



Total Care Plan Super

BINDING NOMINATION OF BENEFICIARY FORM AND PAYMENT ALLOCATION FORM

The Trustee will only accept this form if you were a member of Total Care Plan Super before 1 April 2017. 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).

You should complete this form if you wish to nominate or change one or more beneficiaries to receive any death benefit.

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) the trustee of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust).

AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) is responsible for the administration of Total Care Plan Super and provides insurance benefits to FirstChoice Trust as insurer of Total Care Plan Super.

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

You can only direct the trustee of the FirstChoice Trust to pay any death benefit either to your dependant(s), as defined in the Tailored Protection 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 FirstChoice Trust and, in that case, the trustee of the FirstChoice 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 FirstChoice Trust may need to contact you to obtain further information.

Section C – Binding direction to the trustee of the FirstChoice Trust

In the event of my death, I direct the trustee of the FirstChoice 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 FirstChoice Trust (continued)

Nominee 1

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	<input type="text"/>
Full name	<input type="text"/>					Relationship to you (please (✓) tick)				
Residential address (PO Box is not acceptable)	<input type="text"/>					<input type="checkbox"/> Spouse	<input type="checkbox"/> Child			
	<input type="text"/>					<input type="checkbox"/> Interdependent				
	<input type="text"/>					<input type="checkbox"/> Financial dependant			<input type="text"/>	%

Nominee 2

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	<input type="text"/>
Full name	<input type="text"/>					Relationship to you (please (✓) tick)				
Residential address (PO Box is not acceptable)	<input type="text"/>					<input type="checkbox"/> Spouse	<input type="checkbox"/> Child			
	<input type="text"/>					<input type="checkbox"/> Interdependent				
	<input type="text"/>					<input type="checkbox"/> Financial dependant			<input type="text"/>	%

Nominee 3

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	<input type="text"/>
Full name	<input type="text"/>					Relationship to you (please (✓) tick)				
Residential address (PO Box is not acceptable)	<input type="text"/>					<input type="checkbox"/> Spouse	<input type="checkbox"/> Child			
	<input type="text"/>					<input type="checkbox"/> Interdependent				
	<input type="text"/>					<input type="checkbox"/> Financial dependant			<input type="text"/>	%

AND/OR

To my legal personal representative	Lump sum	<input type="text"/>	%
	Total must equal 100%	<input type="text"/>	100 %

Section D – Declaration

I understand that:

- in the event of my death, the trustee of the FirstChoice 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.

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
<input type="text"/>	<input type="text"/>

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)	Witness 2 name (please print)
<input type="text"/>	<input type="text"/>
Signature of witness	Signature of witness
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

Please send the completed form to:

AIA Australia Life Insurance PO Box 320 Silverwater NSW 2128