What is a binding death benefit nomination?

A binding death benefit nomination is an instruction for Rest to pay your death benefit to the people you nominate if you die.

For this to happen, your nomination must be 'valid'. A death benefit is paid as a lump sum.

Who can I nominate?

For a binding death benefit nomination to be valid, the people you nominate on this form must be (at the date of your death):

- your spouse (includes de facto and same sex spouse)
- your children (includes an adopted child, step-child, ex-nuptial child and a child of your spouse)
- financially dependent on you
- · an interdependent, or
- · your legal personal representative, which means the executor or administrator of your estate.

How long does a binding nomination remain valid for?

A binding death benefit nomination remains valid for three years from the date the form is correctly signed, filled out and witnessed. It must be renewed within the three years to remain binding, otherwise it will expire and be treated as a non-binding nomination.

If your nomination has expired or is not correctly completed at the time of your death Rest will decide who to pay your death benefit to among your dependants and/or Legal Personal Representative (your estate). In making the decision, Rest will take into account your circumstances at the time of your death including any nomination you made that is invalid or is not binding.

What does 'financial dependent' mean?

This means someone who was wholly or partially financially dependent on you at the date of your death. Generally, you must have provided them with regular continuous financial contributions. That is, you provided them ongoing support such as money, or other paid support such as food, clothing, transport, education or accommodation costs. It doesn't include loans or one-off gifts from you.

What is an interdependency relationship?

Generally, two people have an interdependency relationship if:

- · they have a close personal relationship, and
- they live together, and
- · 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 or care of a type and quality normally provided in a close personal relationship, rather than by a friend or flatmate.
- if they have a close personal relationship but do not meet the other criteria listed above because either or both of them suffer from a physical, intellectual or psychiatric disability, or were temporarily living apart.

What happens if I nominate my legal personal representative?

If you nominate your legal personal representative, Rest will pay your death benefit as a lump sum to your estate.

Make the right choice

The definition of a dependant under super rules may be different to the definition used in other circumstances (i.e tax rules), so you may want to consider getting professional advice from a lawyer or licensed financial adviser about your nomination. They can help you understand who a dependant is under different circumstances, as well as how the benefit paid to your nominated beneficiary is treated for tax purposes.



Rest Binding death benefit nomination

Use this form to:

- make a binding nomination to indicate who you want to receive your death benefit if you die (complete sections 1, 2 & 4)
- change your current nomination (complete sections 1, 2 & 4)
- cancel your current nomination (complete sections 1, 3 & 4)

Thanks for filling out this form - it should only take a few minutes. To help us clearly note your details, please write in BLOCK LETTERS and use a black or blue pen. Don't forget to sign and date it before you email it (and any attachments) to us at contact@rest.com.au - without your signature and date this form won't be valid.

DO NOT use this form to nominate or change Rest Pension beneficiaries. Visit rest.com.au to download the Rest Pension Nomination of beneficiary form.

| Member number* | Date of birth (dd/mm/yyyy)* | | |
|----------------------------|-----------------------------|-------|----------|
| Mr/Mrs/Ms/Miss* Surname* | | | |
| | | | |
| Given name(s)* | | | |
| | | | |
| Unit number Street number | Street name | | |
| | | | |
| Suburb/Town | | State | Postcode |
| | | | |
| Telephone (business hours) | Mobile | | |
| | | | |
| Email address | | | |

Section 2: Nominate who you want to receive your death benefit

To make a new nomination or update an existing nomination, please complete the fields in the table below.

| Full name and residential address of nominated beneficiary(ies) | Beneficiary date of birth | Relationship to member (select one) | Proportion (%) of death benefit |
|---|------------------------------|---|---------------------------------------|
| 1. Given name(s): | DOB | Spouse/Defacto | % |
| Surname: | / / | Financial dependant | |
| Address: | | Child | |
| | | Inter-dependent | |
| 2. Given name(s): | DOB | Spouse/Defacto | % |
| Surname: | / / | Financial dependant | |
| Address: | | Child | |
| | | Inter-dependent | |
| 3. Given name(s): | DOB | Spouse/Defacto | % |
| Surname: | / / | Financial dependant | |
| Address: | | Child | |
| | | Inter-dependent | |
| 4. Given name(s): | DOB | Spouse/Defacto | % |
| Surname: | / / | Financial dependant | |
| Address: | | Child | |
| | | Inter-dependent | |
| 5. My Legal Personal Representative (My Estate) | Not applicable | Not applicable | % |
| The total percentage of your beneficiary nominations, including your Le must equal 100%. If you have more than 4 nominations, please attach a be signed, dated and witnessed otherwise it cannot be accepted. | | | 100 % |

Section 3: Cancel Existing Nomination

To cancel your existing binding nomination with no replacement nomination, please tick the box below and continue to the declaration.

Cancel my current nomination and no other nomination is required.

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.

Section 4: Declaration

Member declaration

As the member making this nomination, I make the following declaration:

- · all information on this form is true and accurate.
- this nomination supersedes any previous nomination made in respect of this account.
- If I have chosen to cancel my current nomination without replacement, payment of my benefit will be at the Trustee's
 discretion in line with the Trust Deed and the Superannuation law.
- I have read and understood the information about beneficiary nominations on Rest's website Beneficiary Nomination –
 Manage My Super | Rest Super (including the 'Nominating a beneficiary' section) and on this form.
- · I understand the nomination choices available and consequences of making each type of nomination.
- I understand that for this nomination to be valid I must ensure that:
 - ° It is physically signed and dated in the presence of two witnesses who are over the age of 18;
 - ° Neither of the witnesses are named as beneficiaries in this form; and
 - the witnesses have physically signed and dated the form on the same date as me.
- I understand that for this beneficiary nomination to be valid:
 - the beneficiary/ies listed in section 2 must be my spouse, child, dependant or legal personal representative;
 - all required sections of this form must be completed, signed and witnessed 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; and
 - the nomination must not have expired before my death.
- I understand that a binding nomination expires 3 years after the date it is made and to renew the nomination a new form will need to be submitted.
- The Trustee accepts no responsibility for checking the eligibility of the person(s) nominated, an incorrect nomination or completion of this form.
- I will be bound by the provisions of the Trust Deed.
- If I close this account it will also cancel my nomination;
- · if my account is transferred between products this may affect the validity of my nomination;
- This nomination is binding on Rest and I understand that any benefit after my death will be paid to the beneficiaries nominated, as long as the nomination is valid at my death.
- I have read and understood the Rest's Privacy Collection Statement and Privacy Policy available at https://rest.com.au/why-rest/about-rest/fund-details/privacy-policy and consent to the use and disclosure of information provided in this form in accordance with the policy

Member Signature*

| (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

Witness declaration

For this nomination to be valid, please ensure:

- · it is physically signed and dated in the presence of two witnesses over the age of 18; and
- neither of the witnesses are named as any beneficiaries on this form; and
- · the witnesses have physically signed and dated the form on the same date as the member.

As a witness to this declaration, I declare that I am aged 18 or older, I am not a beneficiary nomination on this form and nomination was signed and dated in my presence.

| Signature of witness 1* | Signature of witness 2* |
|-----------------------------|-----------------------------|
| | |
| Full name of witness 1* | Full name of witness 2* |
| Signature Date (dd/mm/yyyy) | Signature Date (dd/mm/yyyy) |
| | |

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