MetLife Australia Superannuation Fund Beneficiary Nomination Form

For a beneficiary nomination to be valid, the nominated person (or persons) must meet the relationship requirements outlined in Section 2.

Section 1. Life Insured details

Policy number

Title	Given name/s	Surname	Date of birth *(dd/mm/yyyy)*

Address	Suburb	State	Postcode

Home	Work	Mobile

Email

Section 2. Beneficiary nomination

You may nominate either your Estate, or up to five (5) people to receive a benefit payable from the MetLife Australia Superannuation Fund in the event of your death. Under superannuation legislation, the people you nominate need to meet one of the following criteria:

- Your spouse (including your de-facto spouse);
- Your child (including adopted children);
- A person you have an "interdependent relationship" with (as defined in relevant law);
- Your personal legal representative (executor of the will or administrator of the estate).

Please note:

- The total of all beneficiary nominations must equal 100%.
- A Binding Non-Lapsing Beneficiary Nomination will be treated as non-binding until a correctly signed and witnessed Beneficiary Nomination Form or MetLife Australia Superannuation Fund Member Application Form has been received, and consented to, by the Trustee.

I want to (select one box only)

☐ Update my death benefit nomination to pay the person/s in the following table

☐ Update my death benefit nomination to pay 100% of benefits to my personal legal representative

☐ Remove all prior death benefit nominations (membership will have no death benefit nomination)

Type of nomination: ☐ Binding (non-lapsing) ☐ Non-Binding (non-lapsing)

Your death benefit nomination remains valid while your policy is in force and should be reviewed regularly.

Name	Address	Date of birth	Relationship to Life Insured	% of death benefit
				%
				%
				%
				%
				%
				100 %

Section 3. Privacy - Use and disclosure of personal information

The personal information you provide in the form is necessary for MetLife, the Trustee and the Administrator to provide you with the products and services you have requested. You do not have to provide us with your personal information, but if you do not do so we may not be able to provide you with the products or services. MetLife, the Trustee and the Administrator complies with the Privacy Act 1988 and the principles laid out in their Privacy Policy which details information about the entities they usually disclose personal information to (including overseas recipients), how you may access or seek correction of your personal information, how they manage that information and their complaints process.

- MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy
- Administrator's Privacy Policy is readily available and can be viewed at www.smartmonday.com.au/future-group-privacy-policy
- Trustee's Privacy Policy is readily available and can be viewed at www.stewarda.com.au/privacy-policy

Section 4. Declaration and authority

I confirm that:

- I want to make a death benefit nomination for my membership of the MetLife Australia Superannuation Fund ABN 68 964 712 340 (**the Fund**), a division of the Smart Future Trust, and my membership to the Fund is issued by Stewarda Pty Ltd ABN 56 098 527 256 (**the Trustee**);
- This nomination replaces any nomination I have previously made;
- By making a non-lapsing nomination, the Trustee will ordinarily pay my death benefit to the beneficiaries I have nominated and in such proportions as I have specified, provided certain requirements as set out in the trust deed for the Fund are met;
- My nomination applies to the death benefit payable under the policy number supplied on this form.
- It is my responsibility to ensure that each person I have nominated is aware that they have been nominated as a beneficiary, and that the Trustee holds a record of their personal information.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.

Member signature	Date *(dd/mm/yyyy)*
▶	

Full name (please print)

If you've made a binding (non-lapsing) death benefit nomination in Section 2 of this form you must sign this form in the presence of two witnesses, who are at least aged 18 and who are not nominated as beneficiaries.

Witness Declaration: I declare that I am over the age of 18 years; I am not a beneficiary nominated on this form and that this form was signed by the Member in my presence.

Witness 1 name	Witness 1 signature	Date *(dd/mm/yyyy)*
▶		

Witness 2 name	Witness 2 signature	Date *(dd/mm/yyyy)*
▶		

Please return the completed form to:
The MetLife Australia Superannuation Fund, PO Box 1305, South Melbourne VIC 3205 or email metlifesuperfund@iasas.com.au
If you have any questions or need assistance with the completion of this form, please call us on 1800 940 970, Monday to Friday between 9.00am and 5pm AEST.

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