

BINDING NOMINATION (NON-LAPSING) OF BENEFICIARY FORM

Complete this form if you wish to make a non-lapsing nomination of beneficiary(s) that is binding upon the trustee. It can also be used to amend or cancel a previous nomination as long as the nomination is valid at the time of your death.

Non-lapsing nominations will remain in effect perpetually until you change them. Discuss with your financial adviser to determine if this kind of nomination is suitable to your particular circumstances.

Important Notice: To ensure that your nomination is valid please ensure that your signature is witnessed by 2 adult witnesses and that proportional allocations of benefits add to 100%.

vMAPs Super

Issued by Diversa Trustees Limited ("Trustee")
ABN 49 006 421 638 AFSL 235153
RSE Licence No L0000635 as trustee for Praemium SMA
Superannuation Fund (vMAPs Super) ABN 75 703 857 864
RSE Reg R1074352.

Part 1 - Member details (please complete all fields)

Title	Street address	
Given names		
Surname	Town or suburb	
Date of birth	State	Postcode
	Telephone	
vMAPs Super member number	Email	

Part 2 - Nomination options (select one option only)

Create new or replace existing binding nomination (non-lapsing). **Please complete all details for each beneficiary on the following page.**

To be an eligible to receive a death benefit each nominee (dependant) must be one of the following:

- Your spouse (as defined under superannuation law), or
- Your child, or
- Any other person who is financially dependent or in an interdependency relationship with you, or
- Your estate (legal representative).

Binding Nomination Rules

- A binding nomination will ensure that you will decide who receives your benefit when you die and in what proportions.
- The nominated proportion of benefit must total 100%.
- A binding nomination becomes invalid when a nominated beneficiary ceases to be a dependant or legal personal representative.
- To be effective a binding nomination must be signed by 2 witnesses who are at least 18 years old and who are not named in the nomination.
- Only your dependants or legal personal representative are eligible to receive your death benefit and eligibility is determined as at the date of your death.
- If a dependant nominated to receive a benefit dies before you, or they are no longer a dependant of you at the time of your death, then your death benefit will be paid in accordance with the Trustee's discretion.
- For more information please refer to the vMAPs Super Additional Information Guide.

Cancel existing nomination. **Go to Part 4, Declaration and signature.**

Part 3 - Beneficiary details (leave blank to cancel previous nominations)

Note: Proportion of benefits must add up to 100%.

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Full name of beneficiary

Address

Relationship to Member

Proportion of Benefit (%)

Estate/Legal Personal Representative

Address

Proportion of Benefit (%)

Part 4 - Declaration and signature (sign and date in the presence of two witnesses)

Member declaration to the Trustee:

I declare that the above details are correct and I hereby direct the Trustee to distribute the benefits from my vMAPs Super account in accordance with the instructions noted above. This nomination supersedes any previous nominations.

Signed

Date

If signing under Power of Attorney, you are verifying that at the time of signing that the authority is valid. Please attach a certified copy of the Power of Attorney with this declaration (unless one has been previously provided).

Part 5 - Witnesses to the declaration (two adult witnesses are mandatory)

Important: Your nomination must be signed in the presence of two witnesses in order to be considered valid.

Witness declaration

I declare that:

- I am over 18 years of age.
- I am not a nominated beneficiary of the member and I am not listed as a beneficiary above.
- The member signed and dated this form in my presence.
- I am signing and dating this form on the same date as the member.

Witness 1 full name (printed)

Date of birth

Witness 1 address

Witness 1 signature

Date

Witness 2 full name (printed)

Date of birth

Witness 2 address

Witness 2 signature

Date

When completed please email forms to support@praemium.com.au or post to:

vMAPs Super
PO Box 322
Collins St West VIC 8007