



29 January 2024

Beneficiary nomination

Complete this form to make a new beneficiary nomination, or to amend or revoke (remove) an existing nomination. For more information, refer to the fact sheet available at myexpand.com.au/beneficiary.

If you have multiple accounts, you'll need to complete a separate nomination form for each account.



Log in to submit your beneficiary nomination

Logging in to your account is the easiest way to submit your death benefit nomination. If you're nominating, amending or revoking a Lapsing binding beneficiary, you'll be directed to download and print the form, have two people witness your signature, and upload it.

Step 1: Your details

Account number	<input type="text"/>	Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>		
Surname	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Mobile	<input type="text"/>				
Email address	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Post code	<input type="text"/>
Postal address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Post code	<input type="text"/>

Step 2: Nomination type

New nomination Amend existing nomination Revoke (remove) existing nomination

Step 3: Beneficiary type

- Non-lapsing binding:** your nomination is enduring and won't expire. Nominations remain in place unless revoked or amended.
- Lapsing binding:** nominations are valid for three years and revert to non-binding unless renewed.
- Non-binding:** the superannuation trustee is not legally bound to pay your death benefit according to your nomination instructions. However, the trustee will take into account these nominations when determining your beneficiaries.

Please also complete Step 7 if you're nominating, amending or revoking a Lapsing binding nomination.

Step 4: Your nomination

Please use block writing. If you're nominating more than one beneficiary, ensure the total benefit you allocate adds up to **exactly 100%**. If you want to nominate more than four dependents, print out a duplicate of this page and include with your form.

Dependant means:

- **spouse** (including de facto, opposite and same sex)
- **child** of any age (including adopted, step or ex nuptial)
- any person(s) **financially dependent** on you, or
- any person(s) in an **interdependent** relationship to you (e.g. living with you, and one or both provide the other with financial, domestic and personal support).

Legal personal representative means your death benefit will be paid to your estate, i.e. will be distributed as part of your Will (or as per laws of intestacy if you do not have a Will). You're not required to include the details of your legal personal representative on this form.

Name and date of birth	Address and phone	Beneficiary type	Percent of benefit
Dependant 1			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 2			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 3			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 4			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>			
Legal personal representative Details not required – include the percent of benefit only.			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Total of all Dependents and/or Legal personal representative must equal 100.00%			<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 . <input type="text"/> 0 <input type="text"/> 0 %

Step 5: Dependant confirmation

Are any of your beneficiaries listed above a **child under 18 years**, an **Interdependent** or **Financial Dependant**?

No. Continue to Step 6.

Yes. **Child under 18 years.** I intend for my super benefits to be paid to my minor child and understand if they reach age 18 prior to my death the tax treatment may vary.

Yes. **Interdependent or Financial Dependant.** I understand if my beneficiary no longer meets the applicable definition under super law at the time of my death my nomination may not be valid.

Step 6: Member declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependants and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the privacy policy at myexpand.com.au/privacy
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- the revocation of my nomination will take effect when it has been received and accepted by the Trustee (applicable to revocation only).
- once my nomination is revoked, I will no longer have a valid Beneficiary Nomination unless I provide new Beneficiary Nomination Instructions (applicable to revocation only).
- it is my responsibility to inform my nominated Dependants that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- if I do not have a valid Beneficiary Nomination in effect at the date of my death, the Trustee must pay my benefit in accordance with the rules set out in the Fund's Trust Deed (as amended from time to time). These rules are available in the disclosures and guides, which can be downloaded from the Expand website (myexpand.com.au).

Applicable to Lapsing binding nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit.
- my nomination will expire three years after the date it was first signed, or last confirmed or amended (Confirmation of Binding Nomination form available from our website).
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-binding Nomination.

Applicable to Non-lapsing binding nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- if my nomination is not valid for any reason at the date of my death, it will be treated as a Non-binding Nomination.
- the Trustee must consider and agree with my nomination and may require additional information if I nominate beneficiaries other than my spouse.

Applicable to Non-binding nomination only

- my Non-binding nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

Member/Applicant signature

Signature Date / /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature Date / /
 Parent/guardian full name

Please also complete Step 7 if you're nominating, amending or revoking a Lapsing binding nomination.

Step 7: Witness declaration and signature (only required for nominating, amending or revoking Lapsing binding nominations)

Both witnesses need to:

- sign and date the form in each other's presence and at the same time as the member/applicant.
- be at least 18 years of age.
- have not been nominated as a Dependant on this form.

Witness 1

Surname

Given name

Witness signature 1

Date witnessed

 / /

Witness 2

Surname

Given name

Witness signature 2

Date witnessed

 / /

Both witnesses must sign and date the form in the presence of the member.

Checklist

- The combined percentages of my nomination(s) add up to exactly 100%.
- I have checked each section of the form is completed.
- I understand if I make a mistake I'm unable to make changes (e.g. by crossing out) and I'll need to complete a new form, available online.
- I have completed Step 5 as applicable.

Additional checklist for Lapsing binding beneficiaries

- My witnesses are not nominated as beneficiaries.
- I've signed the form in the presence of both my witnesses and my witnesses and I have signed on the same date.

Return your form

Return your form by email to clientfirst@myexpand.com.au or by post to Expand GPO Box 264, Melbourne VIC 3001. We'll send you confirmation by post when we've processed your form.

Questions

Contact us on 1800 517 124 or clientfirst@myexpand.com.au.