

Nomination of Beneficiary Form

OneAnswer

1 July 2014

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

GPO Box 5306, Sydney NSW 2001

Customer Services

Phone 133 665

Email customer@onepath.com.au

Website onepath.com.au

This form is for existing members to nominate, revoke, or reconfirm a beneficiary nomination in:

- OneAnswer Personal Super
- OneAnswer Frontier Personal Super
- OneAnswer Pension
- OneAnswer Frontier Pension
- OneAnswer Term Allocated Pension
- OptiMix Superannuation and Pensions

Please complete this form in **capital letters** using black or blue pen.

You can make nominations for multiple OneAnswer or OptiMix accounts held under your name using this form. Simply provide the additional member number in the Member details section.

To make a new non-lapsing death benefit nomination or revoke your existing nomination, you and two witnesses must sign section 4. Any alterations to your form must be initialled by you and both witnesses.

Please complete this form and send it to: OnePath, GPO Box 5306, Sydney NSW 2001

This form cannot be faxed. We require the original form.

1. Member details

Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional member number (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>					
Surname	<input type="text"/>										
Given name(s)	<input type="text"/>										
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>						
Residential address (this cannot be a PO Box)	<input type="text"/>										
Suburb/Town	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>		
Phone (during business hours)	<input type="text"/>										
Email	<input type="text"/>										

2. Nomination instruction

You must **select one (x)** of the following:

- New nomination** – I would like to provide new nomination details complete sections 3 and 4.
- or
- Reconfirm** – I would like to reconfirm my existing death benefit nomination as a non-lapsing nomination (go to section 4).
- or
- Revoke** – I would like to revoke the existing nomination without replacing it (go to section 4 – you and two witnesses must sign).



3. Beneficiary details

You can only nominate your legal personal representative (your estate), and/or a person(s) who is a dependant, to receive your death benefit. Please refer to the relevant PDS and additional information guide for more information. Your existing beneficiary nomination will be replaced by the new beneficiary nomination details you provide here. You should inform any nominated beneficiary that their details will be provided to OnePath Life and OnePath Custodians.

Full name of nominated beneficiary	Gender	Relationship to member (pick one)	Date of birth (dd/mm/yyyy)	Proportion of death benefit to be paid
1. My Legal Personal Representative (My Estate)	Not applicable	Not applicable	Not applicable	<input type="text"/> <input type="text"/> <input type="text"/> %
and/or nominated beneficiary(ies) below				
2. Please print in CAPITAL LETTERS	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> %
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> %
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> %
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> %
Total				<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 %

4. Member declaration

By signing this form, I confirm that I:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in OnePath's Privacy Policy which is available at onepath.com.au, or by calling Customer Services. If I have provided information about another person in this application (for example a life insured), I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au
- accept that OnePath may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly
- agree that my beneficiaries and I are bound by the provisions of the relevant trust deed
- agree that this nomination only applies to the relevant OneAnswer or OptiMix account(s) associated with the member numbers identified on this form.

Signature of member **Date (dd/mm/yyyy)** / /

(Sign clearly within the box)

Witness declaration – must be completed for the non-lapsing death benefit nomination to be valid and/or you have chosen to revoke an existing nomination.

Declaration: I am 18 years or over; I am not a named beneficiary on this form; and the member's signature was signed and dated by the member in the presence of us both.

Full name of witness 1
(Print in capital letters)

Signature of witness 1 **Date (dd/mm/yyyy)** / /

(Sign clearly within the box)

The date of the member and witness signatures must be the same.

Full name of witness 2
(Print in capital letters)

Signature of witness 2 **Date (dd/mm/yyyy)** / /

(Sign clearly within the box)

The date of the member and witness signatures must be the same.