

IMPORTANT: Please use BLOCK letters and black ink when completing this form. This request will be invalid if not signed and dated.

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. CANCELLING YOUR NOMINATION AND REPLACING WITH A REVERSIONARY BENEFICIARY NOMINATION

I wish to cancel my existing death nomination.

I hereby advise that in the event of my death, a reversionary pension be paid to my surviving dependant(s).

Name of Dependant	Date of Birth	Proportion of Death Benefit
1		%
2		%
3		%

Important: For more information about the nomination of a reversionary pension dependant, please see the PDS. Special rules apply to the nomination of a child.

I declare that all of the above details are correct.

MEMBER TO SIGN HERE

DATED

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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

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