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Nomination of beneficiary/ies - pension

You must complete every section of this form.

Your request will be invalid if unsigned and/or undated as set out below.

Please use **BLOCK letters and black ink** when completing this form.

If you make a mistake on this form please use a new form, as otherwise it may not be accepted by the Trustee. You should obtain and read a copy of the relevant legalsuper Product Disclosure Statement (PDS) before you complete this form, as it contains important information. The legalsuper PDS is available at **legalsuper.com.au** or by calling **1800 060 312** (8am to 8pm [AEST/AEDT] Monday to Friday).

You can make non-binding nominations via MemberAccess at legalsuper.com.au 'Login'.

Return this completed form to either:

Email: mail@legalsuper.com.au

OR egalsuper

Post: legalsuper Locked Bag 5081 Parramatta NSW 2124 Phone: 1800 060 312

1. My legalsuper member number is 3. Nomination of beneficiary/ies You may make a Non-binding nomination via MemberAccess. legalsuper membership number All members of legalsuper may make a death benefit nomination. The Trustee will consider the most recent valid nomination that you have with legalsuper. Other legalsuper membership numbers (if any): You may elect to make either a Binding or Non-binding nomination of beneficiary/ies to whom your accrued legalsuper entitlements (plus any insurance proceeds) (Death benefit) will be paid in the event of 2. My personal and contact details previously Please note: a death benefit nomination only applies to the particular notified to legalsuper legalsuper account that you specify that nomination for and the most recent valid nomination will apply only to that particular account. Mr Dr **lustice** The most recent valid Non-binding nomination will replace any previous Non-binding nomination for that particular account, whilst the Surname most recent valid Binding nomination will replace any previous Binding or Non-binding nomination for that particular account. Given Names A valid Non-binding nomination of preferred beneficiaries is not binding on the Trustee, but will assist the Trustee in exercising its discretion. The Trustee will determine what proportion of your entitlements goes to one or more of your dependants and/or your legal personal representative (estate) on your death. Unless the Trustee decides to pay the benefits to your legal personal Date of birth (dd/mm/yyyy) representative, your entitlements will not form part of your estate and will therefore not be subject to the terms of your Will. Postal Address A valid Binding nomination of beneficiaries will bind the Trustee to pay your entitlements on your death exactly as you specify. Your nomination will only be valid and binding if it is made in accordance with relevant requirements. The requirements include that you sign and date the declaration in section 4 in the presence of two persons over 18 years of age who witnessed you sign and date the declaration, Town or Suburb and those witnesses are not included in your nomination. You must submit this form with original signatures to the Trustee. State Postcode Please remember: a Binding nomination is only valid for three years from the date you sign it, confirm or amend it. The Trustee does not accept any nomination made under any form of Telephone Number Power of Attorney. You can nominate both individual beneficiaries and a legal personal representative (estate). Mobile Number 'Dependant' is defined as: the spouse of the person, any child of the person and any person **Email** with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of Occupation their death) wholly or partially dependent on the person. 'Interdependency' means: Judge Barrister Solicitor/Lawyer Two persons have an interdependency relationship if: Management staff Administration/Support Staff (a) they have a close personal relationship; Other (please specify) they live together; one or each of them provides the other with financial support; and one or each of them provides the other with domestic support and personal care.

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Date of birth

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	Date of birth			% of benefits				
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4								
	Given name(s)							
	Relationship							
	Spouse	Child	Financial dependant	Interdependent				
	Date of birth			% of benefits				
		To	tal must equal 1	00%				

4. Declaration

I acknowledge that:

- I have read and understood the information in this form and the relevant legalsuper PDS regarding nominations.
- Each beneficiary I nominated must be either a dependant as defined in this form or my legal personal representative at the time of my death.
- My beneficiary/ies and I will be bound by the provisions of the legalsuper Trust Deed (as amended) relating to nominations.
- If I made a Binding nomination, it is only valid for three years from the date I sign it or any confirmation or amendment of it.
- I accept that should my circumstances change, or those of any of my beneficiary/ies, it is my responsibility to review my nomination and change it if required.
- I may at any time revoke or change my nomination in accordance with legalsuper's procedures.
- If this nomination is invalid, or is a non-binding nomination, or has not been received by the Trustee when I die, the Death benefit will be paid by the Trustee in its discretion to or for the benefit of one or more of my dependants or my legal personal representative in such proportions between them as the Trustee determines.
- This nomination will replace any previous valid Binding or Nonbinding nomination held by the Trustee for this particular account I have with legalsuper.
- I agree and understand that my pension superannuation arrangements will be governed by prevailing legislation and the terms and provisions of legalsuper's governing rules as in force from time to time.
- I have read the above information setting out the terms upon which this nomination is made.
- My nomination was not made under any form of Power of Attorney.

Member's	signatu	re					
Date (dd/r	mm/yyy	y)					

% of benefits

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