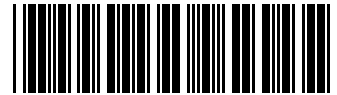


FirstChoice Pension Products Reversionary Beneficiary Form



Use this form to nominate, replace or revoke (remove) a reversionary beneficiary (pension to continue to be paid after your death) on your existing FirstChoice Pension or FirstChoice Wholesale Pension account.

SAVE FORM

PRINT FORM

Please note: You cannot use this form to add or remove a reversionary beneficiary to a Term Allocated Pension or Personal Pension Plan account.

Please phone Colonial First State Investor Services on **13 13 36** with any enquiries.

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

1 INVESTOR DETAILS

Account number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Contact phone number

2 REVERSIONARY BENEFICIARY DETAILS

Complete this section if you wish to nominate a reversionary beneficiary. This nomination will override any existing death benefit nomination, including any existing reversionary beneficiary nomination. Note: you cannot have a reversionary beneficiary and non-lapsing death benefit nomination at the same time. If we also receive a non-lapsing death benefit nomination with this reversionary beneficiary form, the reversionary beneficiary nomination will take priority if both nomination forms have the same date. Otherwise the request with the later date will prevail.

Reversionary beneficiary details

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth

 (dd/mm/yyyy)

Gender

Male Female

Relationship to investor

Work phone number

Home phone number

Postal address

Unit number Street number PO Box

Street name

Suburb

State Postcode

Country

Email

3 REVOKE (REMOVE) REVERSIONARY BENEFICIARY

Complete this section to revoke (remove) a previously nominated reversionary beneficiary. You **do not** need to complete this section if you have nominated a new reversionary beneficiary in section 2.

Revoke (remove) existing reversionary beneficiary nomination

4 DECLARATION

I understand/declare that:

- if this nomination is accepted by Colonial First State any existing death benefit nomination (for example, a non-lapsing death benefit nomination) or existing reversionary beneficiary nomination will be revoked (removed) and replaced by the nomination in this form
- any beneficiary nominated by me must be a dependant within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act) and must also be a dependant who is eligible to receive my death benefit as a reversionary pension. For this purpose, eligible dependants include (a) my spouse, (b) a child under 18, (c) a child aged 18 to less than 25 who is also financially dependent on me, (d) a child aged 18 or over who is permanently disabled at the time of my death, (e) any other person financially dependant on me at the time of my death or (f) a person with whom I am in an interdependency relationship at the time of my death
- at the time of making this nomination, the reversionary beneficiary nominated by me is a relevant dependant within the meaning of the SIS Act
- if my nomination is invalid in whole or in part, or cannot be followed for any reason or because a reversionary beneficiary is no longer a dependant at the date of my death, then my benefit will be paid to my legal personal representative
- my reversionary beneficiary and I will be bound by the provisions of the trust deed relating to reversionary beneficiary nominations
- I may at any time revoke (remove) or replace a reversionary beneficiary nomination in accordance with Colonial First State procedures
- this reversionary beneficiary nomination applies to the account number on this form
- I have read the PDS and agree to be bound by the provisions of the trust deed governing the fund (as amended from time to time)
- I am over the age of 18

I acknowledge that Colonial First State and/or its related entities ('the Group') will not be liable to me or other persons for any loss suffered (including consequential loss) where transactions are delayed, blocked, frozen or where the Group refuses to process a transaction or ceases to provide me with a product or service.

Original signature of investor

Print name

Date signed

dd/mm/yyyy

Please send the completed form to:

Colonial First State

Reply Paid 27, Sydney NSW 2001

or via the secure online system (e-Post) via FirstNet Investor and FirstNet Adviser

Important information about reversionary beneficiaries

What is a reversionary beneficiary?

A reversionary beneficiary is the person you nominate to continue to receive your pension upon your death. You can nominate your reversionary beneficiary at the time of commencing your pension or any time after. Alternatively, you can make a non-lapsing death benefit nomination, which is a request by you to the trustee of FirstChoice to pay your death benefit to the person or persons nominated on your non-lapsing death benefit nomination form.

Who can I nominate as a reversionary beneficiary?

You can only nominate someone who is considered to be your dependant under superannuation legislation and is also a dependant who is eligible to receive a death benefit as a reversionary pension. This includes your spouse, child (see below for restrictions), financial dependant or person with whom you are in an interdependency relationship.

Please note: It is only possible to pay a death benefit in the form of a pension to your child if the child is, at the time of your death:

- under 18, or
- aged 18 to less than 25 and financially dependent on you, or
- aged 18 or over and disabled.