

# CONFIRMATION OF EXISTING BINDING DEATH BENEFIT NOMINATION



To remain valid, your binding death benefit nomination must be confirmed at least every three years.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use (✓) to mark boxes. Section 2 should be signed and dated by hand.

If you would like to change your beneficiaries, please complete and send us a new *Binding death benefit nomination* form, available at [activesuper.com.au/forms](http://activesuper.com.au/forms)

## 1. YOUR DETAILS

Member no.

Date of birth (DD MM YY)  Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home)  Phone (work)

Phone (mobile)

Address  Postal  Residential

No./Street

Suburb/Town  State/Territory  Postcode

## 2. YOUR DECLARATION

You must complete this section if you wish to confirm an existing binding death benefit nomination.

- I direct LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') to distribute my benefits payable from Active Super upon my death in accordance with my existing binding nomination.
- I understand that:
  - this confirmation is only valid for three (3) years from the date of signing, or until I replace or revoke the nomination (by delivering to Active Super a new signed and dated form),
  - this confirmation will only be valid if the beneficiaries listed are my spouse, child, financial dependant, a person with whom I have an interdependency relationship or legal personal representative when I die; and
  - if this confirmation is invalid or has not been received by the Trustee when I die, my death benefit will be paid at the Trustee's discretion to one or more of my dependants or legal personal representative(s).
- I have read the information within this form and understand the terms on which this confirmation is made.
- I declare the information provided is true and correct.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

Name

Signed  Date (DD MM YY)

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## SEND YOUR COMPLETED FORM BACK TO US AT:

**Mail** Active Super, PO Box N835, Grosvenor Place NSW 1220

**Email** You can email your signed form to us at [admin@activesuper.com.au](mailto:admin@activesuper.com.au). However, you also need to post the original form as it required for proof of identity.

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### Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at [activesuper.com.au/privacy-policy](https://activesuper.com.au/privacy-policy) or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').