



Contents and instructions

Please complete this form to request a new nomination of dependants.

You should seek financial advice prior to completing this form.

If you have more than one membership within a fund, you will need to complete separate nomination forms for each membership.

If you need assistance with completing this form, please contact our Customer Service Centre on:

- 1300 300 798 for members of Provider, Flexipol, Goldline, Accelerator or Retirement Security Plan, or
- 132 987 for members of the Risk, Whole of Life Superannuation, Endowment and Pure Endowment Superannuation policies.

Information on nominations

Please read this section to ensure you understand how nominations of dependants work.

If you elect to make a nomination of dependants, the Trustee will consider the nomination provided by you but has discretion to pay your benefit to one or more of your dependants and/or legal personal representative in proportions it determines.

Step 1 Member details

Complete the full name in which the membership is held, including member number.

Step 2 Nomination (or change of nomination) of dependants

Complete this section to nominate your legal personal representative or person(s) as dependant(s) of your superannuation benefit(s) in the event of your death. Please note that any nomination made on this form will replace any previous nomination made.

Please complete the full personal details of your nominated dependants as per the example below. The total benefits must equal 100 per cent.

Example of Nomination of dependants

My legal personal representative (eg the executor of your Will)

OR

Ms	Sally	Field	10/03/1941	100 %	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
Title	Given name(s)	Surname	Date of birth	% of benefit		
Address 10 Example Street Brighton VIC 3186						

Relationship to member: Spouse Child Interdependent Financial dependant

Step 3 Declaration

This section MUST be signed and dated by you (the member).

Step 4 Return form to AXA

Once completed please send this form to:

AXA Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

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Nomination of dependants

Step 1 Member details

Member number

Mr Mrs Miss Ms Other please specify

Surname (please print) Given name(s)

Street number and name Town/Suburb State Postcode

() ()
Home telephone Work telephone Mobile number

Email address

Step 2 Nomination (or change of nomination) of dependants

My legal personal representative (eg the executor of your Will)

OR

1 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit*

Address

Relationship to member: Spouse Child Interdependent Financial dependant

2 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit*

Address

Relationship to member: Spouse Child Interdependent Financial dependant

3 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit*

Address

Relationship to member: Spouse Child Interdependent Financial dependant

4 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit*

Address

Relationship to member: Spouse Child Interdependent Financial dependant

5 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit*

Address

Relationship to member: Spouse Child Interdependent Financial dependant

* Percentages must be whole numbers, eg 33% NOT 33.33%.

Nomination of dependants

Step 3 Declaration

Member(s) declaration

Member surname

Given name(s)

, nominate

the person(s) named above to receive any proceeds that may become payable under this plan in the event of my death.

I understand that:

- the trustee will consider the nomination but has the discretion to pay the benefit to one or more of my dependants or to my legal personal representative in accordance with its discretion
- payment of benefits will be made on the basis of the latest nomination received in writing by AXA Australia
- if there is no nomination, or the nomination has been revoked, the trustee will pay the benefit at its discretion
- I may vary the nomination at any time by completing a new Nomination of dependants form and forwarding it to AXA Australia.

Member's signature

Date