

NON-BINDING NOMINATION OF BENEFICIARY FORM

Please complete this form if you wish to make a non-binding nomination of beneficiary(s) for your Super account. It can also be used to amend or cancel a previous non-binding nomination.

Non-binding nominations are not binding upon the Trustee, although the Trustee will have regard for any such nominations, when deciding how your death benefits should be paid. Please discuss with your financial adviser to determine if this kind of nomination is suitable to your particular circumstances.

Praemium Super

Issued by Diversa Trustees Limited ("Trustee")
ABN 49 006 421 638 AFSL 235153
RSE Licence No L0000635 as trustee for
Praemium SMA Superannuation Fund (Super)
ABN 75 703 857 864 RSE Reg R1074352.

Part 1 - Member details (please complete all fields)

Title	Street address	
Given names		
Surname	Town or suburb	
Date of birth	State	Postcode
	Telephone	
Member number	Email	

Part 2 - Nomination options (select one option only)

Create new or replace existing non-binding nomination.

To be eligible to receive a death benefit each nominee (dependant) must be one of the following:

- Your spouse (as defined under superannuation law), or
- Your child, or
- Any other person who is financially dependent or in an interdependency relationship with you, or
- Legal personal representative (generally the executor or administrator of your estate).

For more information refer to the Praemium Super Additional Information Guide. **Please complete all details for each beneficiary on the following page.**

Cancel existing nomination.

Go to Part 4, Declaration and signature.

Part 3 - Beneficiary details (leave blank to cancel previous nominations)

Note: Proportion of benefits must add up to 100%.

Legal Personal Representative

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Part 4 - Declaration and signature (sign and date)

Member declaration to the Trustee:

I declare that the above details are correct and I hereby request the Trustee to distribute the benefits from my Super account in accordance with the instructions noted above. This nomination supersedes any previous nominations. Non-binding nominations are not binding upon the Trustee, although the Trustee will have regard for any such nominations, when deciding how my death benefits should be paid.

Signed

Date

If signing under Power of Attorney, you are verifying that at the time of signing that the authority is valid. Please attach a certified copy of the Power of Attorney with this declaration (unless one has been previously provided).

When completed please upload form to Adviser Portal or email to support@praemium.com.au