

Use this form to:

- make a binding or non-binding nomination to indicate who you want to receive your death benefit if you die,
- change your current nomination,
- cancel your current nomination.

You can also login to MemberAccess at [www.acumensuper.com.au](http://www.acumensuper.com.au) to make or update your non-binding nomination at any time (if you don't already have a different kind of nomination in place on your account).

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. This request will be invalid if unsigned and undated. **DO NOT use this form to nominate or change REST Pension beneficiaries. Visit [www.rest.com.au](http://www.rest.com.au) to download the REST Pension Nomination of beneficiary form.**

Mail to: **Acumen, Locked Bag 5037, Parramatta NSW 2124**

### Section 1: Current member details

Member number	Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss/Dr	Surname
<input type="text"/>	<input type="text"/>
Given name(s)	
<input type="text"/>	
Telephone (business hours)	Mobile
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

### Section 2: Select your beneficiary nomination type

Select the type of beneficiary nomination you would like to make (**you must tick one only**). This will replace any existing beneficiary nomination.

- Binding nomination. This nomination is binding on REST. Any benefit after your death will be paid to the beneficiaries nominated, as long as the nomination is valid. A binding nomination expires 3 years after the date you sign it. (Complete section 3 and section 4); OR
- Non-binding nomination. This nomination is not binding on REST. It will be used as a guide to pay your benefit after your death and it does not expire. (Complete section 3 only. If your current nomination is a binding nomination, section 4 must also be completed); OR
- Cancel my current nomination and no other nomination is required. (Sign the form at section 3. If your current nomination is a binding nomination, section 4 must be completed).

#### What if I don't make a nomination or it is not valid at the time of death?

REST will decide who to pay your death benefit to from among your dependants and Legal Personal Representative\* (your estate). The decision will take into account your circumstances at the time of your death.

To find out more on beneficiary nominations please see your Member Guide and the 'Nominating a beneficiary' section on the REST website.

### Section 3: Beneficiary(ies) nomination

You can only nominate a person(s) who is a dependant and/or your Legal Personal Representative (your estate), to receive your death benefit, which includes any insurance cover you may be entitled to at the time of death. The share of the death benefit must be a whole number.

\* Your Legal Personal Representative will be the executor or administrator of your estate.



### Section 3: Beneficiary(ies) nomination (continued)

Full name and residential address of nominated beneficiary(ies)	Beneficiary date of birth	Relationship to member (select one)	Proportion (%) of death benefit
1. My Legal Personal Representative (My Estate) and/or nominated beneficiary(ies) below	Not applicable	Not applicable	%
2. Name: Address:	DOB / /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	%
3. Name: Address:	DOB / /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	%
4. Name: Address:	DOB / /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	%
5. Name: Address:	DOB / /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	%

The total proportion of your beneficiary nominations, including your Legal Personal Representative (your estate), must be 100%. If you have more than 5 nominations, please attach another form for these nominations.

100%

Your nominated beneficiaries will receive their benefit as a lump sum, unless they are eligible for a pension in which case REST will advise them of their options at the time of payment.

#### Your declaration

I declare that:

- all information on this form is true and accurate
- I am cancelling all prior nominations made in respect of this account
- I have read and understood the information in the Member Guide, the information about beneficiary nominations on REST's website (including the 'Nominating a beneficiary' section) and on this form and I understand:
  - for this beneficiary nomination to be valid:
    - all required sections of this form must be completed correctly
    - the total percentage of beneficiary nominations must equal 100%
    - this request must be received by the Trustee and this must be before my death
  - the Trustee accepts no responsibility for checking the eligibility of the person(s) nominated, an incorrect nomination or completion of this form
  - the information about privacy and how my personal information may be used
  - that I will be bound by the provisions of the Trust Deed
  - the nomination choices available and consequences of making each type of nomination
  - that if I close this account it will also cancel my nomination
  - that if my account is transferred between products this may affect the validity of my nomination.



Office Use

Signature

Signature Date (dd/mm/yyyy)

### Section 4: Witness declaration (Binding nomination only)

This section must be completed to make, change or cancel a binding nomination. When completing this section for your nomination to be valid you must ensure that:

- **it is signed and dated in the presence of two witnesses over the age of 18**
- **neither of the witnesses are named as beneficiaries**
- **the witnesses have signed and dated on the form the same date as you**

I declare that this form was signed by the member in our presence:

Signature of witness 1

Full name of witness 1

Signature Date (dd/mm/yyyy)

Signature of witness 2

Full name of witness 2

Signature Date (dd/mm/yyyy)

**Note:** Any alterations to your form must be initialled and dated by yourself and both witnesses (if applicable) or it will be invalid.