

**IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM**

Please note that if you are a Defined Benefit member, you cannot nominate beneficiaries for your defined benefit account, which must be paid to your estate.

You can use this form to:

- Make a **binding** beneficiary nomination, which means Vision Super must pay your death benefit in accordance with your wishes (provided the nomination is valid and effective)
- **Revoke** an existing beneficiary nomination
- Make a **preferred** beneficiary nomination, which means Vision Super will consider your wishes but can exercise its discretion about who to pay your death benefit to and how much each beneficiary receives.

**Who can you nominate as a beneficiary?**

The people you can nominate as a beneficiary are restricted by law to your dependants and/or legal personal representative. If you want your super to go to someone who you cannot nominate, you can do this by making a will and nominating your estate as your beneficiary. Estate planning is a complex topic and you should consult a legal practitioner if you want to take this option.

You can nominate:

1. Your legal personal representative (estate) – the person or organisation appointed as the executor of your will or the administrator of your estate if you don't have a valid will or the trustee of the estate of a person under a legal disability.
2. Your dependants:
  - a. Your spouse or partner – whether you are married or not, a partner you live with in a relationship as a couple, including your same-sex spouse or partners.
  - b. Your children of any age including adopted children and your spouse/partner's children. If your children are over 18, there may be tax consequences of paying them a death benefit.
  - c. A person in an interdependent relationship with you, where you have a close personal relationship, you live together and provide each other with financial and/or domestic support and personal care. You may also have an interdependent relationship if you satisfy all of the other criteria, but do not live together temporarily or because of a disability.

**How to make a binding beneficiary nomination**

- Complete sections 1, 2, 3, 4, 5 and 6 of this form.
- You need two adults over the age of 18 to witness your signature. They must see you sign the form, and then sign the form themselves. They cannot be your beneficiaries.
- You will need to renew your binding nomination every three years from the date you sign it to keep it valid. You may also need to update your beneficiary nomination if your circumstances change – for example, you get married or start living with a partner, have a child, or one of your beneficiaries is no longer dependent on you or dies.
- You must post the original form back to Vision Super – we cannot accept faxed or emailed forms as we need to see the original signatures.

**How to make a preferred beneficiary nomination**

- Complete sections 1, 2, 3, 4 and 7 of this form.
- Preferred nominations are not binding on Vision Super, but they are an important consideration if Vision Super has to pay your benefit. You may need to update your nomination if your circumstances change – for example, you get married or start living with a partner, have a child, or one of your beneficiaries is no longer dependent on you or dies.
- **How to revoke a beneficiary nomination**

You can revoke your beneficiary nomination at any time by completing a new Beneficiary nomination form.



**1. Personal details**

Member number:

Title:  Mr  Ms  Mrs  Miss  Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb:  State:  Postcode:

Contact email address:

Contact phone number:  Mobile number:

**2. Account details** – Please tick all account/s for which this nomination applies:

- Vision Super Saver  
  Vision Personal  
  Vision Allocated or Term Allocated Pension  
  Vision Non-Commutable Allocated or Term Allocated Pension  
  Vision ASU plan

\* Please note that if you have nominated a reversionary beneficiary for your Vision Super Pension plan and it is still valid it will override your nomination of a binding or preferred beneficiary.

**3. I want to make a:**

- Binding** beneficiary nomination (complete sections 4, 5 and 6) or  
  **Preferred** beneficiary nomination (complete sections 4 and 7)

**4. Beneficiary details**

**I wish to nominate the following person/people:** (please note your percentages must be whole numbers eg 33% NOT 33.3%)

Title <input type="text"/>	Name <input type="text"/>	Relationship (please tick one)
Address <input type="text"/>		<input type="checkbox"/> Legal personal representative/estate
Date of birth <input type="text"/>	Benefit <input type="text"/> %	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Child
		<input type="checkbox"/> Interdependent relationship
Title <input type="text"/>	Name <input type="text"/>	Relationship (please tick one)
Address <input type="text"/>		<input type="checkbox"/> Legal personal representative/estate
Date of birth <input type="text"/>	Benefit <input type="text"/> %	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Child
		<input type="checkbox"/> Interdependent relationship
Title <input type="text"/>	Name <input type="text"/>	Relationship (please tick one)
Address <input type="text"/>		<input type="checkbox"/> Legal personal representative/estate
Date of birth <input type="text"/>	Benefit <input type="text"/> %	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Child
		<input type="checkbox"/> Interdependent relationship
Title <input type="text"/>	Name <input type="text"/>	Relationship (please tick one)
Address <input type="text"/>		<input type="checkbox"/> Legal personal representative/estate
Date of birth <input type="text"/>	Benefit <input type="text"/> %	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Child
		<input type="checkbox"/> Interdependent relationship

**BENEFIT AMOUNTS MUST BE IN WHOLE NUMBERS AND EQUAL 100% TO BE ACCEPTED**

If you wish to nominate more than four dependants, please list their details, your relationship and the percentage of your benefit on a separate sheet of paper and attach it to this form.



Please forward this completed form to: PO Box 18041, Collins Street East, VIC 8003

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the  
Trustee of the Local Authorities Superannuation Fund  
ABN 24 496 637 884

Contact Centre team 1300 300 820

[www.visionsuper.com.au](http://www.visionsuper.com.au)

### 5. Binding death beneficiary declaration

1. I understand that this nomination is binding and that the Trustee must pay my death benefit to my nominated dependants and/or legal personal representative as specified on this form.
2. I understand that it is my responsibility to ensure my nomination continues to reflect my wishes.
3. I understand that my nomination will be valid for three years from the date I sign this form.
4. I have read and understood the information on binding nominations in the attached "Important information" and in the relevant Product Disclosure Statement.

This information is collected for the sole purpose of managing and paying superannuation benefits and entitlements and will be protected in accordance with the Privacy Act 1988 and Vision Super's privacy policy, which is available on request or on the Vision Super website.

Signature:  Date:

### 6. Witness declaration – for Binding nominations only

I hereby declare that I am over the age of 18 years. I am not a beneficiary nominated on this form and **I witnessed the member sign the binding nomination form.**

Signature of witness 1:	Printed name:	Date of birth:	Date*:
Signature of witness 2:	Printed name:	Date of birth:	Date*:

**\* MUST BE THE SAME DATE AS MEMBER'S SIGNATURE (SIGNED AT THE SAME TIME) OTHERWISE NOMINATION WILL NOT BE VALID.**

### 7. Preferred beneficiary declaration

I understand that this nomination is not binding on the Trustee and is a preferred beneficiary nomination only. Death benefits from Vision Super Saver, Vision Personal Plan, Vision Partner Plan, Vision ASU plan and Vision Income Streams will be paid to, or applied for the benefit of:

- My dependants and/or
- My legal personal representatives

The Trustee will determine in what proportions (if any) your benefit is paid. Please refer to page 1 for who is considered a dependant and a legal personal representative.

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Signature:  Date: