

2. Nomination instruction

Important Note: Change of terminology

The names of the death benefit nomination types have changed.

A reference to a "binding nomination" in previous communications is now to a **Lapsing** nomination.

If you make a **Lapsing** nomination, that satisfies all legal requirements, the Trustee must pay your death benefit to the beneficiaries you have nominated and in such proportions you have specified. A **Lapsing** nomination will lapse after three (3) years, unless you reconfirm, or make a new nomination.

A reference to a "non-binding nomination" in previous communications is now to a **Non-Lapsing** nomination.

This is a nomination of beneficiary(ies) which, if it satisfies all legal requirements, will not expire by the passage of time and which the Trustee will ordinarily pay your death benefit to your nominated beneficiary(ies) in such proportion(s) as specified by you.

You must **select one (x)** of the following:

<p>New nomination – making a new nomination will replace any existing Lapsing or Non-Lapsing nominations.</p> <p><input type="checkbox"/> I would like to make a new Lapsing nomination. You and two witnesses must complete sections 3, 4a and 4b respectively.</p> <p><input type="checkbox"/> I would like to make a new Non-Lapsing nomination. You must complete sections 3 and 4a.</p>	OR	<p>Reconfirm</p> <p><input type="checkbox"/> I would like to reconfirm my existing Lapsing nomination. Complete section 4a where the nomination is yet to expire. Section 4b will be required where the Lapsing nomination has expired.</p>	OR	<p>Revoke</p> <p><input type="checkbox"/> I would like to revoke my existing Lapsing nomination without replacing it. You and two witnesses must complete sections 4a and 4b respectively.</p> <p><input type="checkbox"/> I would like to revoke my existing Non-Lapsing nomination without replacing it. Complete section 4a only.</p>
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When you select a new nomination this overrides your existing nomination.

3. Beneficiary details

You can only nominate your legal personal representative (your estate), and/or a person(s) who is a dependant, to receive your death benefit. Please refer to the OneCare Super PDS for more information. Your existing beneficiary nomination (if any) will be revoked and replaced by the new beneficiary nomination details you provide here. You should inform any nominated beneficiary that their details will be provided to OnePath Life, the Trustee and the Fund.

Beneficiary 1

1. My Legal Personal Representative (My Estate) and/or nominated beneficiary(ies) below.

If you do not want your Estate as a beneficiary, please complete details starting from Beneficiary 2.

Full name of nominated beneficiary: _____

Relationship to member (pick one): Not applicable

Date of birth (dd/mm/yyyy): Not applicable

Preference how the amount insured is to be paid*: Lump sum Lump sum only | Income stream Lump sum only

Residential address (this cannot be a PO Box): _____

Suburb/Town: _____ State: _____ Postcode: _____

Proportion of death benefit to be paid (no fractions or decimals)^ %

Beneficiary 2

Please print in CAPITAL LETTERS

Full name of nominated beneficiary: _____

Relationship to member (pick one): Spouse | Child | Financial dependant | Interdependency relationship#

Date of birth (dd/mm/yyyy): _____ / _____ / _____

Preference how the amount insured is to be paid*: Lump sum | Income stream

Residential address (this cannot be a PO Box): _____

Suburb/Town: _____ State: _____ Postcode: _____

Proportion of death benefit to be paid (no fractions or decimals)^ %

Beneficiary 3

Please print in CAPITAL LETTERS

Full name of nominated beneficiary: _____

Relationship to member (pick one): Spouse | Child | Financial dependant | Interdependency relationship#

Date of birth (dd/mm/yyyy): _____ / _____ / _____

Preference how the amount insured is to be paid*: Lump sum | Income stream

Residential address (this cannot be a PO Box): _____

Suburb/Town: _____ State: _____ Postcode: _____

Proportion of death benefit to be paid (no fractions or decimals)^ %

Beneficiary 4

Full name of nominated beneficiary

Please print in CAPITAL LETTERS

Relationship to member (pick one)

Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)[^] %

Preference how the amount insured is to be paid*

Lump sum Income stream

Residential address (this cannot be a PO Box)

Suburb/Town

State Postcode **Beneficiary 5**

Full name of nominated beneficiary

Please print in CAPITAL LETTERS

Relationship to member (pick one)

Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)[^] %

Preference how the amount insured is to be paid*

Lump sum Income stream

Residential address (this cannot be a PO Box)

