

**THE TRANSPORT INDUSTRY  
SUPERANNUATION FUND**

ABN 68 564 370 287  
RSE Registration No. R1005516  
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MILTON QLD 4064  
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## Death Benefit Nomination

The Trustee of The Transport Industry Superannuation Fund and its officers and agents have not taken your personal circumstances, financial needs and objectives, into account in providing the following information to you. The following information is of a general nature only, for which the Trustee and its officers and agents are authorised to provide. It is not a substitute for specific legal advice. **Therefore, you should consider whether it is appropriate to obtain legal advice specific to your personal circumstances before completing your Death Benefit Nominations.**

The T.I.S. Fund provides the following options with respect to how your benefit will be dealt with upon your death.

- **No Nomination**  
If you choose not to provide any direction to the Trustee on how to deal with your benefit in the event of your death the Trustee will, after making reasonable inquiries, use its discretion on how to distribute your benefit to your dependants or estate.
- **Non-Binding Nomination**  
You can choose to nominate one or more preferred dependant/s and/or your legal personal representative to receive your benefit in the event of your death. However, your nomination is not binding and the Trustee has final and absolute discretion on how your benefit will be distributed. Your nomination will be taken into consideration along with other information that may be provided to the Trustee at the time they are determining how to allocate your benefit. If you wish to make a non-binding nomination please complete a **“Non-Binding Nomination of Beneficiary”** form available on this website.
- **Binding Nomination**  
A binding nomination provides greater certainty on how your benefit will be applied upon your death. A valid nomination is binding upon the Trustee. Your nomination will be valid if:
  - It is made in the prescribed manner;
  - It is in favour of one or more of your dependants and/or legal personal representative;
  - It has been signed and dated in the presence of at least two witnesses who are at least 18 years of age and are not nominated as your beneficiaries;
  - It has not expired (ie it is not more than 3 years old).

(Note: Your nominated beneficiaries must meet the definition of dependants at the time of your death. Therefore it is important that you keep your nomination up to date. We recommend that you seek legal advice before submitting your Binding Death Benefit Nomination to the Trustee)

If you wish to make a binding nomination please complete the following **“Binding Death Benefit Nomination”** form and return it to the Trustee.

# Binding Death Benefit Nomination Form

This is important information about your binding death benefit nomination. Please read this section carefully before completing this form.

## Section A.

This Form is to be used to make a nomination, amendment or confirmation in relation to your death benefit. The nomination may be revoked at any time and to remain valid must be confirmed at least every 3 years. The Trustee will send you information every year asking if you want to confirm your nomination.

Your nomination will be binding on the Trustee if:

- you complete this form correctly; and
- you nominate a person who on your death qualifies as a "dependant", or you nominate your legal personal representative and on your death there is an executor or administrator of your estate.

### A dependant means:

- your spouse (including a de facto spouse); your children (including step children, adopted children and ex-nuptial children); or
- any person (whether or not related by family) with whom you have an interdependent relationship\* with. (Please note that this category of dependant was introduced on 30 June 2004)

**Your legal personal representative** is normally the executor of your will. If you do not leave a will (or the person you name as executor is not able or willing to act) an application may be made to the Court for appointment of an administrator of your estate. This application would be made by your spouse if you have one, but if not, your next of kin would generally be entitled to apply. The person appointed as administrator is then your legal personal representative.

**You are not required to complete a binding nomination. If you do not (or your nomination is not correctly witnessed or confirmed, or nominates a person who is not eligible) the Trustee will on your death have a discretion to pay your benefit to any of your dependants, or to your legal personal representative if you have one.**

## Section B

Please Tick the relevant Box (one only)

**I wish to make a Binding Death Benefit Nomination.** I understand that by choosing to have a binding death benefit nomination, my nomination will cease after a period of 3 years from the date last confirmed, or amended by myself. I also acknowledge that I have the right to revoke my nominations at any time.

*Please read Section A to ensure you have a full understanding of the Binding Death Benefit Nomination process and your responsibilities. **To make your nomination please tick the above box and complete Sections C and D***

**I wish to amend my current Binding Death Benefit Nominated Beneficiary/Beneficiaries details.** I understand that by amending my details, my nomination will cease after a period of 3 years from the date last confirmed, or amended by myself. I also acknowledge that I have the right to revoke my nominations at any time. **This amendment must be witnessed as detailed in Sections C and D.**

**I wish to revoke my Binding Death Benefit Nominated Beneficiary/Beneficiaries.** I realise that I may still nominate Discretionary Beneficiary/Beneficiaries by completing a Member Change of Options Form available by contacting the Fund Administrator on 1800 777 060. **To revoke your Binding Death Nominated Beneficiary/Beneficiaries, please tick the above box and complete Section D only.**

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Trustee  
TIS Pty Ltd  
ABN 73 065 319 735  
RSE Licence No. L0002349  
AFSL No. 247249

## Section C

I \_\_\_\_\_ (full name) \_\_\_\_\_ (member number)  
 nominate the following person(s) to receive the following share or proportion of the benefit payable upon my death:

\*Two persons have an interdependency relationship if:

- they have a close personal relationship, and
- they live together, and
- one or both provides the other with financial support, domestic support and personal care of the other.

Where a close personal relationship exists, but the other requirements of an interdependency relationship are not satisfied because of a disability of one or both persons (whether physical, intellectual or psychiatric), then an interdependency relationship will be held to exist.

Name of Nominated Beneficiary / Beneficiaries	Address	Date of Birth	Relationship to Applicant	Proportion of Benefit %

I understand that my nomination or amendment will be binding on the Trustee, **if** my nomination is correctly witnessed and confirmed and I nominate a person who is eligible to receive my death benefit.

*It is important that you regularly review your nomination and provide an updated nomination to the Trustee whenever your circumstances change. The Trustee will be obliged to pay in accordance with your nomination if you make a nomination in the correct form, and have nominated a person who is eligible. The Trustee cannot implement your nomination if you have nominated a person who is not eligible. It is therefore important that you ensure:*

- your nomination at all times reflects your wishes; and
- you nominate an eligible person.

## Section D

I acknowledge that, if my nomination, amendment or revocation is not correctly witnessed or confirmed or I nominate a person who is not eligible to receive my benefit, the Trustee will have discretion to pay my benefit to one or more of my dependants or to my legal personal representative.

Signed: X..... Dated: .....

WITNESSES: - For your nomination, amendment or revocation to be binding, your signature must be witnessed by 2 persons who are at least 18 years of age, and are not persons nominated by you. They must both be physically present when you sign.

The witnesses declare that this nomination, amendment or revocation was signed by the member in their presence:

### Witness 1

Full Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

X

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

### Witness 2

Full Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

X

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

Please return this completed form to: **The T.I.S. Fund (ABN 68 564 370 287), PO Box 2093, MILTON QLD 4064**