

Westpac Lifetime Superannuation Service

Westpac Personal Superannuation Fund

1. NOMINATION OF BENEFICIARIES

- Use this form to nominate who receives your superannuation benefit in the event of your death.
- You can use this form to make a new nomination, or amend or revoke an existing nomination.
- If you would like to nominate more than three beneficiaries, please photocopy the form over the page. You must sign the photocopied form as well as the original. Please ensure that the percentages nominated total 100%.
- We recommend you seek professional advice before making a nomination.

Who you can nominate

■ Who can receive your benefit in the event of your death?

You can pay your benefit to:

- your estate, or
- nominated beneficiary (ies), or

Any beneficiary you nominate must be either your Legal Personal Representative (ie executor or administrator of your estate) or dependant at the date of your death.

■ Who qualifies as a dependant?

Your dependants are:

- your spouse
- your child
- person with whom you have an interdependency relationship (see below for definition)
- a person who is financially dependent on you.

■ What is an interdependency relationship?

An interdependency relationship is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other.

An interdependency relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

What do I need to do?

- Complete sections 1, 2 and 3, then sign the form in section 4.
- Send this form to:

Superannuation and Retirement Services
GPO Box 3960
Sydney NSW 2001
Fax it to:
(02) 9274 5408
Email it to:
retailprocessing@btfinancialgroup.com

1. INVESTOR DETAILS

Investor number (if known)

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Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	
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Given name(s)

Surname

Date of birth (DD/MM/YYYY)

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Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Residential address

State

Postcode

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Country, if not Australia

Daytime phone number

Mobile phone number

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Email address

2. TYPE OF NOMINATION

What is the purpose of this form? (cross **X** one below)

Make a new or amend an existing nomination

To make a new nomination or amend an existing nomination please go to section 3 then section 4 for signature, or,

Revoke a current nomination

If you would like to revoke your current nomination and not replace it please go to section 4 for signature.

3. NOMINATION OF BENEFICIARIES

Who would you like your benefit to be paid to in the event of your death? For information of who you can nominate see page 1.

Pay to my Legal Personal Representative (my estate)

OR

Pay to my nominated beneficiary(ies)

If any beneficiary nominated is no longer your dependant or Legal Personal Representative at the date of death, they will not be entitled to receive a share of your benefit.

Please use whole figures when specifying the '% of benefit'. Your total nomination must equal 100%.

Name of beneficiary	% of benefit	Address (<i>residential preferred</i>)
Beneficiary 1		
Beneficiary 2		
Beneficiary 3		
MUST TOTAL	100%	Note: Request will be INVALID if benefit allocation does not total 100%.

4. INVESTOR SIGNATURE

I declare and acknowledge that I have read and understood the 'Important Information' section on the first page of this form. I also accept that any nomination (or amendment to an existing nomination) will be applied by the Trustee in accordance with the relevant terms and conditions as set out in this form, trust deed and offer document of the relevant fund.

Signature of investor

Date (DD-MM-YY)