

# Binding death benefit cancellation



You should use this form if you are a Personal, Employer sponsored, Police Blue Ribbon Super or Ambulance Officers' Super member and you want to cancel your existing lapsing or non-lapsing binding death benefit nomination.

### Important!

Only originals or certified copies of this form will be accepted.

Please use a dark pen and CAPITAL letters, or type directly into this form online, print it and send it to us. Forms are located on our website at [aware.com.au/forms](http://aware.com.au/forms).

If you have any questions, please call us on **1300 650 873**.

## 1. Your personal details

Member number	Account number*	Date of birth (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
* <b>IMPORTANT!</b> If you have more than one account, it is important that you read the <b>Notes</b> on the back page.		
Title	Last name	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime contact number	Mobile number	
<input type="text"/>	<input type="text"/>	

**i** If you want to change your lapsing or non-lapsing binding death benefit nomination, you can make a new nomination without cancelling your existing nomination.

## 2. Privacy

The personal information provided on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit [aware.com.au/privacy](http://aware.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

**i** **IMPORTANT!** You must sign and date this declaration in the presence of two witnesses, who must also sign and date the **Witness declarations ON THE SAME DAY AS YOU**. The witnesses must be over the age of 18 and must not be beneficiaries. Your cancellation will not be valid without these signatures.

## 3. Declaration

- I would like to cancel my existing binding death benefit nomination for my superannuation account shown in Section 1. If I have applied to cancel my existing binding death benefit nomination as a Police Blue Ribbon Super or Ambulance Officers' Super member, I understand that this cancellation will apply my compulsory insurance account and any Police Blue Ribbon Super or Ambulance Officers' Super superannuation account I hold.
- I understand that the cancellation of an existing binding nomination will only be valid if it is signed by me in the presence of two witnesses, who are 18 years of age or older and are not currently nominated as my death benefit beneficiaries.
- I have read and understand the Aware Super privacy policy.

Member name (print in BLOCK letters)

Member signature

Date signed (DD-MM-YYYY)

**This MUST be the same date that the form is witnessed (over page)**

**i** Please sign and date form here.



### 3. Declaration (continued)

Sign in the presence of two valid witnesses

#### Witness declarations

I declare that I am 18 years of age or older and this binding death benefit nomination cancellation form was signed and dated by the member in my presence.

First witness name (print in BLOCK letters)

Signature

Date signed (DD-MM-YYYY)

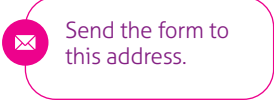
**This MUST be the same date that the form is signed by the member**

Second witness name (print in BLOCK letters)

Signature

Date signed (DD-MM-YYYY)

**This MUST be the same date that the form is signed by the member**



### 4. Where to send your completed form

Return the completed form to  **Aware Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.

## Notes

This cancellation only applies to the account shown in **Section 1 Your personal details\***. If you have more than one account, you will need to complete a separate cancellation form for each account. Other accounts could include additional super accounts, income stream accounts, or defined benefit (including deferred benefit) accounts.

\* If you are a Police Blue Ribbon Super or Ambulance Officers' Super member, this cancellation will apply to your compulsory insurance account and any Police Blue Ribbon Super or Ambulance Officers' Super superannuation account you hold. You cannot make a separate cancellation for each account. You can nominate either account in Section 1 Your personal details.

Separate forms apply for income stream and defined benefit (including deferred benefit) accounts. All forms are located on our website at [aware.com.au/forms](http://aware.com.au/forms).

You can amend an existing binding death benefit nomination by completing a new *Binding death benefit nomination* form and sending it to Aware Super. You must cancel a binding death benefit nomination before you can replace it with a non-binding death benefit nomination.