

3. Beneficiary details

Please refer to page 10 of the Member Booklet for information on beneficiaries.

If you wish to nominate more than three dependants, please copy this page and attach to this form. The total of all allocated proportions (both your dependants and estate) must equal 100%.

Last name

Given name(s)

Date of birth

Relationship to you Spouse Child Financial dependant Interdependent relationship

Is a child pension required? Yes* No

%

Last name

Given name(s)

Date of birth

Relationship to you Spouse Child Financial dependant Interdependent relationship

Is a child pension required? Yes* No

%

Last name

Given name(s)

Date of birth

Relationship to you Spouse Child Financial dependant Interdependent relationship

Is a child pension required? Yes* No

%

And/or

Please pay my benefit to my estate

%

Total allocation

1 0 0 %

Unless a child pension has been specified, your death benefit will be paid in a form determined by the Trustee after your death and having consulted your beneficiaries.
* Where one or more child pensions are specified, please also complete a child pension form which you can get from our website.

4. Member declaration and signature

Member's declaration

I request that the Trustee accepts my nomination. I understand that:

- On my death, the Trustee must pay my death benefit in accordance with my nomination, provided it's valid, at that time.
- For my nomination to be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate.
- My beneficiaries and I agree to be bound by the Fund's Trust Deed (as amended).
- This nomination applies to my superannuation death benefit in my Suncorp Employee Superannuation Plan account listed in section 1, unless I've told you to apply it to any of my other Suncorp Employee Superannuation Plan accounts. It revokes any previous nominations I've made on these Suncorp Employee Superannuation Plan accounts.
- If a nomination is invalid at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my Estate.

Signature

Date

Signed in the presence of the witness below.

5. Witness declaration and signature

The date of witness and member signatures must be the same.

First witness signature

I declare that:

- I'm 18 years of age or older and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence.

Signature

Date

Please print name

Second witness signature

I declare that:

- I'm 18 years of age or older and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence.

Signature

Date

Please print name

As we're bound to pay your benefit according to your valid binding nomination, we recommend you review your nomination if any of your circumstances change. You can change your nomination at any time by completing a new non-lapsing death benefit nomination form.

Please send the completed form to:

**Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001**