

BINDING DEATH BENEFIT NOMINATION FORM – SUPERANNUATION



Diversa Trustees Limited (Trustee)

ABN 49 006 421 638, AFSL 235153, RSE L0000635

NEOS Super Plan, comprised of:

– **NEOS Super Plan, a division of OneSuper**

ABN 43 905 581 638, RSE R1001341

– **NEOS Super Plan 2, a division of Tidswell Master Superannuation Plan**

ABN 34 300 938 877, RSE R1004953

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

ABN 96 617 129 914, AFSL 502759

About this form

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

A binding nomination instructs the Trustee as to 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.

Provided your binding nomination is valid, it 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, particularly if your personal circumstances change, as in the case of marriage or divorce.

If your nomination is invalid, the Trustee will exercise its discretion when paying out your death benefit. An invalid binding nomination includes a nomination being made more than three years ago, the form being incorrectly signed and witnessed, or, the beneficiaries nominated no longer qualifying as dependants at the date of your death.

For more information about beneficiary nominations please refer to the NEOS Super Plan PDS available at www.neoslife.com.au/PDS

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; or
- 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 have 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

Instructions

This form must be signed in the presence of two witnesses who must be aged 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 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

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

First name:	<input type="text"/>
Surname:	<input type="text"/>
Date of birth:	<input type="text"/>
Residential address:	<input type="text"/>
State:	<input type="text"/> Postcode: <input type="text"/>
Proportion of benefit (%):	<input type="text"/>
Relationship to member:	<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

First name:		
Surname:		
Date of birth:		
Residential address:		
State:		Postcode:
Proportion of benefit (%):		
Relationship to member:	<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

First name:		
Surname:		
Date of birth:		
Residential address:		
State:		Postcode:
Proportion of benefit (%):		
Relationship to member:	<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

First name:		
Surname:		
Date of birth:		
Residential address:		
State:		Postcode:
Proportion of benefit (%):		
Relationship to member:	<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

First name:		
Surname:		
Date of birth:		
Residential address:		
State:		Postcode:
Proportion of benefit (%):		
Relationship to member:	<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



neoslife.com.au

GPO Box 239, Sydney NSW 2001

e: customerservice@neoslife.com.au **t:** 1300 090 188

NEOS Life 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. NEOS Super Plan is issued by Diversa Trustees Limited (Diversa) ABN 49 006 421 638 AFSL 235153 RSE Licence No L0000635 as trustee of both OneSuper ABN 43 905 581 638 RSE R1001341 and the Tidswell Master Superannuation Plan ABN 34 300 938 877 RSE R1004953. NEOS Life provides administration services in relation to NEOS Protection and NEOS Super Plan on behalf of NobleOak and Diversa, respectively.