

Binding Death Nomination of Beneficiaries



ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF QIEC Super

YES NO

QIEC Super MEMBER NUMBER

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Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

PART A - PERSONAL DETAILS

DATE OF BIRTH

				/			/							
--	--	--	--	---	--	--	---	--	--	--	--	--	--	--

TITLE

<input type="checkbox"/>	MR	<input type="checkbox"/>	MS	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MISS
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GENDER

<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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FIRST NAME

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MIDDLE NAME

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FAMILY NAME

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RESIDENTIAL ADDRESS

STREET NUMBER

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STREET NAME

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SUBURB/TOWN

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STATE

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POSTCODE

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POSTAL ADDRESS (If same as above, write "as above")

PO BOX

--	--	--	--	--	--	--	--

SUBURB/TOWN

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STATE

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POSTCODE

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EMAIL AND PHONE DETAILS

EMAIL ADDRESS

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SECOND EMAIL ADDRESS

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YOUR TELEPHONE NUMBER

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MOBILE NUMBER

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PART B - BINDING DEATH NOMINATION OF BENEFICIARIES

A Binding Death Nomination allows you to nominate one or more beneficiaries to receive your benefits in the event of your death. All nominations must have two witnesses who are at least age 18 and who are not nominated as beneficiaries. Your nomination will be binding on QIEC Super in the event of your death if it meets the conditions outlined on this form and is accepted and approved by the Trustee.

Nomination Status: New Nomination Amendment Cancel Nomination Confirm existing Nomination

In the event of my death, I direct the Trustee of QIEC Super to pay my death benefit from QIEC Super in accordance with the following directions:

Surname	Given Name	Date of Birth	Relationship	% Allocation

Total must equal 100% or this nomination will not be valid. When making a decision on the beneficiary(s) you wish to nominate please read the important information overleaf. If your nomination does not meet these conditions it will be invalid and your death benefit will be dealt with in accordance with the Trustee's decision based on the information received at the time of your death.

RETURN COMPLETED FORM TO: QIEC SUPER PO BOX 2130 MILTON QLD 4064

