

# NON-LAPSING DEATH BENEFIT NOMINATION

## VOYAGE SUPERANNUATION MASTER TRUST



Oasis Fund Management Limited (Trustee) ABN 38 106 045 050 AFSL 274331 RSE L0001755 is Trustee of the Oasis Superannuation Master Trust (Trust) ABN 81 154 851 339, RSE R1004939

Use this form to nominate a beneficiary for your superannuation benefits to be paid upon your death.

**Important information:** If you submit this form electronically, please allow two business days for your request to be assessed by the trustee, and if approved your beneficiary details updated.

**Before you make a nomination remember:** You can nominate your legal personal representative and/or one or more of your dependants as defined under superannuation law. Nominations are only valid if the person(s) selected below are eligible at the time of death of the member. If no valid nomination is made the Trustee will pay your benefit to your Legal Personal Representative as outlined in the Product Disclosure Statement (PDS).

PLEASE USE BLACK INK AND PRINT IN CAPITALS. MARK BOXES WITH AN [X] WHERE APPLICABLE.

# 1

## Personal details

Title:  Full name:

Account number:

If you have more than one account held in Voyage Superannuation Master Trust, please list the account numbers that this nomination applies to below. If you do not specify any accounts, your nomination will apply only to the account nominated above, or to the account opened from the application that this form is attached to. If an account for which a nomination applies is subject to a super to pension transfer (or vice versa), you may elect at the time of the transfer to extend this nomination to the new account created as part of that transfer.

This nomination is to apply to all my existing Voyage Superannuation Master Trust accounts, or

This nomination applies to the accounts listed below:

# 2

## Nomination

**IMPORTANT – BEFORE YOU COMPLETE THIS SECTION:** To establish a valid nomination ensure no alterations are made on this form. **Please ensure the death benefits total 100%.**

**Upon my death I direct Oasis Fund Management Limited in its capacity as trustee of the Oasis Superannuation Master Trust to distribute my account balance as follows:**

Nominee 1 full name:

Share of death benefit:  %

- If you have nominated **100%** of the benefit allocation to your Legal Personal Representative in the **Share of death benefit** box above, do not complete any further nominations ► **go to section 3**
- If you choose not to nominate your Legal Personal Representative (your estate), please specify **0%** in the **Share of death benefit** box above and complete the following nominee details below

Nominee 2 full name:

Nominee's relationship to you:  Spouse  Child  Interdependant\*  Financial dependant Gender:  Male  Female

Date of birth:    Is a child pension required?  Yes  No Share of death benefit:  %

Nominee 3 full name:

Nominee's relationship to you:  Spouse  Child  Interdependant\*  Financial dependant Gender:  Male  Female

Date of birth:    Is a child pension required?  Yes  No Share of death benefit:  %

## Nomination (continued)

Nominee 4 full name:

Nominee's relationship to you:  Spouse  Child  Interdependant\*  Financial dependant Gender:  Male  Female

Date of birth:    Is a child pension required?  Yes  No Share of death benefit:  %

Unless a child pension has been specified your death benefit will be paid in a form determined by the Trustee after your death and having consulted your beneficiaries. Where one or more child pensions are specified please also complete a child pension schedule, available from your adviser or [oasis.wrapinvest.com.au/voyage](https://oasis.wrapinvest.com.au/voyage)

Total death benefits:  %

**If you have insufficient room to list all beneficiaries, please complete an additional Non-lapsing death benefit nomination form and attach to this form.**

\* Two persons (whether or not related by family) have an interdependency relationship if:  
 a) they have a close personal relationship, and b) they live together, and c) one or each of them provides the other with financial support, and d) one or each of them provides the other with domestic support and personal care.  
 If two persons (whether or not related by family) satisfy the requirement of (a); and they do not satisfy the other requirements of an interdependency relationship above; and the reason they do not satisfy the other requirements is that either or both suffer from a physical, intellectual or psychiatric disability; they have an interdependency relationship.

## 3 Declaration

- Amendments to your nomination **cannot be accepted** (in the event of an error please complete a new form).
- **In section 2, the total death benefit must total 100%.**
- This form **must** be signed by the member and both witnesses **at the same time.**
- **This form cannot be signed under Power of Attorney**

- I understand that this nomination will be binding on the trustee if the trustee consents to it and will be valid until they consent to a valid change of nomination from me.
- I understand this nomination replaces any previous nomination/s provided by me to the trustee.
- I understand that if I have revoked a previous nomination and wish to make a new nomination in the future, I will need to complete a new form.
- I agree to retain the original form if I am submitting this form to Voyage via electronic means and will provide to Voyage upon request.
- I acknowledge that if my nomination specifies one or more child pensions on behalf of my children that my nomination

cannot be accepted by the trustee until a child pension schedule is also completed for each child that I have nominated to receive a child pension.

- I acknowledge that if any of the accounts specified in this form are subject to a super to pension transfer (or vice versa), I can give a further instruction to the trustee to extend my nomination to the newly created account(s) without submitting a new form.

Signature:

Declaration date:

Title:

Name:

**Your signature must be witnessed by two people, each of whom is 18 years or older and is not named as a nominee on the form.**

Before me, on the date indicated above as the Declaration Date.

Signature of first witness (in black ink)

Title:

Name:

Before me, on the date indicated above as the Declaration Date.

Signature of second witness (in black ink)

Title:

Name:

**CHECKLIST:** To ensure that your non-lapsing death benefit nomination is processed correctly, please complete the checklist below.

**Please ensure you have:**

- completed all of your personal details and your beneficiaries' details
- signed and dated the declaration
- your two witnesses' completed details and signatures
- completed a child pension schedule (available from your adviser), if you have nominated a child pension in section 2.

Please complete and return the form to **Voyage, GPO Box 3154, Sydney NSW 2001**, or via email to [voyage@wrapinvest.com.au](mailto:voyage@wrapinvest.com.au). If you have any queries about completing this form please contact us on **1800 892 353**.