

Nomination of beneficiaries

OneCare Super in Retirement Portfolio Service

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

OnePath Custodians Pty Limited (Trustee)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Retirement Portfolio Service (the Fund)

ABN 61 808 189 263, RSE R1000986, SFN 4571 159 75

Customer Care

Phone 133 667

Email client.onepath@zurich.com.au

Website onepath.com.au

This form should be completed to nominate who will be paid in the event of your death. For information on nominating a beneficiary on your OneCare Super membership, please refer to 'Death Benefit' in the 'OneCare Super' section of the OneCare Super PDS.

This form is for existing members to nominate, revoke, or reconfirm a beneficiary nomination in:

- OneCare Super

Please complete this form in **capital letters** using black or blue pen. You can also complete the form via your computer as the fields are editable.

You can make nominations for multiple memberships held under your name in OneCare Super using this form. Simply provide the additional member number in the Member details section below.

Non-Lapsing nomination

To make a Non-Lapsing nomination you must sign **section 4a**. No witnesses' signatures are required in **section 4b**.

Lapsing nomination

To make a Lapsing nomination, or revoke your existing nomination, you and two witnesses must sign **section 4a** and **4b** respectively.

All Nominations

Any alterations to your form must be initialled by you and both witnesses (if applicable).

In completing the proportions of benefits, your nominations must add up to 100% (no fractions or decimals). If the proportions do not equal 100%, you will be asked to complete a new form.

Please complete this form and send it to:

- **OnePath, Locked Bag 994, North Sydney NSW 2059;**
- **Email: client.onepath@zurich.com.au**

1. Member details

Member number	<input type="text"/>	<input type="text"/>
Additional member number (if any)	<input type="text"/>	<input type="text"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
	Dr <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>	
Residential address (this cannot be a PO Box)	<input type="text"/>	
Suburb/Town	<input type="text"/>	State <input type="text"/>
		Postcode <input type="text"/>
Phone (during business hours)	<input type="text"/>	
Email	<input type="text"/>	

2. Nomination instruction

Important Note: Change of terminology

The names of the death benefit nomination types have changed.

A reference to a "binding nomination" in previous communications is now to a **Lapsing** nomination.

If you make a **Lapsing** nomination, that satisfies all legal requirements, the Trustee must pay your death benefit to the beneficiaries you have nominated and in such proportions you have specified. A **Lapsing** nomination will lapse after three (3) years, unless you reconfirm, or make a new nomination.

A reference to a "non-binding nomination" in previous communications is now to a **Non-Lapsing** nomination.

This is a nomination of beneficiary(ies) which, if it satisfies all legal requirements, will not expire by the passage of time and which the Trustee will ordinarily pay your death benefit to your nominated beneficiary(ies) in such proportion(s) as specified by you.

You must **select one (x)** of the following:

<p>New nomination – making a new nomination will replace any existing Lapsing or Non-Lapsing nominations.</p> <p><input type="checkbox"/> I would like to make a new Lapsing nomination. You and two witnesses must complete sections 3, 4a and 4b respectively.</p> <p><input type="checkbox"/> I would like to make a new Non-Lapsing nomination. You must complete sections 3 and 4a.</p>	OR	<p>Reconfirm</p> <p><input type="checkbox"/> I would like to reconfirm my existing Lapsing nomination. Complete section 4a where the nomination is yet to expire. Section 4b will be required where the Lapsing nomination has expired.</p>	OR	<p>Revoke</p> <p><input type="checkbox"/> I would like to revoke my existing Lapsing nomination without replacing it. You and two witnesses must complete sections 4a and 4b respectively.</p> <p><input type="checkbox"/> I would like to revoke my existing Non-Lapsing nomination without replacing it. Complete section 4a only.</p>
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When you select a new nomination this overrides your existing nomination.

3. Beneficiary details

You can only nominate your legal personal representative (your estate), and/or a person(s) who is a dependant, to receive your death benefit. Please refer to the OneCare Super PDS for more information. Your existing beneficiary nomination (if any) will be revoked and replaced by the new beneficiary nomination details you provide here. You should inform any nominated beneficiary that their details will be provided to OnePath, the Trustee and the Fund.

Beneficiary 1

Full name of nominated beneficiary

Relationship to member
(pick one)

Date of birth (dd/mm/yyyy)

Preference how the amount insured is to be paid*

Residential address
(this cannot be a PO Box)

Suburb/Town

1. My Legal Personal Representative (My Estate)

and/or nominated beneficiary(ies) below.

If you do not want your Estate as a beneficiary, please complete details starting from Beneficiary 2.

