Binding death benefit nomination to a Child Income account



Please complete and sign this form and return by:

Mail to: BUSSQ GPO Box 2775, Brisbane Qld 4001

Need help? If you require help completing this form call **1800 692 877** or email super@bussq.com.au.

1 Personal details			
BUSSQ member number (if known) Date of k	oirth (dd/mm/yyyy)		
Mr/Mrs/Ms/Miss Given names		Surname	
Contact number or mobile	Email		
		/ -	
Street number Street address	5	uburb/Town	Stat Postcode
2 Binding death nomination to ch	ild income bene	ficiaries	
A binding death benefit nomination to a Child Incoevent of your death. Attach a list if the space belo	w is not sufficient. You	ır nomination will be binding on t	
it meets the conditions outlined on this form and is	s accepted and appro	ved by the Trustee.	
Please note when filling out this section	on of the form:		
Make sure the beneficiary you nominate is you not	vour dependant. Your	nomination remains valid for thr	ree vears from the date it is made.
 Total must equal 100% or this nomination v When making a decision on the beneficiary 	will not be valid. Only	whole percentages will be accep	oted.
If your nomination does not meet these con			
Nomination Status New Nomination (complete all sections)	Cancel existing nom	nination (complete sections 1 and 3 only)
In the event of my death, I direct the Trustee to pa	ıy my Death benefit fro	om BUSSQ to the individual(s) I h	ave nominated below:
First child's full name		Fifth child's full name	
Date of birth (dd/mm/yyyy)	mush2 %	Date of birth (dd/mm/yyyy)	How much?
	much?	C: 11 1:11 5 11	How much?
Second child's full name		Sixth child's full name	
Date of birth (dd/mm/yyyy)		Date of birth (dd/mm/yyyy)	
How	much? %		How much? %
Third child's full name		Seventh child's full name	
Date of birth (dd/mm/yyyy)	O/	Date of birth (dd/mm/yyyy)	O/
	much?%		How much?%
Fourth child's full name		Eighth child's full name	
Date of birth (dd/mm/yyyy)		Date of birth (dd/mm/yyyy)	
	much? %		How much? %

TOTAL MUST EQUAL 100%

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Authorisation and Declaration

Important Information

Once you have made your nomination and a fully completed form has been received by the Trustee, the nomination is legally binding so long as it remains valid. The Trustee of BUSSQ must act in accordance with your nomination of beneficiaries. There are strict rules on how a binding nomination of beneficiaries must be made, amended or cancelled by a member. Please note the following conditions that apply to binding nominations of beneficiaries:

- Nominations and amendments can only be accepted on a form which is approved by the Trustee. This form is an approved form.
- A beneficiary is defined as your dependant child including biological, adopted and step-children under the age of 18.
- If at the time of death your nominated beneficiary is not a dependant under the above definition, your nomination will be invalid. If you require assistance with your nomination, BUSSQ recommends that you seek guidance from your legal representative.
- You must specify the proportion of your benefit each beneficiary is to be paid and allocate the total benefit, on this form. If your allocation does not total 100% the entire nomination will be invalid.
- The nomination must be signed by you and two witnesses, both of whom must be at least 18 years of age and not nominated as beneficiaries.
- Your nomination remains valid for three years from the date it is made. Each year the Trustee will notify you of the details of your nomination and its expiry date on your Member Statement.
- Your nomination may be renewed or amended at any time by submitting a new approved form to the Trustee. The new nomination will be valid for three years from the date it is made and replace any previous nomination.
- It is your responsibility to keep your nomination up to date by completing a new form every three years. Where your nomination is valid and in effect at the date of your death, the Trustee must pay your Death Benefit in accordance with your nomination. If your preferred beneficiaries change or you have more children you should complete a new form.
- If you do not nominate a beneficiary or your nomination has expired, has been cancelled, has not been received by the Trustee before your death, or is otherwise invalid, the Trustee will determine who receives your Death Benefit.
- Before entering into a Binding Death Benefit Nomination you should seek professional advice to understand the tax consequences and consider the suitability of the nomination for your specific needs.
- The information in this form is general information only and does not take into account your individual objectives, financial situations or needs.

Witness A – I declare that the below Declaration was signed and dated by the member in my presence and that I am aged 18 years and over and am not a nominated beneficiary of the member. Full name of witness A Signature of witness Dated (dd/mm/yyyy) Vitness B – I declare that the below Declaration was signed and dated by the member in my presence and that I am aged 18 years and over and am not a nominated beneficiary of the member. Full name of witness B Signature of witness Dated (dd/mm/yyyy)
Signature of witness Dated (dd/mm/yyyy) Witness B – I declare that the below Declaration was signed and dated by the member in my presence and that I am aged 18 years and over and am not a nominated beneficiary of the member. Full name of witness B Signature of witness
Dated (dd/mm/yyyy) Witness B – I declare that the below Declaration was signed and dated by the member in my presence and that I am aged 18 years and over and am not a nominated beneficiary of the member. Full name of witness B Signature of witness
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and over and am not a nominated beneficiary of the member. Full name of witness B Signature of witness
and over and am not a nominated beneficiary of the member. Full name of witness B Signature of witness
Signature of witness
Dated (dd/mm/yyyy)
NOTE: THIS FORM MUST BE WITNESSED AT THE TIME IT IS SIGNED AND DATED BY THE MEMBER
Member Declaration
. 40014.0 4.144.
 I have read the BUSSQ Privacy Policy and understand how the Trustee intends to protect and use the information that I send them. I have read and understand the Important Information contained in this form.
Signature of applicant
Dated (dd/mm/yyyy)

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