



Perpetual Private Super Wrap

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458
Perpetual Super Wrap ABN 22 897 174 641 RSE R1074406

PERPETUAL PRIVATE SUPER WRAP NON-LAPSING DEATH BENEFIT NOMINATION

Use this form to nominate a beneficiary for your superannuation benefits to be paid upon your death.

Before you make a nomination remember: You can nominate your legal personal representative and/or one or more of your dependants as defined under superannuation law.

If no valid nomination is made Perpetual will pay your benefit to a dependant(s) or your Legal Personal Representative as outlined in the Product Disclosure Statement (PDS).

PLEASE USE BLACK INK.

1. Personal details

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

Given name(s)

Surname

Account number (if known)

If you have more than one account held in Perpetual Private Super and Pension Wrap, please list below, the account numbers that this nomination applies to. If you do not specify any accounts, your nomination will apply only to the account nominated above, or to the account opened from the application that this form is attached to.

☐ This nomination is to apply to all my existing Perpetual Private Super and Pension accounts, or

☐ This nomination applies to the accounts listed below:

2. Nomination

IMPORTANT – BEFORE YOU COMPLETE THIS SECTION

- We require this as an original form – please do not fax or scan it in.
- To establish a valid nomination ensure no alterations are made on this form.
- **Column F below (Share of death benefit) must total 100%.**

Upon my death I direct Equity Trustees Superannuation Limited (ETSL) in its capacity as trustee of the Perpetual Super Wrap to distribute my account balance as follows:

A) Nominee (full name)	B) Nominee's relationship to you	C) Gender	D) Date of birth	E) Is a child pension required?	F) Share of death benefit
Legal Personal Representative (your estate) If you have nominated 100% of the benefit allocation to your Legal Personal Representative do not complete any further nominations.	N/A	N/A	N/A	N/A	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Female			
<input type="text"/>	<input type="checkbox"/> Interdependant				
	<input type="checkbox"/> Financial dependant				
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Female			
<input type="text"/>	<input type="checkbox"/> Interdependant				
	<input type="checkbox"/> Financial dependant				
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Female			
<input type="text"/>	<input type="checkbox"/> Interdependant				
	<input type="checkbox"/> Financial dependant				
TOTAL:					100 %

Unless a child pension has been specified your death benefit will be paid in a form determined by ETSL after your death and having consulted your beneficiaries. Where one or more child pensions are specified please also complete a child pension schedule, available from your adviser.

If you have insufficient room to list all beneficiaries, please complete an additional Non-lapsing death benefit nomination form and attach to this form.

3. Declaration

I understand that this nomination will be binding on the trustee if the trustee consents to it and will be valid until they consent to a valid change of nomination from me, which replaces any previous nomination/s provided by me to the trustee. I understand that if I have revoked a previous nomination and wish to make a new nomination in the future, I will need to complete a new form.

I acknowledge that if my nomination specifies one or more Child Pensions on behalf of my children that my nomination cannot be accepted by the trustee until a child pension schedule is also completed for each pension.

Signature of member (in black ink)

Note: This form cannot be signed under Power of Attorney

Name

Declaration date

/ /

Your signature must be witnessed by two people, each of whom is 18 years or older and is not named as a nominee on the form.

Before me, on the date indicated above as the Declaration date.

Signature of first witness (in black ink)

Name

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

Before me, on the date indicated above as the Declaration date.

Signature of second witness (in black ink)

Name

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

- Amendments to your nomination **cannot be accepted** (please complete a new form in that case).
- We require this as an original form – please **do not** fax or scan it in.
- In section 2, column F (*Share of death benefit*) **must total 100%**.
- This form must be signed by the member and both witnesses **at the same time**.

Checklist

Please note that amendments to your nomination cannot be accepted. In the event of an error please complete a new non-lapsing death benefit nomination.

To ensure that your non-lapsing death benefit nomination is processed correctly, please check you have:

- ☐ completed all of your personal details and your beneficiaries' details
- ☐ signed and dated the declaration
- ☐ your two witnesses' completed details and signatures, and
- ☐ if nominated in section 2, column E, completed a child pension schedule (available from your adviser).

Important: This form must be signed by the member and both witnesses at the same time.

1. Please ensure your client signs the form
2. Retain a copy for your records
3. Send this form to:

Perpetual Private Wrap

GPO Box 5230
Sydney NSW 2001



If you have any questions about completing this form – Clients please contact your financial adviser, Advisers please contact us on **1800 099 652**.