



TASPLAN
Your Choice for Super
ABN 14 602 032 302
AFSL 235391

Binding Death Benefit Nomination Form

This form can be used to make, update or cancel a Binding Death Benefit nomination for your Tasplan benefit

Important: Complete all sections in BLOCK letters and in black ink. Read all the information on the back of this form to help you complete your claim. This request will be invalid if not signed and dated. Attach any associated documentation before returning it to Tasplan.

Once completed, please return to:

Tasplan
GPO Box 1547
Hobart TAS 7001

Section A: Member Details *(If you need help with this form, please phone our friendly staff on freecall 1800 005 166)*

MEMBERSHIP NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN SURNAME (FOR SECURITY PURPOSES)
SURNAME	GIVEN NAMES	
STREET ADDRESS / PO BOX		
SUBURB	STATE	POSTCODE
EMAIL ADDRESS	CONTACT PHONE NUMBER (DURING WORKING HOURS)	

Section B: Make, update or cancel beneficiaries

Do you wish to: (select one box only)

Make a Binding Death Benefit Nomination
(Go to Section C)

Update an existing Binding Death Benefit Nomination
(Go to Section C)

Cancel a Binding Death Benefit Nomination
(Go to Section D)

Note: A cancelled, invalid or expired form means that Tasplan's Trustee will decide which of your spouse, children, dependants or estate receives your death benefit, and in what proportions.

Section C: Beneficiary details

Each beneficiary must be your spouse (legal or de facto), child (including adopted, foster, step or ex-nuptial), dependant or legal personal representative (estate). Your total percentage of benefit nominations must add up to 100%. See the *Binding Death Benefit Nomination Fact Sheet* for more details.

MR/MRS/MS/MISS	SURNAME	GIVEN NAMES	RELATIONSHIP (eg. wife, son)	PORTION OF BENEFIT	
					%
					%
					%
					%
					%
					%
					%
					%

MUST BE WHOLE NUMBERS

If you wish to nominate more than eight beneficiaries, please provide the same details for each additional beneficiary on a separate piece of paper, which is signed, dated and witnessed in the same manner as this form. **The total percentage of benefit nominations must add up to 100%.**

Section D: Member declaration

Please read this Declaration before you sign and date your form (note: the date both witnesses sign this form must be the same as the date you sign this form).

I hereby declare:

- I have read and understood the information in the *Binding Death Benefit Nomination Fact Sheet*.
- I understand that this *Binding Death Benefit Nomination form* is only valid if:
 - The beneficiary/ies listed in Section C are either my spouse (legal or de facto), child (including adopted, foster, step or ex-nuptial), dependant or legal personal representative (estate, as stated in my Will); and
 - It is signed by me in the presence of two witnesses, who are 18 years of age or older and not listed as beneficiary/ies on this form.
- I understand that:
 - This Binding Death Benefit nomination is effective for three (3) years from the date it is signed, and it must be received by Tasplan before my death;
 - My beneficiary/ies and I will be bound by the provisions of Tasplan's Trust Deed;
 - I can cancel or update a Binding Death Benefit nomination at any time by completing a new *Binding Death Benefit Nomination form*;
 - This nomination binds the Tasplan Trustee to distribute my benefit as specified, unless my binding nomination is invalid or has expired; in which case I understand that it is at the Trustee's discretion to identify and pay beneficiaries;
 - Tasplan accepts no responsibility for an incorrect nomination or completion of this form.

I have read the information about my privacy and how my personal information may be used in my Tasplan Product Disclosure Statement or on the Tasplan website at www.tasplan.com.au

**Member To
Sign Here**

DATE

Section E: Witness declaration

The member signed this Binding Death Benefit Nomination form in my presence. I am over 18 years of age and I am not listed as a beneficiary on this form.

Signature Witness A

FULL NAME OF WITNESS A

SIGNATURE OF WITNESS A

DATE OF BIRTH

DATE WITNESSED

Signature Witness B

FULL NAME OF WITNESS A

SIGNATURE OF WITNESS B

DATE OF BIRTH

DATE WITNESSED