

NOMINATION OF BENEFICIARY FORM**Please read before completing**

Please complete this form if you wish to nominate a beneficiary for your Capital Guaranteed Super and/or Pension account.

- Use blue or black pen only.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Please send us your completed form by ONE of the following methods:

Australian Military Bank

Email: retire@australianmilitarybank.com.au

Post: PO Box 3528, Tingalpa DC, QLD 4173

1. ACCOUNT TYPE

Please select your account:

- Capital Guaranteed Super Capital Guaranteed Pension All my Capital Guaranteed accounts

2. NOMINATION TYPE

Please select your nomination type:

- Binding Nomination Non-Binding Nomination

3. MEMBER DETAILS

Superannuation Member Number

Title	Given name(s)	Surname or family name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address	Contact Number
<input type="text"/>	<input type="text"/>

4. NOMINATION DETAILS

Please make a selection:

- Make a Nomination Revoke a Nomination No Nomination

NOMINEE 1

Title	Given name(s)	Surname or family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Contact Number	<input type="text"/> <input type="text"/> <input type="text"/> % of benefit
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	

Relationship to you (tick one option only)

- Spouse Child Financial Dependant Interdependency Relationship

4. NOMINATION DETAILS (CONTINUED)

NOMINEE 2

Title Given name(s) Surname or family name

Residential address

Suburb/Town State Postcode

Date of Birth / / Contact Number % of benefit

Relationship to you (tick one option only)

Spouse Child Financial Dependant Interdependency Relationship

NOMINEE 3

Title Given name(s) Surname or family name

Residential address

Suburb/Town State Postcode

Date of Birth / / Contact Number % of benefit

Relationship to you (tick one option only)

Spouse Child Financial Dependant Interdependency Relationship

Legal Representative % of benefit

% of benefit

Total of your beneficiary nominations (must be 100%)

Please note: If you wish to nominate more beneficiaries, please complete a separate form.

5. DECLARATION

A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialed by yourself and both witnesses.

Member declaration:

I understand/declare that:

By making this nomination, I revoke and replace any existing binding death nomination.

My nomination must be my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship or a legal personal representative of my estate at the time of my death.

My beneficiary(ies) and I will be bound by the terms and conditions in the PDS relating to binding death benefit nominations.

This binding nomination is only valid for three years from the date I sign it or any confirmation or amendment of it.

I may at any time revoke or change a binding nomination notice in accordance with Australian Military Bank's procedures.

If a notice is invalid or has not been sent to Australian Military Bank when I die, the death benefit will be paid to my legal personal representative.

This declaration must be signed by me in the presence of two witnesses (who are not nominated), both of whom are over the age of 18.

This nomination only applies to the account identified on this form within the Capital Guaranteed Super.

I have read the PDS dated 2 September 2019, and agree to be bound by the terms and conditions in the PDS governing the fund (as amended).

I am over 18.

Australian Military Bank will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where Australian Military Bank refuses to process a transaction or ceases to provide me with a product or service.

5. DECLARATION (CONTINUED)

FOR BINDING NOMINATIONS:

I have read and understood the declarations provided above.

Full Name: _____

Signature

Date

Witness 1 Signature:	Witness 2 Signature:
Full Name	Full Name
Residential Address	Residential Address
Date	Date

PLEASE ENSURE THAT THE DATE EACH OF THE WITNESSES SIGNS THIS FORM IS THE SAME AS THE DATE THE MEMBER SIGNS OTHERWISE THIS NOMINATION WILL NOT BE VALID.

FOR NON-BINDING NOMINATIONS:

I have read and understood the declarations provided above.

Full Name: _____

Signature

Date

When you have completed this form, please return to:

Australian Military Bank Capital Guaranteed Super PO Box 3528, Tingalpa DC, QLD 4173