

Premium Portfolio Service – Super Account 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.

Please use black ink and print in CAPITALS. Mark boxes with an [X] where applicable.

1. Personal details

Title: _____ Account number: _____

Full name: _____

If you have more than one account held in Premium Portfolio Service – Super Account, please list the account numbers that this nomination applies to below. If you do not specify any accounts, your nomination will apply only to the account nominated above, or 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.

This nomination is to apply to all my existing Premium Portfolio Service – Super and Pension Account, or

This nomination applies to the accounts listed below:

2. Nomination

IMPORTANT – BEFORE YOU COMPLETE THIS SECTION: To establish a valid nomination ensure no alterations are made on this form. **Please ensure the death benefits total 100%.**

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:

Nominee 1 full name:

Share of death benefit (%):

LEGAL PERSONAL REPRESENTATIVE (YOUR ESTATE)

- 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

Nominee 2 full name:

Nominee's relationship to you:	Gender:
Spouse	Male
Child	Female
Interdependant*	
Financial dependant	

Date of birth:	Is a child pension required?	Share of death benefit (%):
	Yes No	

Nominee 3 full name:

Nominee's relationship to you:	Gender:
Spouse	Male
Child	Female
Interdependant*	
Financial dependant	

Date of birth:	Is a child pension required?	Share of death benefit (%):
	Yes No	

Nominee 4 full name:

Nominee's relationship to you:	Gender:
Spouse	Male
Child	Female
Interdependant*	
Financial dependant	

Date of birth:	Is a child pension required?	Share of death benefit (%):
	Yes No	

Unless a child pension has been specified your death benefit will be paid in a form determined by MIML after your death and having consulted your beneficiaries. Where one or more child pensions are specified please also complete a child pension schedule, available from your adviser

Total death benefits (%):

100

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

* 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. Declaration

- 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**
- 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.



Please note that electronic or digital signatures will not be accepted.

Signature:

Declaration date:

Title:

Name:

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

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

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

Signature of first witness (in black ink)

Signature of second witness (in black ink)

Title:

Title:

Name:

Name:

CHECKLIST: To ensure that your non-lapsing death benefit nomination is processed correctly, please complete the checklist below.

Please ensure you have:

- completed all of your personal details and your beneficiaries' details
- signed and dated the declaration
- your two witnesses' completed details and signatures
- completed a child pension schedule (available from your adviser), if you have nominated a child pension in section 2.

Please complete and return the form via email to **mpps@macquarie.com** or by post to **Premium Portfolio Service, GPO Box 4045, Sydney, NSW 2001**. If you have any queries about completing this form please contact your adviser or us on **1800 025 175**.