

## DEATH BENEFIT NOMINATIONS - EXPLANATORY NOTES

| Partner Superannuation Fund |

### IMPORTANT INFORMATION

Understanding who receives your superannuation money in the event of your death is important. Please read through the following information carefully before completing the Death Benefit Nomination Form. You should discuss this with your Financial Adviser so that your individual circumstances can be taken into account.

### WHAT OPTIONS DO I HAVE FOR A DEATH BENEFIT NOMINATION?

Under the rules of the Fund, you have two options for advising us how you would like your death benefit paid. Please read the information table below on each of the available options before completing the Form.

	<b>BINDING DEATH BENEFIT NOMINATION</b> (Option 1 under section 2 of the Form)	<b>NON-BINDING DEATH BENEFIT NOMINATION</b> (Option 2 under section 3 of the Form)
<b>Who gets my benefit in event of my death?</b>	<p>If, at the time of your death, you have made a binding nomination which is valid under Superannuation Law and nominates Dependant(s)* or your Personal Representative, the Trustee of the Fund must pay your benefit in accordance with your nomination.</p> <p>Any portion of your benefit which cannot be paid in accordance with the binding nomination, or if the nomination has expired under Superannuation Law, will be paid to your Dependant(s)* and/or Personal Representative in such proportions as the Trustee determines and any invalid or expired binding nomination shall be considered a non-binding nomination by the Trustee for this purpose.</p>	<p>The Trustee of the Fund will seek to determine all Dependents* and considering your nomination, determine whom and in what proportions to pay your benefit.</p>
<b>What is a valid nomination?</b>	<p>Your nomination must:</p> <ul style="list-style-type: none"> <li>- be in writing using the attached Death Benefit Nomination Form; and</li> <li>- clearly show the proportion of the benefit to be paid to each person nominated (ie total 100%); and</li> <li>- be signed and dated by you <i>in the presence of two witnesses (refer to the Form for further information)</i>; and</li> <li>- be received by us; and</li> <li>- nominate Dependents* (at the date of your death) or your Personal Representative; and</li> <li>- be no more than 3 years old.</li> </ul> <p><i>Please note, by confirming the receipt of your nomination, the Trustee is not confirming that it is valid in all respects. As a Member's circumstances can change, the Trustee does not check the validity of a nomination until after the death of a Member.</i></p>	<p>Your nomination must:</p> <ul style="list-style-type: none"> <li>- be in writing using the attached Death Benefit Nomination Form; and</li> <li>- clearly show the proportion of the benefit you wish to be paid to each person nominated (i.e. total 100%); and</li> <li>- be signed and dated by you; and</li> <li>- be received by us.</li> </ul> <p><i>Please note, by confirming the receipt of your nomination, the Trustee is not confirming that it is valid in all respects. As a Member's circumstances can change, the Trustee does not check the validity of a nomination until after the death of a Member.</i></p>
<b>How long is my nomination valid?</b>	<p>Your nomination is valid for three years from the date you sign the Death Benefit Nomination Form.</p>	<p>Your nomination is valid from the date we receive it and will remain valid until you instruct us otherwise.</p>
<b>Is there anything else I should know?</b>	<p>It is important to update your binding death benefit nomination every three years and when your circumstances change. If your nomination is valid, the Trustee will be bound by your binding nomination, even if your circumstances have changed.</p>	<p>Because the nomination is not binding, the Trustee of the Fund will consider any changes to your circumstances after making the nomination and will consider claims by any of your Dependents* you have not nominated.</p>

**WHO ARE MY DEPENDANTS\*?**

Under each of these options, you may only nominate a Dependant or your Personal Representative to receive your death benefit.

“Dependant” means your:

- Spouse (meaning legal or de facto spouse or other person with whom the member is in a relationship where they are living together on a genuine domestic basis as a couple),
- Child (including adopted child, step-child, ex-nuptial child and child of member spouse),
- any person who is Financially Dependent on you; or
- any person with whom you have an Interdependency Relationship. You have an Interdependency Relationship with a person with whom you have a close personal relationship and with whom you live where one or both of you provides the other with financial support and one or both of you provides the other with domestic support and personal care (or are prevented from doing this because one or both of you suffers a physical, intellectual, psychiatric or other disability).

The Trustee is only able to pay another individual if no Dependants and no Personal Representative can be identified/established.

**QUESTIONS**

If you require any further information regarding the death benefit nomination process please contact one of our Customer Service Consultants on Freecall 1800 221 142 or email us at [customerservice@toweraustralia.com.au](mailto:customerservice@toweraustralia.com.au)

Please return your original completed and signed Form to:

TOWER Customer Service Centre

Reply Paid 142

Milsons Point NSW 1565

## DEATH BENEFIT NOMINATION FORM

| Partner Superannuation Fund |

Please read the attached Death Benefit Nomination explanatory notes and complete this Form in capital letters using a black or blue pen.

