

Binding death benefit nomination

This form is for members of the LGS Defined Benefit Scheme

Use this form to nominate who you want your benefit to be paid to in the event of your death. Nomination of a beneficiary is optional.

Please type in CAPITAL letters directly into this form, print it, and then have sections 3 and 4 signed and dated by hand. Alternatively, you can print the form and complete it using a black pen and CAPITAL letters. Use (✳) to mark boxes.

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) available at lgsuper.com.au/PDS

1. Your details

Member no. Date of birth / / Title eg. Mr

Given name/s

Family name

Phone (home) Phone (work)

Phone (mob) Email address

Postal address

No./Street

Suburb/Town State/Territory Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town State/Territory Postcode

IMPORTANT

If you are a **Defined Benefit Scheme** member and make a valid binding nomination, it only has effect and will be followed in respect of the following benefit types:

1. Deferral of a benefit as a lump sum benefit at or after attaining age 65.
2. Benefits that have been compulsory preserved as a lump sum following termination of employment.
3. The Basic Benefit.

All other benefits payable from the Scheme will be paid in accordance with Scheme rules.

You may nominate one or more beneficiaries. A beneficiary **MUST** either be a dependant or your Legal Personal Representative.

2. Your nomination

Benefit allocation percentage:

Beneficiary 1 %

Title, e.g. Ms Full name

No./Street

Suburb/Town State/Territory

Postcode Country

Phone (home)

Dependant type

Spouse Child Interdependant Any other dependant

IMPORTANT

To be valid, this form must be signed by you, dated and witnessed by two witnesses ON THE SAME DATE.

You must sign by hand in front of two (2) witnesses.

IMPORTANT

Witnesses must be over the age of 18 and not a person mentioned in this form (i.e. a beneficiary). This section must be completed by hand.

3. Your declaration

You must complete this section if you wish to make a binding nomination

- I direct LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558) as Trustee for Local Government Super (ABN 28 901 371 321) to distribute my benefits payable from LGS upon my death in accordance with my binding nomination.
- I understand that this nomination is only valid for three (3) years from the date of signing, or until I revoke the nomination (by delivering to Local Government Super a signed and dated original confirmation/amendment/revocation request in writing) whichever is sooner.
- I have read the information with this form and understand the terms on which this nomination is made.
- I declare the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.

Signed Date

4. Witness declaration

I, as witness, solemnly and sincerely declare that I am over eighteen (18) years of age and that the nomination was signed in my presence.

Witness 1

Full name
Signed Date

Witness 2

Full name
Signed Date

Please return your completed form to:

Mail: Local Government Super
PO Box N835
Grosvenor Place NSW 1220

Please mail original documents as they are required for proof of identity.
DO NOT EMAIL.

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, LGS may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at lgsuper.com.au/privacy-policy or by calling us on 1300 LGSUPER (1300 547 873). It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).

Enquiries: Phone: 1300 LGSUPER (1300 547 873), 8.30am–5.00pm, Monday to Friday Web: lgsuper.com.au