

BT Lifetime – Personal Super BT Retirement Selection – Personal Super Plan Nomination of Beneficiaries

BT Contact Centre © 132 135 (8am-6.30pm Mon-Fri, Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the trustee of BT Lifetime – Personal Super ABN 83 953 436 008 RSE R1003864 and BT Retirement Selection – Personal Super ABN 39 827 542 991 RSE R1001327

Use this form to nominate a beneficiary to receive your superannuation benefit in the event of your death. You can choose to make a non-binding or binding nomination. See below for the difference between the types of nominations.

If you do not make a valid nomination, your benefit will be paid to your Legal Personal Representative (ie the executor or administrator of your estate).

We recommend you seek professional advice before making a nomination.

WHO CAN YOU NOMINATE

WHO CAN RECEIVE YOUR BENEFIT IN THE EVENT OF YOUR DEATH?

Your benefit can be paid to:

- vour Estate, or
- · nominated beneficiary(ies), or
- a combination of your Estate and your nominated beneficiary(ies).

Any beneficiary you nominate must be either your Legal Personal Representative (ie the executor or administrator of your estate) or dependant at the date of your death.

WHO QUALIFIES AS A DEPENDANT?

Your dependants are:

- your spouse
- your child
- a person with whom you have an interdependency relationship (see below for definition)
- a person who is financially dependent on you.

WHAT IS AN INTERDEPENDENCY RELATIONSHIP?

An interdependency relationship is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other.

An interdependency relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

NOMINATE OPTIONS

NON-BINDING NOMINATION

- This is a preferred nomination only. The Trustee will take into consideration any nomination you make, however, in this case, the Trustee
 has final discretion in deciding to whom, from among your dependants and Legal Personal Representative, and in what proportions, to
 pay your superannuation benefit when you die.
- Valid for the entire term you are a member, unless another valid nomination (binding or non-binding) is lodged with the Trustee.
- Requires no witness signatures.
- Will not override a previous valid binding nomination. To cancel a previous binding nomination, tick 'Revoke a current nomination' in section 1 of the form.

What you need to do - Complete the form on page 2, except for the witness signatures (section 5), and send the form to BT.

BINDING DEATH BENEFIT NOMINATION

- When you make a valid binding nomination, you decide who receives your benefit when you die, and how much of the benefit they receive.
- A binding nomination is valid for three years from the date that it is made. This nomination will revert to being non-binding after a three-year period if the nomination is not confirmed and no new nomination is made.
- Requires two witness signatures. Witnesses must be aged over 18, must not be one of your nominated beneficiaries and must be present
 when you sign the form. If the witnesses sign and date the form on a different date to your signature, the nomination will be invalid.
- An invalid binding nomination will be treated as a non-binding nomination by the Trustee and will not revoke or replace an existing, valid binding nomination.
- If your nomination is clearly invalid (completed incorrectly), the Trustee may contact you, to permit you to re-submit a valid nomination.
- If any beneficiary does not meet the appropriate criteria in the 'Who you can nominate' section, as at the date of your death, they will not
 be entitled to receive a share of your benefit. In this case, you request us to pay their share(s) to the remaining nominees based on their
 proportional entitlements to your benefit.

What you need to do - Complete the form on page 2, including the two witness signatures (section 5), and send the form to BT.

NO NOMINATION

If you choose not to nominate a beneficiary, your benefit will be paid to your Legal Personal Representative.

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| 1. NOMINATION DETAILS | | | | | | | |
|--|--|----------------------------------|----------------|-------------------------------|----------------------------------|--------------|---------------|
| What would you like to do? | | | | | | | |
| Make a new nomination | Complete Sections 1, 2, 3 and 4. Also complete section 5 if making a binding nomination. | | | | | | |
| Revoke a current binding nomination | Complete Sections 1, 2, 4 and 5. | | | | | | |
| Confirm an existing nomination | Complete Sections 1, 2 and 4. | | | | | | |
| 2. INVESTOR DETAILS | | | | | | | |
| Investor number | Date of birth (dd/mm/yyy | | | | Daytim | ne phone nun | nber |
| С | | | | | (|) | |
| Surname | | ne(s) | | | Gender | | |
| | | | | | | Male | Female |
| Address | | | | | | | |
| | | | | | State | Postcode | |
| 3. NOMINATING YOUR BENEFICIARIES | | | | | | | |
| You can nominate up to five beneficiaries, inclu | ıding your Legal Pe | rsonal Represe | ntative For mo | ore informat | ion on who voi | u can nomina | te see page 1 |
| If any beneficiary nominated is no longer yo | • • • | • | | | _ | | |
| receive a share of your benefit. Who would you like your benefit to be paid | to in the event of | vour doath? | | | | | |
| Please use whole figures when specifying t | | | ination must | equal 100% | %. | | |
| Full name of beneficiary | Date of birth | % of benefit | | Re | sidential addı | ess | |
| 1. | / / | % | | | | | |
| | 1 1 | 76 | | | | | |
| 2. | / / | % | | | | | |
| | 1 1 | ,, | | | | | |
| 3. | / / | % | | | | | |
| | 1 1 | , , | | | | | |
| 4. | / / | % | | | | | |
| | | | | | | | |
| And/or Legal Personal Representative (I | % | | | | | 1.1000/ | |
| TOTAL 100 % Request will be INVALID if benefit allocation does not equal 100%. | | | | | | | |
| 4. INVESTOR SIGNATURE | 5. BINDING | NOMINATION | S | | | | |
| Signature of Investor TWO witnesses must sign in the presence of the member to make or revoke a binding | | | | | | | |
| | ination. <i>Note</i> | your nomin | | | _ | elow. — | |
| | Signature of | Witness 1 | | Sig | nature of Wit | ness 2 | |
| Note: Binding nomination will be INVALID if investor and witnesses sign on different | | | | | | | |
| dates. | Full name of Witness 1 | | | _ ∟ Ful | I name of Wi t | ness 2 | |
| Date Must be same date | | | | | | | |
| ■ as witness ■ signature. | Date | | Must be | Da | te | | Must be |
| | | same date as investor signature. | | | same date as investor signature. | | |
| C CUECULICE | | | = Jigilatul C | • | | | - orginature. |
| 6. CHECKLIST Ensure beneficiaries have not signed as witnesses | | | | | | | |
| Does the allocation of benefits total 100% | | | | nit this form | - | | |
| If making or revoking a binding nom | form been s | ianed | | T Financial Greeply Paid 267: | | SW 2001 | |
| by two witnesses? | | | | | | | |
| Have the Investor and witnesses signed and dated the form at the same time? 02-30-040-03 | | | | | | | |

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