

**IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please read all the information and the back of this form to help you complete your Change of Member Details correctly. This request will be invalid if not signed and dated. See Instructions on page 2.**

## 1. EXISTING MEMBER DETAILS

Member Number (mandatory)

Mr/Mrs/Ms/Miss (mandatory)  Surname (mandatory)

Given names (mandatory)  Date of Birth

Street Address/PO Box

Suburb/Town/City  State  Postcode

Contact Phone Number

Email Address (upper and lower case)

NOTE: If our records show an incorrect date of birth, evidence must be provided (e.g. copy of driver's license or birth certificate). Evidence of a name change must be attached (e.g. copy of marriage certificate, deed poll or decree nisi). Do not send originals.

## 2. MAKING OR AMENDING YOUR BINDING NOMINATION

(A) Payment to your estate

Please pay my death benefit to my estate. The percentage of the total death benefit to be paid to my estate is  %

(B) Payment to your nominated beneficiaries (please print clearly)

| Name of nominated beneficiary (dependants) | Address | Relationship to Member | Date of Birth | Proportion of Death Benefit |
|--|---------|------------------------|---------------|-----------------------------|
| 1  |         |                        |               | %                           |
| 2  |         |                        |               | %                           |
| 3  |         |                        |               | %                           |
| 4  |         |                        |               | %                           |
| 5  |         |                        |               | %                           |

I declare that all of the above details are correct.

MEMBER TO SIGN HERE

DATED

 /  / 

If signing under Power of Attorney, you verify that, at the time of signing, you had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, you must submit this with the completed form.

### 3. WITNESS SIGNATURE

I am aged 18 years or over, I am not named as a beneficiary on this form and the member's signature was signed and dated by the member in the presence of us both.

Witness Name 1 (please print clearly)

Date

Signature of Witness

Witness Name 2

Date

Signature of Witness

### 4. ADVISER DECLARATION

I declare that all of the above details are correct.

ADVISER TO SIGN HERE

DATE

#### Instructions

1. Fully complete all sections and return this form to the above address
2. Please ensure all sections are fully completed or the form will be returned to you for completion.
3. A valid binding nomination means that you will decide who is to get your benefit when you die and in what proportions.
4. In completing the proportions of benefits, your nominations must add up to 100%.
5. This binding nomination is valid for three years from the date it is signed, unless revoked earlier.
6. If you have revoked and not made a new binding nomination, or you have not confirmed or made a new nomination after the three year period has expired, then payment of your death benefit will be subject to Trustee discretion.
7. When you sign this binding nomination, your signature must be personally witnessed by two people aged 18 years or over who are not nominated beneficiaries.
8. A nonbinding nomination will not override a current valid binding nomination. A binding nomination must be revoked before a non-binding nomination can take effect.
9. You can nominate a dependant or legal personal representative (e.g. executor of your Will) or a combination of both. Please refer to the PDS for the definition of dependant.

Return completed original form to Powerwrap Limited PO Box 16071 Collins Street West VIC 8007

OFFICE USE ONLY

SIGNATURES VERIFIED

PROCESSED

PW AUTHORISED SIGNATURE..... DATE