



AIA Super

BINDING NOMINATION OF BENEFICIARY FORM AND PAYMENT ALLOCATION FORM

Please note that this nomination expires in three years. You may make a non-lapsing nomination by completing a different form called Nomination of beneficiary and payment allocation form (non-binding).

Issued by Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533, Australian Financial Services Licence (AFSL) 235906 as trustee of the Mercer Super Trust, ABN 19 905 422 981. AIA Super is a plan in the Retail Division of the Mercer Super Trust. 'MERCER' is an Australian registered trademark of Mercer (Australia) Pty Ltd (Mercer) ABN 32 005 315 917. MSAL is a wholly owned subsidiary of Mercer. AIA Super is administered by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia). The insurer is AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

Section A – Member's details

Policy number (if known)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Residential address (PO Box is not acceptable)

Phone number

Business phone number

Mobile phone number

Date of birth

Email

Section B – Important notice for binding nominations

A binding nomination allows you to direct the trustee of the Trust to pay any death benefit to the person(s) you nominate. This nomination is binding on the trustee of the Trust. Appropriate professional advice relevant to your circumstances is recommended before making a binding nomination.

You can only direct the trustee of the Trust to pay any death benefit either to your dependant(s), as defined in the PDS, or to your legal personal representative (ie the executor or administrator of your estate) or both.

A dependant for this purpose includes:

- a spouse, including a person (whether of the same or a different sex) with whom you are living on a genuine domestic basis in a relationship as a couple and a person with whom you are in a relationship registered under State or Territory law
- a child of any age (including an adopted child, step child or an ex-nuptial child, a child of your spouse and your child within the meaning of the Family Law Act 1975)
- a person with whom you have an interdependency relationship.
- a person financially dependent on you.

Your binding nomination will remain valid for 3 years from the date you sign it, renew it or update it. Making a new binding nomination revokes a previous one.

If a binding nomination is invalid (wholly or partly) or has expired, it will not bind the trustee of the Trust and, in that case, the trustee of the Trust will have complete discretion as to whom your death benefit will be paid.

There may be tax implications in nominating certain eligible dependants directly. Please consult your financial or taxation adviser.

You must provide all details requested. If you do not, the trustee of the Trust may need to contact you to obtain further information.

Section C – Binding direction to the trustee of the Trust

In the event of my death, I direct the trustee of the Trust to pay any death benefit to my dependant(s) and/or legal personal representatives as follows (if there is insufficient space to show all the nominees you wish to nominate please list the additional nominees on a separate piece of paper and sign and date the paper and attach it to this form).

Member's instructions – Please tick the relevant box

☐ I wish to cancel all current beneficiary nominations for this policy, or

☐ I wish to nominate the following beneficiaries (If there is insufficient space to show all the beneficiaries you wish to nominate please list the additional nominees on a separate piece of paper and sign and date the paper and attach it to this form):

Section C – Binding direction to the trustee of the Trust (continued)

Nominee 1

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full name

Residential address (PO Box is not acceptable)

| | State | Postcode |
|--|-------|----------|
|--|-------|----------|

Sex ☐ Male ☐ Female

Relationship to you (please (✓) tick)

☐ Spouse ☐ Child

☐ Interdependant

☐ Financial dependant

Date of birth

| | |
|---|---|
| / | / |
|---|---|

Nominee 2

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full name

Residential address (PO Box is not acceptable)

| | State | Postcode |
|--|-------|----------|
|--|-------|----------|

Sex ☐ Male ☐ Female

Relationship to you (please (✓) tick)

☐ Spouse ☐ Child

☐ Interdependant

☐ Financial dependant

Date of birth

| | |
|---|---|
| / | / |
|---|---|

Nominee 3

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full name

Residential address (PO Box is not acceptable)

| | State | Postcode |
|--|-------|----------|
|--|-------|----------|

Sex ☐ Male ☐ Female

Relationship to you (please (✓) tick)

☐ Spouse ☐ Child

☐ Interdependant

☐ Financial dependant

Date of birth

____/____/____

AND/OR

To my legal personal representative

Lump sum

| | |
|--|---|
| | % |
|--|---|

Total must equal 100%

100 %

Section D – Declaration and Privacy Notification

Privacy Notification

Personal (including sensitive) information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au/privacy, or by contacting us to request a copy. AIA Australia handles and collects personal information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy. By providing personal information to us or your adviser (and the Australian financial services licensee they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal information as described in the AIA Australia Group Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 13 1056 and we can take reasonable steps to correct the personal information. Where you provide us with personal information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Group Privacy Policy.

I understand that:

- in the event of my death, the trustee of the Trust will pay any death benefit in accordance with this nomination provided it is valid;
- this nomination cancels all previous binding nominations and overrides any non-binding nominations made by me in respect of this Policy;
- unless I renew, cancel or update this nomination earlier, it will become invalid in 3 years time; and
- I should review my nomination at least every 3 years or as my personal circumstances change.
- I/We have been notified of, have read and consented to the handling, collection, use and disclosure of my personal and sensitive information, including the exchange of personal information with third parties located in Australia and overseas in the manner described in the Privacy Policy on the AIA Australia website www.aia.com.au/privacy
- I/We agree that any personal information AIA Australia holds will be governed by the most current Privacy Policy. I/We also agree that AIA Australia may update its Privacy Policy from time to time by posting an updated version on their website and that a separate notice about the Privacy Policy may not be provided in each instance of collection.

Section D – Declaration and Privacy Notification (continued)

Signing this form

This form must be signed and dated in the presence of two witnesses. Each witness must be over 18 years old and must not be a person nominated on this form.

Signature of member

Date

Declaration by witnesses

I hereby declare that this binding nomination was signed and dated by the member in my presence. I confirm that I am at least 18 years old and I am not a person who has been nominated on this form.

Witness 1 name (please print)

Signature of witness

Date

Witness 2 name (please print)

Signature of witness

Date

Please send the completed form to:

AIA Australia Life Insurance PO Box 320 Silverwater NSW 2128