

Instructions

Use this form to:

- make a non-binding or binding (non-lapsing) beneficiary nomination to indicate who you want to receive your benefit if you die; or
- revoke your current nomination

You should not complete this form unless you have read and understood the current Secure Super Account Product Disclosure Statement (PDS).

- Black or blue pen please
- Please use BLOCK letters.
- Please place a X in boxes where required.

Please send us your completed form via post to:

Secure Super Account
PO Box 190
Toowoomba Qld 4350

Please note: we require the original, please keep a copy for your records.

***If you have a pension account, you can make a reversionary beneficiary nomination. Go to www.heritage.com.au / superannuation or contact us on 13 14 22 for the relevant form.**

Step 1 – Customer Details

Account number _____

Title _____ First name _____ Last name _____

Date of birth _____ Phone number (mobile) _____

Email _____

Step 2 – Death Benefit Nomination

Please select ONE of the following nominations that apply to you. By completing this form you are overriding any previous death benefit nomination you may have made, unless you specify otherwise.

Note: Nominations cannot be made under a Power of Attorney.

I wish to revoke my current Death Benefit Nomination

If your current death benefit nomination is binding, step 5 of this form must also be completed by two witnesses who see you sign and date the form.

Non-Binding Death Benefit Nomination

If you make a non-binding death benefit nomination, it is in Heritage's discretion as to how your benefit is paid in the event of your death however your nomination may be taken into account and Heritage will act reasonably. You will not need to complete section 5 of this form.

Binding Death Benefit Nomination

Heritage Bank must pay your benefit in the event of your death to the person(s) or your Legal Personal Representative/Estate you have nominated, provided that your nomination is valid and effective at the date of your death.

You need to complete each section of this form. Step 5 of this form must also be completed by two witnesses who see you sign and date the form.

If this form is not completed correctly, we will treat your death benefit nomination as non-binding. We will advise you if this happens. Your nomination will also be treated as non-binding until a fully completed and signed form is received by Heritage. A binding (non-lapsing) nomination does not expire and should be reviewed if your circumstances change.

Please note, the validity and effectiveness of a binding nomination is only fully assessed in the event of death.

Step 3 – Beneficiary Details

You can only nominate your Legal Personal Representative/Estate OR person(s) who is a 'dependant' to receive your death benefit. Please choose ONE option below.

Nominating Legal Personal Representative/Estate

If you tick this box, you don't need to complete anything further in this section.

100% Legal Personal Representative/Estate

OR

Nominating Dependant

Dependant

You can nominate more than one beneficiary; however the total nominations must equal 100%. A dependant includes:

- Your spouse (including a de-facto spouse);
- Your children (including an adopted child, a step-child or an ex-nuptial child, child of your spouse);
- Anyone who is financially dependent on you at the time of your death; or
- Anyone with whom you have an interdependency relationship with at the time of your death.

For a more detailed explanation refer to the PDS. The assessment of whether a person is a dependant is made after your death is notified to Heritage Bank.

1. Full name of Beneficiary

Title _____ Given Names _____ Surname _____

Address line 1 _____

Address line 2 _____

Suburb _____ State _____ Postcode _____ Country (if not Australia) _____

Date of birth _____ Gender M F

Relationship _____ Proportion of total benefit _____ %

2. Full name of Beneficiary

Title _____ Given Names _____ Surname _____

Address line 1 _____

Address line 2 _____

Suburb _____ State _____ Postcode _____ Country (if not Australia) _____

Date of birth _____ Gender M F

Relationship _____ Proportion of total benefit _____ %

3. Full name of Beneficiary

Title _____ Given Names _____ Surname _____

Address line 1 _____

Address line 2 _____

Suburb _____ State _____ Postcode _____ Country (if not Australia) _____

Date of birth _____ Gender M F

Relationship _____ Proportion of total benefit _____ %

Step 3 – Beneficiary Details Cont'd

4. Full name of Beneficiary

Title _____ Given Names _____ Surname _____

Address line 1 _____

Address line 2 _____

Suburb _____ State _____ Postcode _____ Country (if not Australia) _____

Date of birth _____ Gender M F

Relationship _____ Proportion of total benefit _____ %

Total _____ %

Note: Total nominations must equal 100%

Step 4 – Authority and Customer declaration – if witnessing is required, it must be done on the same day

I have read and understood the current Product Disclosure Statement. I request Heritage Bank to accept this death benefit nomination for all accounts I hold within the Secure Super Account, except for any pension account for which I have made a reversionary Beneficiary nomination.

I understand that a non-lapsing binding nomination:

- has no expiry date;
- must be received by Heritage before my death;
- can be cancelled by completing a new death benefit nomination; and
- means that, unless it is invalid, Heritage will distribute my death benefit as specified.

I understand that this instruction replaces any previous death nomination forms I have provided unless I specify otherwise.

I declare that I have fully read this form and the information completed is true and correct.

Signature _____ Date* _____

*The date of your signature must be the same as your witnesses.

Step 5 – Witness declaration – only required to make or revoke binding nominations (two witnesses required)

I declare that:

- I am over 18 years of age
- I am not a nominated beneficiary of this member;
- This form was signed by the member in my presence

Witness 1

First name _____ Last name _____

Signature _____ Date** _____

Witness 2

First name _____ Last name _____

Signature _____ Date** _____

**The date of your signature must be the same as the members.

Your privacy is important to us. Our privacy policy details how your personal information is managed and is available at heritage.com.au/privacy