

Binding death nomination

Non-lapsing nomination

Complete this form to submit, change or cancel a non-lapsing binding death nomination.

Important information

For this form to be valid, the witness and member declarations must be physically signed. We do not accept digital or electronic signatures.

All sections of this form must be completed prior to submitting this form to us.

Please read the binding death nomination information available at gesb.wa.gov.au/bdn.

Section 1 Your details

GESB member number

Mr Mrs Miss Ms Other

Surname (family name)

Given name(s)

Date of birth / /

Postal address

Postcode

Email address

Telephone – home

 ()

Telephone – work

 ()

Telephone – mobile

Section 2 Submitting or cancelling a nomination

Please confirm if you are making a new nomination or cancelling an existing nomination.

Please tick (✓) one box below only.

- Submitting a new nomination
- Cancelling my existing nomination
(If you select this option, move on to section 5.)

Section 3 Select the account(s) this nomination applies to

Tick the account(s) you would like to include in this binding death nomination.

Note: if you have multiple accounts with us and want to nominate different beneficiaries for each account, you'll need to complete a separate form for each account.

- All of my GESB accounts
- GESB Super account
- West State Super account
- Gold State Super account
- Transition to Retirement or RI Allocated Pension account
- RI Term Allocated Pension account

Note: Retirement Income Pension accounts may have either a reversionary beneficiary OR a binding death nomination. If you already nominated a reversionary beneficiary as part of your Retirement Income Pension or RI Term Allocated Pension account, you cannot make a binding death nomination for that account.

If you would prefer to have a binding death nomination, you'll need to close your current account and commute your pension to a new account (please note this could have tax implications).

Section 4 Beneficiary details

For your nomination to be valid:

- Each beneficiary you list over page must fit into one of the categories listed below
- The percentage nominated to the beneficiaries must total to 100%
- You can only nominate a percentage to two decimal places. Please make sure your allocated amounts total 100%. For example, if you nominate three beneficiaries and allocate 33.33% to each, your nomination is not valid as this only adds up to 99.99% of your benefit

If you want to nominate more than five beneficiaries, please print another copy of page 2, add in the details of your additional beneficiaries, and attach the page to this form.

Beneficiaries can include:

- Your spouse (including de facto and same sex couples)
- Your children (including step, adopted or ex-nuptial children)
- Any person(s) financially dependent on you
- Your legal personal representative, which means the executor or administrator of your estate, or
- An interdependent (someone who lives with you and shares a close personal relationship where one or both of you provide for the financial and domestic support and personal care of the other)



Section 4 Beneficiary details (continued)

Details of beneficiary #1

Full name

Date of birth

Telephone

Residential address

Postcode

Beneficiary's relationship to you:

- Spouse
- Child
- Financially dependent
- Financially interdependent
- Legal personal representative

Percentage of benefit: . %

Note: total allocated to all beneficiaries must add to 100%.

Details of beneficiary #2

Full name

Date of birth

Telephone

Residential address

Postcode

Beneficiary's relationship to you:

- Spouse
- Child
- Financially dependent
- Financially interdependent
- Legal personal representative

Percentage of benefit: . %

Note: total allocated to all beneficiaries must add to 100%.

Details of beneficiary #3

Full name

Date of birth

Telephone

Residential address

Postcode

Beneficiary's relationship to you:

- Spouse
- Child
- Financially dependent
- Financially interdependent
- Legal personal representative

Percentage of benefit: . %

Note: total allocated to all beneficiaries must add to 100%.

Details of beneficiary #4

Full name

Date of birth

Telephone

Residential address

Postcode

Beneficiary's relationship to you:

- Spouse
- Child
- Financially dependent
- Financially interdependent
- Legal personal representative

Percentage of benefit: . %

Note: total allocated to all beneficiaries must add to 100%.

Details of beneficiary #5

Full name

Date of birth

Telephone

Residential address

Postcode

Beneficiary's relationship to you:

- Spouse
- Child
- Financially dependent
- Financially interdependent
- Legal personal representative

Percentage of benefit: . %

Note: total allocated to all beneficiaries must add to 100%.

Section 5 Witness declaration

For your nomination or cancellation to be valid, this form needs to be signed by two witnesses over the age of 18 who are not nominated beneficiaries on this form.

Witnesses must sign and date this form in the presence of the member, on the same date.

If you are planning on submitting your form in person it must be signed by your witnesses before handing the form to us. We can't witness this form for you.

By signing below, each witness declares that:

- I am over 18
- I am not a beneficiary nominated on this form
- The member signed this binding nomination or cancellation in my presence

Declaration of witness one:

Print name

Date of birth

Telephone

Signature

Date

Note: this MUST be the same date that the form is signed by the member.

Declaration of witness two:

Print name

Date of birth

Telephone

Signature

Date

Note: this MUST be the same date that the form is signed by the member.

More information

For more information about submitting your binding death nomination, please contact your Member Services Centre on 13 43 72.

Section 6 Member declaration

- I acknowledge that if I provide invalid information, my binding death nomination will not be accepted by GESB
- I understand my nomination will only be valid if the beneficiaries listed on this form are my spouse, child, financial dependant or interdependent, or the legal representative of my estate when I die
- I understand that this is a non-lapsing nomination
- I understand I can change or cancel my nomination at any time by following this process again and providing the updated information
- If this nomination is invalid or has not been received by GESB when I die, the benefit will be paid to my estate in accordance with GESB's governing legislation and regulations
- I understand GESB accepts no responsibility for the correct nomination of beneficiaries
- I understand GESB does not provide financial advice, and I can seek professional financial and taxation advice to discuss my personal circumstances
- I declare that the information supplied on this form is true and correct to the best of my knowledge

Your signature

Date

Note: this MUST be the same date that the form is signed by the witness.

Section 7 Post your form to us

Please check that all relevant parts of this form have been completed before you post your form to us at:

GESB
PO Box J 755
Perth WA 6842