

Nomination of Beneficiaries Form

Please refer to the Sargon SAF Product Disclosure Statement for further information and consult your professional adviser before completing and signing this form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address).

Member details

Title Surname Given name(s)

Date of birth

Gender: Male
 Female

Residential address

Suburb State Postcode

Postal address (Complete if different to residential address)

Suburb State Postcode

Phone number (business hours) Phone number (home)

Mobile number

Email address

Please select one of the following three nomination options:

- Non-Binding Death Benefit Nomination
- Binding Death Benefit Nomination
- Non-Lapsing Binding Death Benefit Nomination

If making a non-lapsing binding death benefit nomination or a binding death benefit nomination, the Witness Declaration section of this form must be completed. Note: binding death benefit and non-lapsing binding death benefit nominations are not available if you select a reversionary pension.

You must select a relationship and portion of benefit for each beneficiary. Your nominations must be a whole number and add up 100%.

There is no limit to the number of beneficiaries you can nominate, providing they are your dependants or legal personal representative. If you wish to nominate more beneficiaries than this form allows, you can download a copy of this form from www.sargon.com/saf. Please ensure you complete and sign all forms used and, if making a non-lapsing binding death benefit nomination or binding death benefit nomination, complete the witness declaration on all forms and submit them together.

Full name of beneficiary	Date of birth	Relationship to you Only the following relationships can be accepted (select one box only)	Portion of total benefit
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
Legal personal representative (your estate)			%
The total of your nominations (beneficiaries and your legal personal representative nomination), must equal 100%			100 %

Member agreement and declaration

I request the Trustee to distribute any benefit payable in the event of my death in accordance with this form. This nomination form supersedes any previous nomination of beneficiary. I acknowledge that I have read and understood the information on beneficiary nominations provided in the 'Important Information' section of this form, and that my nomination complies with these requirements. I understand I should review my nomination regularly, especially when my circumstances change (for example through marriage, having children or any other life-changing event), to ensure my nomination is always up to date.

Member Name: _____

 **Signature:** _____

Date: _____

Witness declaration (for binding nominations only)

I declare that I am over the age of 18, not named as a beneficiary on this form and this binding nomination was signed by the member in my presence on the same day it was signed by me.

Witness 1:

Full Name of Witness _____ Date of Birth: _____



Signature: _____ Date: _____

Witness 2:

Full Name of Witness _____ Date of Birth: _____



Signature: _____ Date: _____

IMPORTANT INFORMATION

The following explains the differences between a non-binding death benefit nomination, binding death benefit nomination and non-lapsing binding death benefit nomination.

A **non-binding death benefit nomination** is a request for the Trustee to pay your benefit in a certain way in the event of your death. It is not legally binding on the trustee but may be taken into account. The Trustee is obliged to follow the law in working out who should receive a death benefit. A non-binding nomination may be appropriate if your personal circumstances are unsettled.

A **binding death benefit nomination** is an instruction to the Trustee about who is to receive your benefit in the event of your death. The Trustee is legally bound to follow this instruction, provided that the nomination is legally valid and the person(s) nominated qualify for payment under the law when the benefit is paid. A binding nomination is valid for three years or until amended or revoked.

A **non-lapsing binding death benefit nomination** is an instruction to the Trustee about who is to receive your benefit in the event of your death. The Trustee agrees to bind itself to follow this instruction, provided that the nomination is legally valid and the person(s) nominated qualify for payment under the law when the benefit is paid. A non-lapsing binding death benefit nomination is generally valid until amended or revoked (either by the Trustee or you).

If you do not make a beneficiary nomination, the Trustee will consider which of your dependants and/or legal personal representative are to receive your death benefit and in what proportion.

Who can receive a Death benefit?

A death benefit can be received by one or more dependants, your legal personal representative (estate) or, if neither of these exist or can be found, another person.

A dependant is generally your child or children (including adopted and step-children), spouse (including your de facto spouse) or a person with whom you have an interdependency relationship. Two people may have an interdependency relationship if:

- they have a close personal relationship;
- they live together;
- one or each of them provides the other with financial support;
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship may also exist where there is a close personal relationship between two people who do not satisfy other criteria because either or both of them suffer from a physical, intellectual or psychiatric disability. Examples of interdependency relationships may include:

- same sex couples who reside together and are interdependent;
- siblings who reside together;
- an adult child who resides with and cares for an elderly parent.

Special rules for Non-lapsing Binding Death Benefit and Binding Death Benefit Nominations

- A Non-lapsing Binding Death Benefit Nomination or a Binding Death Benefit Nomination must be signed by two independent witnesses who are at least 18 years old and are not named as beneficiaries.
- This form is invalid if not received by the Trustee before your death. This also applies in the case of non-binding nominations.

- Only your dependants and/or legal personal representative can be nominated to receive a share of a death benefit. Whether or not a person is eligible to receive part of your death benefit is determined at the date of your death.
- Your Non-lapsing Binding Death Benefit Nomination will cease to have effect if you subsequently marry, remarry or divorce. You can amend or revoke a Non-lapsing Binding Nomination at any time by sending a new nomination form. The nomination can also be revoked if the trustee withdraws its consent to be bound.
- If a person you have nominated dies before you or is not eligible to receive a share of your Death benefit, that person's part will be distributed equally amongst the surviving nominated dependants and/or legal personal representative.
- If you do not provide all details requested in this form, or if it is not properly witnessed the form will be treated as a Non-binding Death Benefit Nomination.
- If you fail to properly and clearly specify the portion (%) of your benefit payable to each person, it will be distributed equally amongst those persons nominated who are eligible to receive a benefit, providing the nomination form was otherwise valid.

A copy of your completed 'Nomination of Beneficiaries Form' should be uploaded to the SAF 'Documents Uploads' section of the application system. The original should be mailed to:

Sargon SAF
50 Hindmarsh Square
Adelaide SA 5000

If you require any assistance with completing the Nomination of Beneficiaries form, please contact your financial adviser.

Privacy Collection Statement

The personal information provided on this form is collected by and held for Tidswell Financial Services Pty Ltd, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your member's account and providing services associated with membership of your SAF. For further information about how personal information is handled, please visit sargon.com/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.