dependent on you, or with whom you have an interdependency relationship. If you have no dependants, your benefit will normally be paid to your estate and distributed according to your Will. For more information on the payment of death benefits and the nomination of beneficiaries, please refer to the Product Disclosure Statement.

If you need more space to list your chosen dependants, please attach a separate sheet of paper, ensuring the proportions of the benefit total 100%.

I understand that the Trustee is not bound by my nomination and will use its discretion when paying my Death Benefit.

This nomination replaces all previous nominations made by me.

I confirm that the information on this form is true to the best of my knowledge and belief.

Signature:

Date: / /

PART C Binding nomination

I want to make a **binding** nomination for my Death Benefit.

If I die while a member of IPE Super, I would like any benefit to be paid to my estate and/or my dependants, as outlined below:

Full name and address of nominated dependant	Relationship to me	Portion of benefit
	Spouse / Child / Dependant / Interdependant	
	Spouse / Child / Dependant / Interdependant	
	Spouse / Child / Dependant / Interdependant	
	Spouse / Child / Dependant / Interdependant	
	Spouse / Child / Dependant / Interdependant	
	Spouse / Child / Dependant / Interdependant	
Legal personal representative (i.e. your estate)		
Note: Make sure the share of benefit you allocate to your dependants and/or estate adds up to 100%.		Total 100%

If my nomination is valid, I understand that the Trustee will be bound by it until:

- Another nomination is received from me, or
- Three years have passed from the date of this form.

If my nomination is invalid, I understand that the Trustee will decide who receives my Death Benefit.

I confirm that the information on this form is true to the best of my knowledge and belief.

Signature: Date:

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

PART D Witness declaration (only required for binding nominations)

Witness 1:

Full name:
Date of birth:

I declare that:

- I am aged 18 years or over,
- This form was signed and dated by the member (whose name appears in Part A of this form) in my presence,
- I am not a nominated beneficiary of the member's Death Benefit.

Signature:
Date*:

* Must be the same date that the member signed the form.

Witness 2:

Full name:
Date of birth:

I declare that:

- I am aged 18 years or over,
- This form was signed and dated by the member (whose name appears in Part A of this form) in my presence,
- I am not a nominated beneficiary of the member's Death Benefit.

Signature:
Date*:

* Must be the same date that the member signed the form.

Return your completed form to:
The Fund Administrator, IPE Super, PO Box 1442, Parramatta NSW 2124
IPE Super Helpline:
1800 257 135