

# Binding Death Benefit Nomination Form



Complete this form to make, change or cancel a binding nomination.

Please print clearly using an  in boxes where required.



**IMPORTANT:** Valid binding nominations exist for three years. If you have more than one account (including Personal Plan accounts), you'll need to provide a separate Binding Death Benefit Nomination Form for each account. It's your responsibility to keep your binding nominations up to date. If your personal circumstances change, you should ensure that your nomination is updated correctly to reflect your wishes. Please note that reversionary beneficiaries nominated at the time of opening a pension account cannot be changed or removed.

## Step 1 | Your current account details

Please read our **Personal Information Collection Statement** at [lucrf.com.au/privacy](http://lucrf.com.au/privacy).

LUCRF Super member number

(please call **1300 130 780** if you don't know your member number)

Title

Mr  Mrs  Miss  Ms  Other (please specify)

First name(s)

Last name

Date of birth

/  /

Gender

Male  Female  Other

### Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State

Postcode

### Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State

Postcode

### Contact details

Email address

Home phone

(  )

Work phone

(  )

Mobile



## Step 2 | Make, change or cancel a binding nomination

### Would you like to make/change a binding nomination, or cancel a binding nomination?

**Make or change a binding nomination** – Please cross  this box if you want to make or change a binding nomination. You must also complete steps 3, 4 and 5.

Note: If you're updating an existing nomination, the beneficiaries you list on a correctly completed form will override all binding and non-binding nominations that you've previously made. Please ensure you list all the people that you want to nominate.

**Cancel existing binding nomination** – Please cross  this box if you want to cancel your existing binding nomination and not make any further nominations. You must also complete steps 4 and 5 (but do not complete Step 3).

**Which account is this for?**  Super account  Pension account  Both super and pension accounts

## Step 3 | Your binding beneficiary details (if making or changing a nomination)

A binding nomination means the Trustee must pay your death benefit (superannuation and/or any insurance) to the person(s) you have nominated (subject to superannuation law).

Binding nominations are **valid for three years**. You'll need to confirm your nomination within this period for it to remain valid. We'll write to you when your nomination's about to expire. If your nomination is invalid, or hasn't been received by us when you pass away, your death benefit will be paid at the Trustee's discretion.

#### You may nominate one or more of the following:

- your spouse/de facto
- your children (including step and/or adopted children of any age)
- any person(s) financially dependent on you
- any person(s) in an interdependent relationship with you
- your legal personal representative.

 For more details on who you can nominate, please refer to the Super Member Guide – Additional Information, or the Pension Member Guide. Both publications are available at [lucrf.com.au](http://lucrf.com.au) or by calling us on **1300 130 780**.

#### Please list your binding nomination(s) below.

First name(s)  Last name

Residential address

Gender

Male  Female  Other

Relationship to you (please cross this box)

Spouse/de facto  Child  Financial dependant  Interdependent relationship  Legal personal representative  % share

First name(s)  Last name

Residential address

Gender

Male  Female  Other

Relationship to you (please cross this box)

Spouse/de facto  Child  Financial dependant  Interdependent relationship  Legal personal representative  % share

First name(s)  Last name

Residential address

Gender

Male  Female  Other

Relationship to you (please cross this box)

Spouse/de facto  Child  Financial dependant  Interdependent relationship  Legal personal representative  % share

Continued over the page 

### Step 3 | Your binding beneficiary details (if making or changing a nomination) continued

First name(s)  Last name

Residential address

Gender  
 Male  Female  Other

Relationship to you (please cross this box) % share  
 Spouse/de facto  Child  Financial dependant  Interdependent relationship  Legal personal representative

First name(s)  Last name

Residential address

Gender  
 Male  Female  Other

Relationship to you (please cross this box) % share  
 Spouse/de facto  Child  Financial dependant  Interdependent relationship  Legal personal representative

**SHARE MUST TOTAL 100%**

Note: If you'd like to nominate more binding beneficiaries than this form allows, please call **1300 130 780**.

### Step 4 | Witness declaration

**To be valid, this form must be signed in the presence of two witnesses.**

I declare that:

- I am 18 or over
- I am not a binding beneficiary nominated on this form
- I witnessed the member sign this form in the presence of myself and the other witness.

#### Witness 1

First name(s)  Last name

Date of birth  
 /  /

**Witness' signature**



Date  /  /

#### Witness 2

First name(s)  Last name

Date of birth  
 /  /

**Witness' signature**



Date  /  /

**i** **IMPORTANT:** The member and witnesses must sign on the same date or this binding death benefit nomination will NOT be valid.

## Step 5 | Sign and date this form

- I understand that this nomination binds the Trustee and that my death benefit will be paid to those nominated on this form.
- I understand that those nominated in Step 3 must be my spouse, child, financial dependent, interdependent or legal personal representative of my estate when I die.
- I understand that if this nomination is invalid or has not been received by LUCRF Super when I die, my death benefit will be paid at the Trustee's discretion in accordance with its Trust Deed.
- I have read and understood the relevant Member Guide (Product Disclosure Statement) and the associated reference material as currently available at [lucrf.com.au](http://lucrf.com.au).
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection Statement and the Privacy Policy available at [lucrf.com.au/privacy](http://lucrf.com.au/privacy) or by calling **1300 130 780**.

### Member's signature



Date

D	D	/	M	M	/	Y	Y	Y	Y
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### Checklist

#### Before you send this form to us, make sure:

- you have completed all relevant steps
- benefit allocations add up to 100% at Step 3
- two witnesses have signed and dated this form at Step 4
- you have signed and dated this form at Step 5.

### Send this form to

**LUCRF Super**  
**PO Box 211**  
**North Melbourne VIC 3051**  
**Or scan and email it to:** [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au)

 If you need any help completing this form, please call us on **1300 130 780** or email [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au).