

Additional binding death benefit nomination

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Use this form to nominate extra beneficiaries in addition to your *Make a binding death benefit nomination* form. It must be signed by you in the presence of the same witnesses who signed your *Make a binding death benefit nomination* form.

Section 1 Your details

Member number

Date of birth (DD MM YYYY)

Last name

Given name/s

Residential address

Suburb/Town/City

State

Postcode

Section 2 Nomination details

This nomination applies to the accounts you've specified in section 2 of your original *Make a binding death benefit nomination* form.

Details	Relationship (tick one only)	Benefit %
Mr Mrs Ms Miss Dr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text"/> . <input type="text"/> % <i>Example only</i> <input type="text"/> 20.00 %
Date of birth (DDMMYYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Given name/s <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Last name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		



**Section 2
Nomination
details
(continued)**

Details		Relationship (tick one only)	Benefit %
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text" value="."/> % <i>Example only</i> <input type="text" value="20.00"/> %
Given name/s			
Last name			
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text" value="."/> % <i>Example only</i> <input type="text" value="20.00"/> %
Given name/s			
Last name			
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text" value="."/> % <i>Example only</i> <input type="text" value="20.00"/> %
Given name/s			
Last name			
Mr Mrs Ms Miss Dr	Date of birth (DDMMYYYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant <input type="checkbox"/> Estate/legal personal representative	<input type="text" value="."/> % <i>Example only</i> <input type="text" value="20.00"/> %
Given name/s			
Last name			

The combined total on this form and your *Make a binding death benefit nomination* form must equal 100%.

100.00 %



