

# Non-lapsing death benefit nomination

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237492 RSEL L0001281.  
Macquarie Superannuation Plan ABN 65 508 799 106 RSE R1004496.

**Use this form to nominate a beneficiary for your superannuation benefits to be paid upon your death.**

**Before you make a nomination remember:** You can nominate your legal personal representative and/or one or more of your dependants as defined under superannuation law. Nominations are only valid if the person(s) selected below are eligible at the time of death of the member. If no valid nomination is made Macquarie will pay your benefit to your Legal Personal Representative as outlined in the Product Disclosure Statement (PDS).

**Important:**

- If you submit this form electronically, please allow two business days for your request to be assessed by the trustee, and if approved, your beneficiary details updated.
- Amendments to your nomination cannot be accepted. In the event of an error please complete a new form.
- In section 2, the total death benefit must total 100%.
- This form must be signed by the member and both witnesses at the same time.
- This form cannot be signed under Power of Attorney.

## 1. Account details

**Member name**

**Account number(s)**

**Apply to all my accounts?**      Yes      No, only those listed above

If you have more than one account held in the Macquarie Superannuation Plan, please list the account numbers that this nomination applies to above. If you do not specify any accounts, your nomination will apply only to the account opened from the application that this form is attached to. If an account for which this nomination applies is subject to a super to pension transfer (or vice versa), you may elect at the time of the transfer to extend this nomination to the new account created as part of that transfer.

## 2. Nomination details

Upon my death I direct Macquarie Investment Management Limited (MIML) in its capacity as trustee of the Macquarie Superannuation Plan to distribute my account balance as follows:

Legal personal representative	Share of death benefit (%)
Your estate	Legal personal representative

- If you have nominated **100%** of the benefit allocation to your Legal Personal Representative in the **Share of death benefit** box above, do not complete any further nominations ► **go to section 3**
- If you choose not to nominate your Legal Personal Representative (your estate), please specify **0%** in the **Share of death benefit** box above and complete the following nominee details below, ensuring the total equals **100%**.

---

## 2. Nomination details (continued)

---

### First nominee

Full name:

Relationship to you:

Spouse

Child

Interdependant\*

Financial dependant

Gender

Male

Female

Child pension required?

Yes

No

Date of birth:

**Share of death benefit (%)**

### Second nominee

Full name:

Relationship to you:

Spouse

Child

Interdependant\*

Financial dependant

Gender

Male

Female

Child pension required?

Yes

No

Date of birth:

**Share of death benefit (%)**

### Third nominee

Full name:

Relationship to you:

Spouse

Child

Interdependant\*

Financial dependant

Gender

Male

Female

Child pension required?

Yes

No

Date of birth:

**Share of death benefit (%)**

### Fourth nominee

If you have insufficient room to list all beneficiaries, please complete an additional non-lapsing death benefit nomination form and attach to this form.

Full name:

Relationship to you:

Spouse

Child

Interdependant\*

Financial dependant

Gender

Male

Female

Child pension required?

Yes

No

Date of birth:

**Share of death benefit (%)**

---

\* Two persons (whether or not related by family) have an interdependency relationship if: a) they have a close personal relationship, and b) they live together, and c) one or each of them provides the other with financial support, and d) one or each of them provides the other with domestic support and personal care. If two persons (whether or not related by family) satisfy the requirement of (a); and they do not satisfy the other requirements of an interdependency relationship above; and the reason they do not satisfy the other requirements is that either or both suffer from a physical, intellectual or psychiatric disability; they have an interdependency relationship.

---

### 3. Member declaration

---

- I understand that this nomination will be binding on the trustee if the trustee consents to it and will be valid until they consent to a valid change of nomination from me.
- I understand this nomination replaces any previous nomination/s provided by me to the trustee.
- I understand that if I have revoked a previous nomination and wish to make a new nomination in the future, I will need to complete a new form.
- I agree to retain the original form if I am submitting this form to Macquarie via electronic means and will provide to Macquarie upon request.
- I acknowledge that if my nomination specifies one or more child pensions on behalf of my children that my nomination cannot be accepted by the trustee until a child pension schedule is also completed for each child that I have nominated to receive a child pension.
- I acknowledge that if any of the accounts specified in this form are subject to a super to pension transfer (or vice versa), I can give a further instruction to the trustee to extend my nomination to the newly created account(s) without submitting a new form.

 **This form must be signed by the member. Power of Attorneys cannot sign this form.**

#### Member signature

Your signature must be witnessed by two people, each of whom are 18 years or older and are not named as a nominee on the form.

Declaration Date

Member signature

### 4. Witness declaration

---

#### First witness

Before me, on the date indicated above as the Declaration Date.

First witness name

First witness signature

#### Second witness

Before me, on the date indicated above as the Declaration Date.

Second witness name

Second witness signature




---

#### Sign

- ☒ Wet signature
- ☐ Electronic signatures are not accepted on this form.

---

#### Submit

-  Upload to **Request Centre** (advisers only)
-  Email to **wrapsolutions@macquarie.com**
-  Mail to **GPO Box 4045, Sydney, NSW, 2001**

---

#### Need Help?

If you're an adviser, you can visit **Adviser Help Centre** or chat to us through Adviser Online

If you're a client, you can visit our **Personal Help Centre**, speak to your adviser, or call us on 1800 025 063