

# Beneficiary nomination

Complete this form in BLACK ink using BLOCK letters | Any request will be invalid if not signed and dated  
Please mail this form to: AMIST Super Administration, Locked Bag 5390, Parramatta NSW 2124 | Tollfree: 1800 808 614

## Before you complete this form, please read following important information.

The super fund's Trustee is bound by Federal law as to whom payment can be made should you die. The Trustee is obliged to pay your benefits to your dependants\* if you have any, and/or to any persons with whom you shared an interdependent relationship\* or your legal personal representative. The Trustee does not have to follow your instructions and has the final say as to who will receive the proceeds of your super and insurance.

### Section 1. Membership Details (compulsory)

AMIST Super Member Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 2. Beneficiary nomination

Please ensure that where nominating more than one beneficiary the amounts allocated must add up to 100%.

	Mr/Mrs/Ms/Miss	Surname	Given Names	Relationship (eg. wife, son)	Benefit Portion
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

**Total must add up to: 100%**

**Use whole numbers**

\* A dependant includes your spouse (including de facto of either sex), children, or any personal with whom you share an interdependent relationship. An interdependent relationship is a relationship with a person of either sex with whom you share a close personal relationship, you live together and one or both parties provide financial and domestic and personal support of the other. Your legal personal representative is the executor of your Will, and is someone you trust to manage your financial affairs when you are not able to do so.

## Beneficiary Addresses

### Beneficiary 1.

Street Number / PO Box

Street Name



Suburb / Town

State

Postcode




### Beneficiary 2.

Street Number / PO Box

Street Name



Suburb / Town

State

Postcode




### Beneficiary 3.

Street Number / PO Box

Street Name



Suburb / Town

State

Postcode




### Beneficiary 4.

Street Number / PO Box

Street Name



Suburb / Town

State

Postcode




I declare that all of the above details are correct. I nominate the above person(s) as my preferred beneficiary(ies) for the payment of my benefit in AMIST Super when I die. If I have nominated a person(s) other than a spouse or a child as a preferred beneficiary(ies), I declare that s/he is either partially or wholly financially dependent on me.

I understand that:

1. My nomination will be used by the Trustee as a guide only: and
2. The Trustee is not in any way bound by my nomination when exercising its absolute discretion to pay my benefit in AMIST Super when I die.

## 4. Privacy

### Please read the Privacy Declaration before signing.

By sending AMIST Super personal information about yourself, you are agreeing to the following:

1. That you have read the AMIST Super Privacy Statement and understand how AMIST intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That AMIST Super can use it for the purposes of running your superannuation account. If you have any questions about your rights under the privacy legislation, please call AMIST Super on 1800 808 614.

Member's Signature

Date (dd/mm/yyyy)




Please refer to the AMIST Super Product Disclosure Statement for more details. A copy can be downloaded from the AMIST Super website or you can obtain a copy by calling the member hotline on 1800 808 614.

**AMIST Super Hotline**  
**1800 808 614**

[www.amist.com.au](http://www.amist.com.au)  
[service@amist.com.au](mailto:service@amist.com.au)

Locked Bag 5390  
Parramatta NSW 2124

**AMIST SUPER**   
Your industry fund