01	<b>YOUR DETAILS</b>			
	<b>PREFSURE POLICY/MEMBER NO.</b>			
	<b>PERSONAL DETAILS</b>		Surname	
	Given Names		Date of Birth / /	
	<b>ADDRESS</b>	Unit No.	Street No.	Street Name
	Suburb		State	Postcode
	<b>TELEPHONE</b>	Home	Work	Mobile

SELECT ONLY ONE DEATH BENEFIT NOMINATION OPTION AND PROVIDE ALL REQUESTED DETAILS

02	<b>OPTION 1 - BINDING NOMINATION</b>				
	I wish to make a BINDING death benefit nomination and direct the Trustee to pay the following person(s) in the noted proportions on the event of my death:				
	<b>NAME OF DEPENDANT</b>	<b>ADDRESS OF DEPENDANT</b>	<b>DATE OF BIRTH</b>	<b>DEPENDANT RELATIONSHIP</b>	<b>BENEFIT (%)</b>
	<b>PERSONAL REPRESENTATIVE (YOUR ESTATE)</b>				
<b>TOTAL (MUST ADD UP TO 100%)</b>				<b>100%</b>	

<b>SIGNATURE OF MEMBER</b>	<b>x</b>	<b>DATE</b>	/	/
Signed in the presence of both of us at the same time, and attested and signed by us as witnesses in the presence of the member and each other.				
<b>WITNESS 1 SIGNATURE</b>	<b>x</b>	<b>WITNESS 2 SIGNATURE</b>	<b>x</b>	
<b>WITNESS 1 NAME</b>		<b>WITNESS 2 NAME</b>		
<b>WITNESS 1 DATE OF BIRTH</b>	/	/	<b>WITNESS 2 DATE OF BIRTH</b>	/
<b>WITNESS 1 ADDRESS</b>		<b>WITNESS 2 ADDRESS</b>		

- Your nomination remains valid for 3 years and should be reviewed regularly, particularly if your circumstances change such as in the case of marriage or divorce.
- If your nominated beneficiary is not a Dependant at the date of your death or your nomination is otherwise not valid the Trustee will treat your binding nomination as a non-binding nomination and determine to whom and in what proportions to pay your death benefit.
- Under Superannuation Law, if you make a binding death benefit nomination, you must sign this Form in the presence of two witnesses who are over age eighteen and who are not nominated as beneficiaries. All signatures must be made using the same pen.

03	<b>OPTION 2 - NON-BINDING NOMINATION</b>				
	I wish to make a NON-BINDING Death Benefit Nomination and request the Trustee to consider paying the following person(s) in the noted proportions in the event of my death:				
	<b>NAME OF DEPENDANT</b>	<b>ADDRESS OF DEPENDANT</b>	<b>DATE OF BIRTH</b>	<b>DEPENDANT RELATIONSHIP</b>	<b>BENEFIT (%)</b>
	<b>PERSONAL REPRESENTATIVE (YOUR ESTATE)</b>				
<b>TOTAL (MUST ADD UP TO 100%)</b>				<b>100%</b>	

- The Trustee is not bound by this nomination but will take it into account in deciding how and to whom any death benefit will be paid. The Trustee will consider any changes to your personal circumstances and the merits of claims by any Dependants you have not nominated.

04	This nomination will replace any existing nomination you have made in respect of your Partner Superannuation Fund membership.				
	<b>SIGNATURE OF MEMBER X</b>		<b>DATE</b> /                    /		

06	<b>PRIVACY</b>
	<p>Personal information is collected from or in respect of you to enable the Trustee to provide or arrange for the provision of the product or service requested. If you do not supply the required information, we may not be able to provide the product or service requested. In processing and administering your interest in the Fund we may disclose your personal information (excluding health information) to a number of parties such as your Financial Adviser, or in the case of a corporate member your employer and/or employers adviser, other companies within the TOWER Group, organisations to whom we outsource our mailing and information technology, third party service providers, the Insurance Reference Service, Government regulatory bodies and accountants (if applicable).</p> <p>We may also disclose your personal (including health) information to other bodies such as the insurer; reinsurers; health professionals; investigators; the Fund Administrator; lawyers; external complaints resolution bodies and as required by law. By signing this Form you are agreeing to our collection, use and disclosure of your personal information. You may also be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access, please make your request to one of our Customer Service Consultants on Freecall 1800 221 142.</p>

07	<b>CONTACT DETAILS</b>
	<p>Please keep a copy of this Form for your records and complete and return the signed original to the Reply Paid address below. If you have any questions or an enquiry regarding this request, please contact your Financial Adviser or one of our Customer Service Consultants.</p> <p>☎ Freecall 1800 221 142</p> <p>✉ TOWER Customer Service Centre Reply Paid 142 Milsons Point NSW 1565</p> <p>✉ customerservice@toweraustralia.com.au</p> <p>🌐 www.toweraustralia.com.au</p>

**Trustee**  
TOWER Australian Superannuation Limited  
ABN 69 003 059 407 AFSL 237851 RSE Lic. L0000642

**Superannuation Fund**  
Partner Superannuation Fund  
ABN 38 079 293 045 RSE Reg. R1004700