

# BINDING DEATH BENEFIT NOMINATION FORM – SUPERANNUATION



## **Tidswell Financial Services Limited (Trustee)**

ABN 55 010 810 607, AFSL 237628, RSE L0000888

## **NEOS Super Plan, a division of the max Super Fund (Fund)**

ABN 22 508 720 840, RSE R1067897

## **NobleOak Life Limited (Insurer)**

ABN 85 087 648 708, AFSL 247302

## **NEOS Life (NEOS), a registered business name of Australian Life Development Pty. Ltd. (Administrator)**

ABN 96 617 129 914 AFSL 502759

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### **About this form**

Please use this form to make a binding beneficiary nomination, or to change an existing nomination.

A binding nomination lets you decide who receives your insurance benefit in the event of your death. If you don't have a binding nomination in place, the Trustee determines who receives your benefit.

Your binding nomination will remain valid for three years, unless you change or cancel it. You'll receive another form from us every three years for completion. If no response is received, your nomination will become invalid.

It's important that you review your nomination regularly (not just every three years), particularly if your personal circumstances change, as in the case of marriage or divorce.

For more information about beneficiary nominations please refer to the NEOS Super Plan PDS available at [www.neoslife.com.au](http://www.neoslife.com.au)

### **Who can I nominate as a beneficiary?**

For a binding beneficiary nomination to be valid under superannuation law, you can only nominate one or more dependants and/or your personal legal representative.

A dependant is any of the following:

- your current spouse (including de facto spouse) of either gender
- your children of any age (including adopted children, stepchildren and your spouse's children)
- someone who is financially dependent on you; and
- someone with whom you have an 'interdependency relationship'.

Two people have an 'interdependency relationship' if the following apply:

- they have a close personal relationship
- they live together
- one or each of them provides the other with financial support; and
- one or each of them provides the other with:
  - domestic support and personal care, but not if one of them provides domestic support and personal care to the other under an employment contract, a contract for services, or on behalf of another person or organisation such as a government agency, a body corporate or a benevolent or charitable organisation; or
  - support or care of a type and quality normally provided in a close personal relationship, rather than by a mere friend or flat mate.

Two people also have an 'interdependency relationship' if they've a close personal relationship, but they don't meet the other requirements of interdependency because:

- either or both of them suffer from a disability including a physical, intellectual or psychiatric disability; or
- they're temporarily living apart.

Your legal personal representative is the executor of your will or the administrator of your estate. You can nominate your legal personal representative to receive the whole or part of your benefit. If you nominate your legal personal representative, your benefit will form part of your estate and be distributed in accordance with your will.

## Taxation

Generally, as stated on the ATO website, superannuation lump sum insurance benefits paid on death to a dependant are wholly tax-free.

Please note however, that a 'dependant' for tax purposes is not identical as a 'dependent' for superannuation purposes. For example, while children aged 18 or more are valid dependants for binding nomination purposes, they're not considered to be dependants for taxation purposes, unless they satisfy the definition of a 'dependant' in superannuation law in some other way (for example, they're considered to be 'financial dependents').

Depending on who you nominate, there may be different taxation consequences. You should obtain taxation advice about this, having regard to your personal circumstances.

## Privacy policy

Our privacy policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You may obtain a copy of our privacy policy from [www.neoslife.com.au](http://www.neoslife.com.au)

## Instructions

This form must be signed in the presence of two witnesses who must be age 18 or over and aren't beneficiaries under your binding nomination.

Please print this form and complete it using a dark pen and CAPITAL letters (except for your email address). Completed forms can then be scanned and emailed to [customerservice@neoslife.com.au](mailto:customerservice@neoslife.com.au) or posted to:

**NEOS Life**  
GPO Box 239,  
Sydney NSW 2001

## Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on 1300 090 188 or email us at [customerservice@neoslife.com.au](mailto:customerservice@neoslife.com.au).

## 1. Plan details

NEOS Protection  
plan number:

## 2. Member/insured person details

Title: Mr  Mrs  Miss  Ms  Other

Name: First name:  Middle name:  Last name:

Date of birth:  /  /

## Current address

Street address:

Suburb:  State:  Postcode:

## 3. Beneficiary details

Please add up to five beneficiaries, ensuring the benefit percentages total 100%.

### Beneficiary one

<b>First name:</b>	<input type="text"/>
<b>Surname:</b>	<input type="text"/>
<b>Date of birth:</b>	<input type="text"/>
<b>Residential address:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/> <b>Postcode:</b> <input type="text"/>
<b>Proportion of benefit (%):</b>	<input type="text"/>
<b>Relationship to member:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative

**Beneficiary two**

<b>First name:</b>	
<b>Surname:</b>	
<b>Date of birth:</b>	
<b>Residential address:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Proportion of benefit (%):</b>	
<b>Relationship to member:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative

**Beneficiary three**

<b>First name:</b>	
<b>Surname:</b>	
<b>Date of birth:</b>	
<b>Residential address:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Proportion of benefit (%):</b>	
<b>Relationship to member:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative

**Beneficiary four**

<b>First name:</b>	
<b>Surname:</b>	
<b>Date of birth:</b>	
<b>Residential address:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Proportion of benefit (%):</b>	
<b>Relationship to member:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative

**Beneficiary five**

<b>First name:</b>	
<b>Surname:</b>	
<b>Date of birth:</b>	
<b>Residential address:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Proportion of benefit (%):</b>	
<b>Relationship to member:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative

## 4. Member/insured person declaration

I declare that:

- I wish to make a binding death benefit nomination as indicated above
- I understand that this nomination replaces any nomination I have previously made
- I understand that I can change this nomination using a Binding Death Benefit Nomination form at any time
- I understand that I can cancel this nomination in writing at any time
- I understand that my nominated beneficiaries must be one or more of: my spouse, child, financial dependant, interdependent or my legal personal representative when I die; and
- I understand that if this nomination is invalid or has not been received by NEOS Life when I die, my death benefit will be paid at the Trustee's discretion as guided by superannuation law.

Member signature:

Date:

 /  / 

## 5. Witness declaration

I declare that:

- I am 18 years of age or over
- I am not a nominated beneficiary of this member; and
- this form was signed and dated by the member in my presence.

Witness one signature:

Witness one name:

Date:

 /  / 

Witness two signature:

Witness two name:

Date:

 /  / 

**Please return your completed form to [customerservice@neoslife.com.au](mailto:customerservice@neoslife.com.au)**



**neoslife.com.au**

GPO Box 239, Sydney NSW 2001

**e:** [customerservice@neoslife.com.au](mailto:customerservice@neoslife.com.au) **t:** 1300 090 188

NEOS Life (NEOS) is a registered business name of Australian Life Development Pty. Ltd. ABN 96 617 129 914 AFSL 502759. NEOS Protection is issued by NobleOak Life Limited (NobleOak) ABN 85 087 648 708 AFSL 247302. The NEOS Super Plan is issued by Tidswell Financial Services Ltd. (Tidswell) ABN 55 010 810 607 AFSL 237628 as Trustee of the max Superannuation Fund ABN 22 508 720 840, of which the NEOS Super Plan is a division. NEOS provides administration services in relation to NEOS Protection and the NEOS Super Plan on behalf of NobleOak and Tidswell.