

Goldman Sachs & JBWere Superannuation Fund

Making a binding death benefit nomination

Who'll get your super if you die?

You can nominate one or more persons and/or your estate that you require the Trustee of the Goldman Sachs & JBWere Superannuation Fund to pay your death benefit to should you die while a member of the Goldman Sachs & JBWere Superannuation Fund, by making a 'binding death benefit nomination'.

If you make a binding death benefit nomination and it is still valid and in effect at the time of your death, the Trustee of the Goldman Sachs & JBWere Superannuation Fund will be bound to follow it and pay your death benefit to your nominated beneficiaries and in the proportions specified by you.

You may confirm, amend or revoke your binding death benefit nomination at any time. As your personal circumstances change, it's important to remember to keep your nomination up-to-date.

Completing the form

To make a binding death benefit nomination in the Goldman Sachs & JBWere Superannuation Fund you must:

- Complete this form in full and sign and date it in the presence of two witnesses. The witnesses must be at least 18 years of age and neither of them can be nominated in this form. Each witness must also sign and date the form in Step 4.
- Only nominate someone who is your Dependant** and/or your estate.
- Ensure you clearly specify the percentage of your death benefit that you wish to allocate to each person and that the total allocation equals 100%.

Once properly made, your nomination replaces any previous nomination you may have made, whether a preferred beneficiaries nomination or a binding death benefit nomination.

If you wish to revoke an existing binding death benefit nomination and not make a further nomination you need only complete Steps 1, 3 and 4 of this form, leaving Step 2 blank.

What you should know about binding death benefit nominations

In the event that you die without a valid and in effect binding death benefit nomination in place, the Trustee of the Goldman Sachs & JBWere Superannuation Fund will be required to exercise its discretion and decide on payment of your death benefit to any one or more of your Dependants or to your estate.

A binding death benefit nomination will become invalid if:

- it is completed prior to your admission to the Fund,
- it is not made using the required Binding Death Benefit Nomination form,
- the Binding Death Benefit Nomination form has not been properly completed (for example, the nominated proportions are not clear or the total does not equal 100%, or the form has not been signed and witnessed correctly),
- at the time of your death, one or more of the persons nominated by you have died or is not your Dependant**,
- you were legally incapable of making the nomination; or
- the Trustee is legally restrained or prohibited from paying your death benefit to one or more of your nominated beneficiaries.

Binding death benefit nominations cease to have effect after a period of three years from the date you sign your nomination, or re-confirm it to apply for a further three years, unless revoked by you earlier. It would also cease to have effect if you are subject to a Court Order at the time of your death, that prohibited you from making a binding death benefit nomination or required you to amend or revoke a nomination, or if (and for so long as) the Trustee is prevented from paying out your death benefit in accordance with your nomination due to Family Law.

If you need help

For assistance with the completion of this form or for more information please contact the Super Helpline on 1800 025 026 or write to the Fund Secretary at the address shown at Step 4 of this form.

** Refer to Step 2 for the definition of Dependant.



Step 1 – Complete your personal details

Please print in black or blue pen,
in uppercase, one character per box.

A



Title Mr Mrs Ms Miss

Date of birth / /

Given names

Surname

Street address

Suburb

State

Postcode

Telephone

 -

Fax

 -

E-mail

Membership number

Step 2 – Make your nomination

I direct the Trustee of the Goldman Sachs & JBWere Superannuation Fund to distribute my death benefit to the following persons and/or my estate in the proportions shown below, in the event of my death (please attach an additional page if you wish to nominate more than four beneficiaries):

Name of First Nominee

Relationship to you** (Select one option only)

Spouse Child Financial Dependant Interdependency Relationship

Address *

Date of birth* / /

Proportion of payout %

Name of Second Nominee

Relationship to you** (Select one option only)

Spouse Child Financial Dependant Interdependency Relationship

Address *

Date of birth* / /

Proportion of payout %

Continued over



Step 2 – Make your nomination (continued)

Name of Third Nominee

Relationship to you** (Select one option only)

Spouse Child Financial Dependant Interdependency Relationship

Address *

Date of birth* / /

Proportion of payout %

Name of Fourth Nominee

Relationship to you** (Select one option only)

Spouse Child Financial Dependant Interdependency Relationship

Address *

Date of birth* / /

Proportion of payout %

My estate

Proportion of payout %

Total % (must equal 100%) %

* Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.

** The persons you nominate must be your 'Dependant' or your estate. 'Dependant' is defined as:

- your spouse, regardless of gender, including by a de facto relationship or a registered relationship under a law of State or Territory;
- your children including step-children, adopted children and your spouse's children;
- any other person who the Trustee considers is wholly or partially dependent on you at the time of death; or
- any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
 1. they have a close personal relationship;
 2. they live together; and
 3. one or each of them provides the other with financial support; and
 4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

Any amounts paid to your legal personal representative would be distributed according to your will, or if you don't have a will, according to the laws of the State in which you resided at the date of your death.



Step 3 – Sign the form

By signing this form I declare that I have read this form and understand that:

- My nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- My nomination in this form will be invalid if:
 - it has not been completed correctly, or completed prior to my admission to membership of the Fund
 - the persons nominated are no longer alive or Dependants at the time of my death
 - the Trustee is legally restrained or prohibited from paying my death benefit to one or more of the persons nominated in this form.
- My nomination in this form will expire and cease to have effect:
 - after three years, unless I re-confirm, revoke or amend it at an earlier time;
 - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
 - if I am subject to a Court Order prohibiting me from making a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- The information provided in this form will be used by the Trustee to contact those nominated to determine whether they are still my Dependants at the time of my death. The information may be disclosed to the administrator, my employer and other parties as required and I consent to the handling of my personal information in this way.
- This form revokes any prior binding death benefit nomination or nomination of preferred beneficiaries I may have made.

Signature

Date / /

Step 4 – Witness declaration

Witness One (insert full name)

I, confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

Date / /

Witness Two (insert full name)

I, confirm that I am at least 18 years of age, am not a person nominated in Step 2 of this form and that the member named above has signed this form in my presence.

Signature

Date / /

Please return your completed form to the Fund Administrator, Goldman Sachs & JBWere Superannuation Fund, GPO Box 4303, Melbourne, VIC 3001.

Issued by BEST Superannuation Pty Ltd (ABN 57 070 732 008, AFSL 530672) as trustee of the Goldman Sachs & JBWere Superannuation Fund (ABN 55 697 537 183, SPIN BES0001AU)

