Rest Pension nomination of beneficiary

Use this form to:

- make a non-lapsing or non-binding (preferred) nomination to indicate who you want to receive your death benefit if you die,
- change your current nomination,
- cancel your current nomination.

You can also login to MemberAccess at www.rest.com.au to make or update your non-binding (preferred) beneficiary nomination at any time (if you don't already have a different kind of nomination in place on your account).

Thanks for filling out this form – it should only take a few minutes. To help us clearly note your details, please write in BLOCK LETTERS and use a black or blue pen. Don't forget to sign and date it before you email it (and any attachments) to us at pension@rest.com.au - without your signature and date this form won't be valid.

Please note: This form cannot be used to nominate or change reversionary beneficiaries. A reversionary death benefit nomination cannot be changed or removed. If a change of reversionary beneficiary is required, the account must be closed and a new account opened.

Section 1: Current member details

Member number

Date of birth (dd/mm/yyyy)

Mr/Mrs/Ms/Miss/Dr   Surname

Given name(s)

Telephone (business hours)   Mobile

Email address

Section 2: Select your beneficiary nomination type

Select the type of beneficiary nomination you would like to make **(you must tick one only).** This will replace any existing beneficiary nomination.

◯ Non-lapsing nomination. This nomination is binding on Rest. Any benefit after your death will be paid to the beneficiaries nominated, as long as the nomination is valid. It does not expire and should be reviewed if your circumstances change. (Complete section 3 and section 4); OR

◯ Non-binding (preferred) nomination. This nomination is not binding on Rest. It will be used as a guide to pay your benefit after your death and it does not expire. (Complete section 3 only. If your current nomination is a non-lapsing nomination, section 4 must also be completed); OR

◯ Cancel my current nomination and no other nomination is required. (Sign the form at section 3. If your current nomination is a non-lapsing nomination, section 4 must also be completed).

What if I don't make a nomination or it is not valid at the time of death?

Rest will decide who to pay your death benefit to from among your dependants and Legal Personal Representative* (your estate). The decision will take into account your circumstances at the time of your death.

To find out more on beneficiary nominations please see the Rest Pension Product Disclosure Statement (PDS) and the 'Nominating a beneficiary' section on the Rest website.

* Your Legal Personal Representative will be the executor or administrator of your estate.

Section 3: Beneficiary(ies) nomination

You can only nominate a person(s) who is a dependant and/or your Legal Personal Representative (your estate), to receive your death benefit. The share of the death benefit must be a whole number.

Full name and residential address of nominated beneficiary(ies)	Beneficiary date of birth	Relationship to member (select one)	Proportion (%) of death benefit
1. My Legal Personal Representative (My Estate)	Not applicable	Not applicable	%

and/or nominated beneficiary(ies) below

Full name and residential address of nominated beneficiary(ies)	Beneficiary date of birth (dd/mm/yyyy)	Relationship to member (select one)	Proportion (%) of death benefit
2. Name: Address:	/ /	◯ Spouse ◯ Child ◯ Financial dependant ◯ Inter-dependent	%
3. Name: Address:	/ /	◯ Spouse ◯ Child ◯ Financial dependant ◯ Inter-dependent	%
4. Name: Address:	/ /	◯ Spouse ◯ Child ◯ Financial dependant ◯ Inter-dependent	%
5. Name: Address:	/ /	◯ Spouse ◯ Child ◯ Financial dependant ◯ Inter-dependent	%

The total proportion of your beneficiary nominations, including your Legal Personal Representative (your estate), must be 100%. If you have more than 5 nominations, please attach another form for these nominations.	%

Your nominated beneficiaries will receive their benefit as a lump sum, unless they are eligible for a pension in which case Rest will advise them of their options at the time of payment.

Your declaration

I declare that:

- all information on this form is true and accurate
- I am cancelling all prior nominations made in respect of this account
- I have read and understood the information in the Rest Pension PDS, the information about beneficiary nominations on Rest's website (including the 'Nominating a beneficiary' section) and on this form and I understand:
  - for this beneficiary nomination to be valid:
    - all required sections of this form must be completed correctly
    - the total percentage of beneficiary nominations must equal 100%
    - this request must be received by the Trustee and this must be before my death
  - the Trustee accepts no responsibility for checking the eligibility of the person(s) nominated, an incorrect nomination or completion of this form
  - the information about privacy and how my personal information may be used
  - that I will be bound by the provisions of the Trust Deed
  - the nomination choices available and consequences of making each type of nomination
  - that if I close this account it will also cancel my nomination
  - that if my account is transferred between products this may affect the validity of my nomination

Signature

(dd/mm/yyyy)

Section 4: Witness declaration (Non-lapsing nomination only)

This section must be completed to make, change or cancel a non-lapsing nomination. When completing this section for your nomination to be valid you must ensure that:
- **it is signed and dated in the presence of two witnesses over the age of 18**
- **neither of the witnesses are named as beneficiaries**
- **the witnesses have signed and dated the form on the same date as you**

I declare that this form was signed by the member in our presence:

Signature of witness 1

Signature of witness 2

Full name of witness 1

Full name of witness 2

Signature Date Date (dd/mm/yyyy)

Signature Date Date (dd/mm/yyyy)

Note: Any alterations to your form must be initialled and dated by yourself and both witnesses (if applicable) or it will be invalid.

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