

Cancellation of binding death benefit nomination

Defined Benefit lump sum (excluding any lifetime pension)



Use this form if you wish to cancel your existing lapsing or non-lapsing binding death benefit nomination for your Defined Benefit lump sum (excluding any lifetime pension).

This form is located on our website at aware.com.au/forms.

Please use a dark pen and CAPITAL letters, or type directly into this form online, print it and send it to us. Use (X) to mark boxes.

The Notes at the back will help you complete this form. If you have any questions, please refer to the relevant Product Disclosure Statement (PDS) available by calling us on 1300 650 873.

1. Your personal details

Member number	Account number	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime contact number	Mobile number	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as <code>employee_title@company.com.au</code>)			
<input type="text"/>			

2. Privacy

The personal information you provide 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 your account and providing you with services associated with your fund membership. For further information about how your personal information is handled, please call us on 1300 650 873 or visit aware.com.au/privacy to view the policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

3. Member declaration and witness signatures

I would like to cancel and not replace my existing binding death benefit nomination and I understand that any 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 understood the Aware Super privacy policy.

Member name (print in BLOCK letters)

Signature

Date (DD-MM-YYYY)

Same date that the form is witnessed

Please sign and date form here.





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. Member declaration and witness signatures (continued)

Sign in the presence of two valid witnesses

Witness declarations

I declare that I am over the age of 18 and this binding death benefit cancellation was signed and dated by the member in my presence.

Name of witness 1 (print in BLOCK letters)

Signature

Date (DD-MM-YYYY)

Same date that the form is signed by member

Name of witness 2 (print in BLOCK letters)

Signature

Date (DD-MM-YYYY)

Same date that the form is signed by member



Send the form to this address.

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**.