



Australian Public Superannuation Fund

Binding Nomination of Beneficiary

Please complete in capital letters and in **BLACK INK** only

Nomination of your dependant is optional.

You can nominate your dependants or the legal personal representative of your estate to receive your benefits on your death. If you have not made a valid nomination at the time of your death, your benefits will be paid to the legal personal representative of your estate regardless of whether you have a spouse or other dependants.

For further information, please refer to the Product Disclosure Statement (PDS).

Please ensure that you have first read the "Important Notes for Members" before completing this form.

1. Your details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						

2. Nomination of Estate

On my death, I elect to have my benefit paid to my Legal Personal representative (Estate).
The details of my Executor are as follows:

Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage	<input type="text"/>	%	
Full name	<input type="text"/>				
Street/PO Box no.	<input type="text"/>				
Suburb/Town/City	<input type="text"/>				
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>

3. Nomination of dependant(s)

Nominee #1					
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage	<input type="text"/>	%	
Full name	<input type="text"/>				
Street/PO Box no.	<input type="text"/>				
Suburb/Town/City	<input type="text"/>				
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Relationship	<input type="text"/>



Nominee #2			
Title	<input type="text"/>	(e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage <input type="text"/> %
Full name	<input type="text"/>		
Street/PO Box no.	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode <input type="text"/>	Country (if outside Australia) <input type="text"/>
Phone: Home no. (inc. STD/ISD)	<input type="text"/>		Relationship <input type="text"/>
Nominee #3			
Title	<input type="text"/>	(e.g. Mr/Mrs/Ms/Miss/Dr)	Benefit Allocation Percentage <input type="text"/> %
Full name	<input type="text"/>		
Street/PO Box no.	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode <input type="text"/>	Country (if outside Australia) <input type="text"/>
Phone: Home no. (inc. STD/ISD)	<input type="text"/>		Relationship <input type="text"/>
Please notify the Trustee in the event of any change in the details of your Beneficiaries.			

4. Applicant declaration

I direct Chifley Financial Services Limited (ABN 75 053 704 706) in its capacity as trustee of the Australian Public Superannuation Fund to distribute my assets, upon my death as above. I understand that this nomination is only valid for three (3) years from the date of signing, or until I revoke the nomination (by delivering to Chifley a signed and dated confirmation/amendment/revocation form) whichever is sooner.

Signed Date (dd/mm/yyyy) / /

TO BE VALID, THIS FORM MUST BE SIGNED BY YOU, DATED AND WITNESSED BY TWO WITNESSES
Witnesses must be over the age of 18 and not named as nominees.

I, as witness, solemnly and sincerely declare that I am over eighteen (18) years of age and that the nomination was signed in my presence.

Witness 1
 Full name

Signed Date (dd/mm/yyyy) / /

Witness 2
 Full name

Signed Date (dd/mm/yyyy) / /

IMPORTANT NOTES FOR MEMBERS

BENEFIT ALLOCATION PERCENTAGE

Should you wish to nominate more than one person, then you need to specify the percentage of your death benefits to be paid to each person. If you wish to make a more detailed nomination please contact Member Services.

WITNESS DEFINITION

A witness can be anyone who is at least 18 years of age and is not a beneficiary.

Please note: It is important that you keep an up-to-date and valid will.

PROTECTING YOUR PRIVACY

The personal information you are requested to provide is required in order to establish and maintain your membership in the APS Fund.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. The policies adopted by the Trustee in order to comply with these principles are set out in a Privacy Policies document available on request from Member Services or on the Fund's website at www.chifley.com

Where to send this form/enquiries

APS Fund GPO Box 2617 Sydney NSW 2001 website: www.chifley.com	Phone: 1800 067 059 (toll free) (8.30 am – 5.00 pm Mon – Fri) Fax (02) 9279 4131
--	--