Not applicable

Not applicable

Lump sum Lump sum only

Proportion of death benefit to be paid (no fractions or decimals)^ %

Income stream Lump sum only

State Postcode

Beneficiary 2

Full name of nominated beneficiary
(including title e.g. Ms)

Relationship to member
(pick one)

Date of birth (dd/mm/yyyy)

Preference how the amount insured is to be paid*

Residential address
(this cannot be a PO Box)

Suburb/Town

Please print in CAPITAL LETTERS

Spouse Child Financial dependant Interdependency relationship#

/ /

Proportion of death benefit to be paid (no fractions or decimals)^ %

Lump sum

Income stream

State Postcode

Beneficiary 3

Full name of nominated beneficiary
(including title e.g. Ms)

Relationship to member
(pick one)

Date of birth (dd/mm/yyyy)

Preference how the amount insured is to be paid*

Residential address
(this cannot be a PO Box)

Suburb/Town

Please print in CAPITAL LETTERS

Spouse Child Financial dependant Interdependency relationship#

/ /

Proportion of death benefit to be paid (no fractions or decimals)^ %

Lump sum

Income stream

State Postcode

Beneficiary 4Full name of nominated beneficiary
(including title e.g. Ms)

Please print in CAPITAL LETTERS

Relationship to member
(pick one)Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)^ %

Preference how the amount insured is to be paid*

Lump sum Income stream Residential address
(this cannot be a PO Box)

Suburb/Town

 State Postcode **Beneficiary 5**Full name of nominated beneficiary
(including title e.g. Ms)

Please print in CAPITAL LETTERS

Relationship to member
(pick one)Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)^ %

Preference how the amount insured is to be paid*

Lump sum Income stream Residential address
(this cannot be a PO Box)

Suburb/Town

 State Postcode **Beneficiary 6**Full name of nominated beneficiary
(including title e.g. Ms)

Please print in CAPITAL LETTERS

Relationship to member
(pick one)Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)^ %

Preference how the amount insured is to be paid*

Lump sum Income stream Residential address
(this cannot be a PO Box)

Suburb/Town

 State Postcode **Beneficiary 7**Full name of nominated beneficiary
(including title e.g. Ms)

Please print in CAPITAL LETTERS

Relationship to member
(pick one)Spouse Child Financial dependant Interdependency relationship#

Date of birth (dd/mm/yyyy)

Proportion of death benefit to be paid (no fractions or decimals)^ %

Preference how the amount insured is to be paid*

Lump sum Income stream Residential address
(this cannot be a PO Box)

Suburb/Town

 State Postcode **TOTAL**%

* Please note that the Trustee has the discretion as to how the amount insured is to be paid. An income stream may only be paid to a dependant. Any amount paid to an estate is paid as a lump sum. The total of your beneficiary nominations, including your legal personal representative (your estate) must be 100%. Where you wish to nominate more beneficiaries, please photocopy this page and attach to your completed form.

Two people (whether or not related by family) have an 'interdependency relationship' if:

- they have a close personal relationship; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship can also exist where two people who (whether or not related by family) have a close personal relationship but do not meet the other criteria listed above because either or both of them suffer from a physical, intellectual or psychiatric disability or they are temporarily living apart. The Trustee will rely on superannuation laws to determine the circumstances that two persons have an interdependency relationship.

^ If you have 3 beneficiaries the proportion of death benefit to be paid is 34%, 33% and 33%.

4a. Member Declaration

By signing this form, I confirm that:

- 1 I have read and understood the 'Death Benefit' in the 'OneCare Super' section of the OneCare Super PDS issued by OnePath Custodians, the trustee of the Retirement Portfolio Service.
- 2 I understand that if I choose to make a **Non-Lapsing** nomination, that satisfies all legal requirements, the Trustee may pay my death benefit to my nominated beneficiaries and in such proportions as I have specified.
- 3 I understand that if I choose to make a **Lapsing** nomination:
 - if I do not confirm or amend my nomination, or make no fresh nomination within three years of the date I make the most recent valid nomination, then my nomination will lapse;
 - my benefit will not be payable in accordance with my **Lapsing** nomination if it is cancelled or is invalid and instead, will be payable as set out in the OneCare Super PDS.
- 4 I understand that this nomination only applies to the relevant OneCare Super membership associated with the member numbers identified on this form.
- 5 By completing this form, I acknowledge it is my responsibility to ensure that each person I have nominated as a beneficiary is made aware that:
 - they have been nominated as a beneficiary;
 - OnePath and the Trustee hold a record of their personal information for this purpose;
 - they may request access to their information by calling Customer Care on 133 667.
- 6 I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policies and the Privacy Statement(s) contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onpath.com.au/about-us/privacy-policy and OnePath Custodians' Privacy Policy is available at onpathsuperinvest.com.au/about-us/privacy-policy
- 7 I authorise OnePath and OnePath Custodians to use my personal information to send me information about other products and services that may be of interest to me. I understand that I may phone Customer Care on 133 667 to advise that I do not want OnePath or OnePath Custodians to use my information for marketing purposes.
- 8 I agree that my beneficiaries and I are bound by the provisions of the relevant trust deed.
- 9 I acknowledge that Zurich is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the Insignia Financial Group of Companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group). Zurich and OnePath Custodians are not related bodies corporate.

Signature of member

(Sign clearly within the box)

Date (dd/mm/yyyy)

Print name

4b. Witness declaration

This section must be completed if you are making a Lapsing nomination and/or have chosen to revoke an existing Lapsing nomination.

Declaration: I am /We are 18 years or over; I am /we are not a named beneficiary on this form; and the member signed and dated this form in the presence of both of us.

Full name of witness 1

(Print in capital letters)

Signature of witness 1

(Sign clearly within the box)

Date (dd/mm/yyyy)

The date of the member and witness signatures must be the same.

Full name of witness 2

(Print in capital letters)

Signature of witness 2

(Sign clearly within the box)

Date (dd/mm/yyyy)

The date of the member and witness signatures must be the same.