Suburb/Town

State Postcode **Beneficiary 6**

Full name of nominated beneficiary

Please print in CAPITAL LETTERS

Relationship to member (pick one)

Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)[^] %

Preference how the amount insured is to be paid*

Lump sum Income stream

Residential address (this cannot be a PO Box)

Suburb/Town

State Postcode **Beneficiary 7**

Full name of nominated beneficiary

Please print in CAPITAL LETTERS

Relationship to member (pick one)

Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)[^] %

Preference how the amount insured is to be paid*

Lump sum Income stream

Residential address (this cannot be a PO Box)

Suburb/Town

State Postcode **TOTAL**%

* Please note that the Trustee has the discretion as to how the amount insured is to be paid. An income stream may only be paid to a dependant. Any amount paid to an estate is paid as a lump sum. The total of your beneficiary nominations, including your legal personal representative (your estate) must be 100%. Where you wish to nominate more beneficiaries, please photocopy this page and attach to your completed form.

Two people (whether or not related by family) have an 'interdependency relationship' if:

- they have a close personal relationship; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship can also exist where two people who (whether or not related by family) have a close personal relationship but do not meet the other criteria listed above because either or both of them suffer from a physical, intellectual or psychiatric disability or they are temporarily living apart. The Trustee will rely on superannuation laws to determine the circumstances that two persons have an interdependency relationship.

[^] If you have 3 beneficiaries the proportion of death benefit to be paid is 34%, 33% and 33%.

4a. Member Declaration

By signing this form, I confirm that:

- 1 I have read and understood the 'Death Benefit' in the 'What is OneCare Super?' section of the OneCare Super PDS issued by OnePath Custodians, the trustee of the Retirement Portfolio Service.
- 2 I understand that if I choose to make a **Non-Lapsing** nomination, that satisfies all legal requirements, the Trustee will pay my death benefit to my nominated beneficiaries and in such proportions as I have specified.
- 3 I understand that if I choose to make a **Lapsing** nomination:
 - if I do not confirm or amend my nomination, or make no fresh nomination within three years of the date I make the most recent valid nomination, then my nomination will lapse;
 - my benefit will not be payable in accordance with my **Lapsing** nomination if it is cancelled or is invalid and instead, will be payable as set out in the OneCare Super PDS.
- 4 I understand that this nomination only applies to the relevant OneCare Super membership associated with the member numbers identified on this form.
- 5 By completing this form, I acknowledge it is my responsibility to ensure that each person I have nominated as a beneficiary is made aware that:
 - they have been nominated as a beneficiary;
 - OnePath Life and the Trustee hold a record of their personal information for this purpose;
 - they may request access to their information by calling Customer Service on 133 667.
- 6 By completing the form, I consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in our Policies. OnePath Life's Privacy Policy is available at onepath.com.au/insurance/privacy-policy and OnePath Custodians' Privacy Policy is available at onepath.com.au/superandinvestments/privacy-policy
- 7 I/We consent to OnePath Life using my/our personal information (including health and other sensitive information) to send me/us information about their financial products and services from time to time. I/We also consent to OnePath Life disclosing my/our personal information (including health and other sensitive information) to their related bodies corporate and organisations with whom they have an arrangement or alliance to share information for marketing purposes. I/We understand this is to enable those organisations to send me/us information on their products or services. I/We also understand that if I/we do not want OnePath Life to use and disclose my/our information in this way I/we must phone 133 667 to withdraw my/our consent.
- 8 I agree that my beneficiaries and I are bound by the provisions of the relevant trust deed.
- 9 I/We acknowledge that OnePath Life is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the IOOF Group of companies, comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). OnePath Life and OnePath Custodians are not related bodies corporate.

Signature of member

(Sign clearly within the box)

Date (dd/mm/yyyy)

Print name

4b. Witness declaration

This section must be completed if you are making a Lapsing nomination and/or have chosen to revoke an existing Lapsing nomination.

Declaration: I am 18 years or over; I am not a named beneficiary on this form; and the member signed and dated this form in the presence of both of us.

Full name of witness 1

(Print in **capital letters**)

Signature of witness 1

(Sign clearly within the box)

Date (dd/mm/yyyy)

The date of the member and witness signatures must be the same.

Full name of witness 2

(Print in **capital letters**)

Signature of witness 2

(Sign clearly within the box)

Date (dd/mm/yyyy)

The date of the member and witness signatures must be the same.