



## CustomSuper® Death benefit nomination form

Family members under age 18 are not able to nominate beneficiaries - "No nomination" will apply.

Mark boxes with (X) where appropriate, otherwise print within boxes. Leave a box between words.

If you have questions on completing this form please call AMP Corporate Superannuation Customer Service on 1300 653 456.

### ADDRESS FOR RETURN - Complete this form and return to:

AMP Corporate Superannuation  
Locked Bag 5400  
PARRAMATTA NSW 1741

### 1. MEMBER DETAILS

Member number	Plan number	Sex
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title	Surname	
<input type="text"/>	<input type="text"/>	
Given names	Date of birth	
<input type="text"/>	<input type="text"/>	

### 2. CHANGE OF NAME

By completing this form you are overriding any previous death benefit nomination you have made.

What type of death benefit nomination would you like to make for your CustomSuper account? (please (X) one only)

- I wish to cancel my existing death benefit nomination +
- The trustee must pay your death benefit to your estate.
  - You need to sign and date the "Member agreement & declaration" in section 4 only. Plus, if your existing death benefit nomination is binding, 2 witnesses must see you sign and date the form. They should then complete section 5 of this form and sign the form on the same date.
- OR
- Non-binding death benefit nomination
- If you make a non-binding death benefit nomination, the trustee will decide who will receive your benefit in the event of your death. We will generally pay your nominated beneficiary(ies), but may decide to pay your death benefit differently.
  - You need to complete sections 3 and 4.
- OR
- Binding death benefit nomination
- The trustee must pay your benefit in the event of your death to the person(s) or your legal personal representative/estate you have nominated, provided that your nomination is valid.
  - All sections of the form must be completed, and you and 2 witnesses must sign and date the form on the same day.
  - If this form is not completed correctly, we will treat your death benefit nomination as non-binding. We will advise you if this happens.

### 3. BENEFICIARY DETAILS

You can only nominate your legal personal representative/estate or a person(s) who is a dependant to receive your death benefit.

A dependant includes:

- Your spouse (including a de facto spouse).
- Your children (including an adopted child, a stepchild, or ex-nuptial child).
- Anyone who is financially dependent on you at the date of your death, or
- Anyone who has an interdependency relationship with you at the date of your death.

A person must be a dependant on the date of your death to be considered by the trustee to be a beneficiary of your death benefit.

You can nominate more than one beneficiary. The total of the proportions allocated must equal 100%.

Proportion of total benefit

Legal personal representative/estate

0 0 0 %

Full name of beneficiary

Full name of beneficiary grid

Date of birth

Sex

Proportion of total benefit

Date of birth grid

Male  Female

0 0 0 %

Relationship to member (please tick one only)

Spouse  Child  Financial dependant  Interdependency relationship

Full name of beneficiary

Full name of beneficiary grid

Date of birth

Sex

Proportion of total benefit

Date of birth grid

Male  Female

0 0 0 %

Relationship to member (please tick one only)

Spouse  Child  Financial dependant  Interdependency relationship

Full name of beneficiary

Full name of beneficiary grid

Date of birth

Sex

Proportion of total benefit

Date of birth grid

Male  Female

0 0 0 %

Relationship to member (please tick one only)

Spouse  Child  Financial dependant  Interdependency relationship

Full name of beneficiary

Full name of beneficiary grid

Date of birth

Sex

Proportion of total benefit

Date of birth grid

Male  Female

0 0 0 %

Relationship to member (please tick one only)

Spouse  Child  Financial dependant  Interdependency relationship

1 0 0 %

TOTAL (The total of your beneficiary nominations must equal 100%)

4. BENEFICIARY DETAILS

I have read and understood the information provided on the death benefit nomination attached. I request the trustee, AMP Superannuation Limited, to accept my death benefit nomination for my CustomSuper account.

Member signature

Date

Member signature box with X

Date grid

5. WITNESSES' DETAILS

I declare that:

- I am 18 years of age or over.
- I am not a nominated beneficiary of this member and I am not represented in the table above.
- This form was signed and dated by the member in my presence.

Witness signature 1

Witness signature 2

Surname

Surname

Witness 1 Surname grid

Witness 2 Surname grid

Given names

Given names

Witness 1 Given names grid

Witness 2 Given names grid

Witness 1 Signature box with X

Witness 2 Signature box with X

Date

Date

Witness 1 Date grid

Witness 2 Date grid

(Must be same date as member signed)

(Must be same date as member signed)