

# Preferred Beneficiary Nomination Form



Form 8

## 1 Member's Personal Details

|                      |                                |
|----------------------|--------------------------------|
| Member Name          | Vision Super Membership Number |
| <input type="text"/> | <input type="text"/>           |
| Home Address         | Date of Birth                  |
| <input type="text"/> | <input type="text"/>           |
| State                | Postcode                       |
| <input type="text"/> | <input type="text"/>           |
| Email Address        | Contact Phone Number           |
| <input type="text"/> | <input type="text"/>           |
|                      | Mobile Number                  |
|                      | <input type="text"/>           |

## 2 Provide details of your nominated beneficiaries

| Surname              | Given name(s)        | % of benefit           | Relationship (eg spouse) |
|----------------------|----------------------|------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/>     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/>     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/>     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/>     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/>     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/>     |

TOTAL %  Please ensure total equals 100%

### NOTE

Death benefits from the Vision Super Defined Benefit plan, Additional Benefits Contracts and Deferred Benefit plan are paid to the Member's legal personal representative in all cases, whether or not Preferred Beneficiaries have been nominated.

Death benefits from Vision Super Saver, Vision Personal Plan, Vision Partner Plan, Vision Allocated Pension, Vision Term Pension and Vision Growth Pension will be paid to, or applied the benefit of:

- Your dependants, and/or
- Your legal personal representatives.

The Trustee will determine in what proportions (if any) your benefit is paid.

Your dependants include:

- Your spouse
- Your child(ren)
- Any other person who, at the time of your death, was wholly or partially dependant on you, or has a right to financial support from you.

## 3 Sign the declaration

This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies. Those policies are available upon request or at our website.

Signature

Date



B E N