



Binding Nomination of Beneficiary Form

This form is used when you want to override the Trustee’s discretion when determining how a death benefit is to be paid. You can use this form to establish a new binding nomination, or amend or cancel an existing binding nomination.

Note: The original signed form must be posted to Hejaz Islamic Super & Pension.

Step 1: Personal details

Member number:

Full name:

Date of birth:

Postal address:

Suburb:

State:

Postcode:

Step 2: Reason for request

Please select the reason for your completion of this form:

I wish to establish a new binding death benefit nomination

I wish to renew or amend an existing binding death benefit nomination

I wish to cancel an existing binding death benefit nomination (complete sections 1,2,5,7 and 8 only)

Step 3: Type of nomination

Please select which type of binding nomination you are declaring on this form:

Non-lapsing binding nomination

Non-lapsing means the nomination you make now will not expire, and will remain valid on your account until you notify us otherwise. You can revoke or change your nomination at any time by completing this form.

Lapsing binding nomination

A lapsing binding nomination will remain binding on your account for a period of three years, after which your nomination will become non-binding unless you notify us to renew the nomination. You can revoke the nomination at any time by completing this form.

Step 4: Your beneficiaries

I'd like to nominate the individual(s) listed below:

| | | | |
|------------|-----------|---------------|------------------------|
| First name | Last name | Date of birth | Portion of benefit (%) |
|------------|-----------|---------------|------------------------|

Relationship

Spouse

Child

Interdependent

Financial dependent

First name

Last name

Date of birth

Portion of benefit (%)

Relationship

Spouse

Child

Interdependent

Financial dependent



Binding Nomination of Beneficiary Form

First name Last name Date of birth Portion of benefit (%)

Relationship

Spouse Child Interdependent Financial dependent

First name Last name Date of birth Portion of benefit (%)

Relationship

Spouse Child Interdependent Financial dependent

and/or Portion of benefit (%)

I'd like to nominate the executor or administrator of my estate (my legal personal representative)

The total allocated must equal 100% or all of the nominations will be invalid.

100%

Step 5: Cancellation or amendment of binding death nominations

By ticking the box below, you will cancel any binding death nominations currently on your account, and **any nominations included in Section 4 will be added.**

I'd like to cancel my current binding death benefit nomination.

Section 6: Important information about binding nomination of beneficiaries

Read these notes before making your nomination.

1. The Trust Deed for the Fund provides for your death benefit to be paid to one or more of your dependants or to your estate at the Trustee's discretion. Use this form if you want to override the Trustee's discretion in determining how your benefit is paid in the event of your death.
2. You may need to consider changing your nomination if your personal circumstances change.
3. When you make a valid binding nomination of beneficiary, you override the Trustee's discretion in determining who should receive your superannuation benefits in the event of your death.
4. The Trustee must pay the benefits to the beneficiaries specified by you and in the proportions that you specify provided your nomination is valid when the benefit is paid.
5. Your nomination should be reviewed regularly. If, after making a non-lapsing death benefit nomination, you marry, separate or divorce, enter a de facto relationship (including same-sex), have a child, if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you, then you should review your nonlapsing death benefit nomination or consider making a new nomination.
6. A lapsing binding nomination of beneficiary expires three years after the date on which you sign and date the Binding Nomination of Beneficiary form. If you do not make another nomination at this time, your binding nomination will no longer be valid and the Trustee will have discretion to decide to whom the benefit is paid. Please note that you will receive a letter prior to the three year expiry date.
7. If, on the Binding Nomination of Beneficiary form, you nominate a person who is not a dependant, or you nominate a person who is not your Legal Personal Representative, your nomination will be invalid and the Trustee will be required to decide to whom the benefit is paid.



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8. For the Binding Nomination of Beneficiary form to be valid and effective:
 - i. All percentages of benefit must add up to 100%; and
 - ii. It must be signed and dated by you in the presence of two witnesses who are both at least 18 years old and who have not been nominated to receive a part of your death benefit.
9. Nominated beneficiaries may include eligible dependants or a legal representative. Refer to the Additional Information Booklet for an explanation of eligible dependants.
10. You may revoke or change your nomination at any time by completing a new Binding Nomination of Beneficiary form.
11. If you have made a valid non-lapsing binding nomination of beneficiary, you will receive a letter every three years to remind you of your binding nomination.

Section 7: Member declaration

This section must be signed by you as a member. A power of attorney signing the form on behalf of a member will not be accepted. I acknowledge that I have read the 'Important information about binding nomination of beneficiaries' above and agree to these conditions.

Signature

Printed name

Date

Section 8: Witness declaration

Witness 1

I acknowledge that I am at least 18 years old, that I am not a nominee on this form, and that the above notice was signed and dated by the member in my presence.

Signature

Printed name

Date

Witness 2

I acknowledge that I am at least 18 years old, that I am not a nominee on this form, and that the above notice was signed and dated by the member in my presence.

Signature

Printed name

Date

If you wish to nominate more than three people, please photocopy this form and write the total number of forms used in this box:

Total number of forms used:

Please return this completed form to Hejaz Islamic Super & Pension PO Box 96 Flinders Lane VIC 8009

or Email to super@hejazfs.com.au.

Phone: 1300 043 529 Website: www.hejazfs.com.au.

We are committed to respecting the privacy of the personal information you give us.

The Fund is subject to a Privacy Statement which sets out how we do this. Refer to the information about privacy in the Hejaz Islamic Super & Pensions Additional Information Booklet. You can obtain the Trustee's privacy policy at

www.eqt.com.au/global/privacystatement or request a copy by contacting us.

You can also find information about privacy at www.hejazfs.com.au.