

Reversionary beneficiary nomination



Use this form to add a reversionary beneficiary to your *Income account*. We recommend you speak to a financial adviser before completing this form as it may affect your Centrelink entitlement.

13 11 84 | sunsuper.com.au
Reply Paid 2924 Brisbane Qld 4001

Important Note: Please provide us with as much information as possible. Please tick box where appropriate. Use BLOCK letters and dark ink when completing this form and ensure it is signed and dated. *Denotes mandatory field.

Member number

1 Personal details

| | | |
|--------------------------|-----------------------------|---|
| Title | First name* | Middle name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last name* | Date of birth (DD/MM/YYYY)* | Gender* |
| <input type="text"/> | <input type="text"/> | <input type="text" value="M"/> <input type="text" value="F"/> |
| Street Address / PO Box* | | |
| <input type="text"/> | | |
| Suburb/Town* | State* | Postcode* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home phone number | Daytime phone number* | |
| <input type="text"/> | <input type="text"/> | |
| Personal email address | Mobile phone number | |
| <input type="text"/> | <input type="text"/> | |

By providing us with a valid email address you consent to be registered for *Member Online* access. Details will be forwarded to you.

2 Income account type

I'm updating my: *Transition to retirement income account* *Retirement income account*

Note: If you're over age 65 the conditions for transition to retirement no longer apply and your account will become a *Retirement income account*.

3 Beneficiary

I would like to nominate a new reversionary beneficiary. I understand the reversionary beneficiary is limited to my spouse or defacto. I have read the information in Section 2 of the *Sunsuper for life guide* before ticking this box.

| | | |
|----------------------|-----------------------------|---|
| Title | First name* | Middle name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last name* | Date of birth (DD/MM/YYYY)* | Gender* |
| <input type="text"/> | <input type="text"/> | <input type="text" value="M"/> <input type="text" value="F"/> |

4 Authorisation and declaration Sign this application form and return to Sunsuper:

- I declare I have fully read this form and the information completed is true and correct.
- I am an existing Sunsuper member. I agree that I have read the current *Sunsuper for life Product Disclosure Statement* or *Sunsuper for life Corporate Product Disclosure Statement*, or *Sunsuper for life Business Product Disclosure Statement*.
- I understand that this nomination may impact my existing Centrelink entitlements or benefits.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

Please return the form to Sunsuper
Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit sunsuper.com.au/privacy or call 13 11 84.

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996