

Nomination of beneficiaries

OneCare Super in OnePath MasterFund

6 November 2016

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

OnePath Custodians Pty Limited (Trustee)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

OnePath MasterFund (the Fund)

ABN 53 789 980 697 RSE R1001525

242 Pitt Street, Sydney NSW 2000

Customer Services

Phone 133 667

Fax 02 9262 5319

Email customer.risk@onepath.com.au

Website onepath.com.au

This form should be completed to nominate who will be paid in the event of your death. For information on nominating a beneficiary on your OneCare Super membership, please refer to 'Death Benefit' in the 'What is OneCare Super?' section of the OneCare Super PDS.

This form is for existing members to nominate, revoke, or reconfirm a beneficiary nomination in:

- OneCare Super

Please complete this form in **capital letters using black or blue pen.**

You can make nominations for multiple memberships held under your name in OneCare Super using this form. Simply provide the additional member number in the Member details section below.

Non-Lapsing nomination

To make a Non-Lapsing nomination you must sign section 4a. No witnesses' signatures are required in section 4b.

Lapsing nomination

To make a Lapsing nomination, or revoke your existing nomination, you and two witnesses must sign section 4a and 4b respectively.

All Nominations

Any alterations to your form must be initialled by you and both witnesses (if applicable).

In completing the proportions of benefits, your nominations must add up to 100% (no fractions or decimals). If the proportions do not equal 100%, you will be asked to complete a new form.

Please complete this form and send it to:

- **OnePath Life, GPO Box 4148, Sydney NSW 2001;**
- **Fax: 02 9262 5319; or**
- **Email: customer.risk@onepath.com.au**

1. Member details

Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional member number (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>				
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>					
Residential address (this cannot be a PO Box)	<input type="text"/>									
Suburb/Town	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>	
Phone (during business hours)	<input type="text"/>									
Email	<input type="text"/>									

2. Nomination instruction

You must **select one (x)** of the following:

New nomination – making a new nomination will replace any existing **Lapsing** or **Non-Lapsing** nominations.

I would like to make a new **Lapsing** nomination. You and two witnesses must complete sections 3, 4a and 4b respectively.

I would like to make a new **Non-Lapsing** nomination. You must complete sections 3 and 4a.

or

Reconfirm

I would like to reconfirm my existing **Lapsing** nomination. Complete section 4a where the nomination is yet to expire. Section 4b will be required where the **Lapsing** nomination has expired.

or

Revoke

I would like to revoke my existing **Lapsing** nomination without replacing it. You and two witnesses must complete sections 4a and 4b respectively.

I would like to revoke my existing **Non-Lapsing** nomination without replacing it. Complete section 4a only.

3. Beneficiary details

You can only nominate your legal personal representative (your estate), and/or a person(s) who is a dependant, to receive your death benefit. Please refer to the OneCare Super PDS for more information. Your existing beneficiary nomination (if any) will be revoked and replaced by the new beneficiary nomination details you provide here. You should inform any nominated beneficiary that their details will be provided to OnePath Life, the Trustee and the Fund.

Full name of nominated beneficiary	Relationship to member (pick one)	Date of birth (dd/mm/yyyy)	Proportion of death benefit to be paid	Preference how the amount insured is to be paid*	
				Lump sum	Income stream
1. My Legal Personal Representative (My Estate) and/or nominated beneficiary(ies) below	Not applicable	Not applicable	<input type="text"/> <input type="text"/> <input type="text"/> %	Lump sum only	
2. Please print in CAPITAL LETTERS	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	/ /	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	/ /	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	/ /	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	/ /	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
Total			1 0 0 %		

* Please note that the Trustee has the discretion as to how the amount insured is to be paid. An income stream may only be paid to a dependant. Any amount paid to an estate is paid as a lump sum. The total of your beneficiary nominations, including your legal personal representative (your estate) must be 100%. Where you wish to nominate more than five beneficiaries, please photocopy this page and attach to your completed form.

Important Note: Change of terminology

The names of the death benefit nomination types have changed.

A reference to a "binding nomination" in the OneCare Super PDS, or previous communications is now to a **Lapsing** nomination.

If you make a **Lapsing** nomination, that satisfies all legal requirements, the Trustee must pay your death benefit to the beneficiaries you have nominated and in such proportions you have specified. A **Lapsing** nomination will lapse after three (3) years, unless you reconfirm, or make a new nomination.

A reference to a "non-binding nomination" in the OneCare Super PDS, or previous communications is now to a **Non-Lapsing** nomination.

This is a nomination of beneficiary(ies) which if satisfying all legal requirements, will not expire by the passage of time and which the Trustee will ordinary pay your death benefit to your nominated beneficiary(ies) in such proportion(s) as specified by you.

4a. Member Declaration

By signing this form, I confirm that:

- 1 I have read and understood the 'Death Benefit' in the 'What is OneCare Super?' section of the OneCare Super PDS issued by OnePath Custodians, the trustee of the OnePath MasterFund.
- 2 I understand that if I choose to make a **Non-Lapsing** nomination, that satisfies all legal requirements, the Trustee will pay my death benefit to my nominated beneficiaries and in such proportions as I have specified.
- 3 I understand that if I choose to make a **Lapsing** nomination:
 - if I do not confirm or amend my nomination, or make no fresh nomination within three years of the date I make the most recent valid nomination, then my nomination will lapse;
 - my benefit will not be payable in accordance with my **Lapsing** nomination if it is cancelled or is invalid and instead, will be payable as set out in the OneCare Super PDS.
- 4 I understand that this nomination only applies to the relevant OneCare Super membership associated with the member numbers identified on this form.
- 5 By completing this form, I acknowledge it is my responsibility to ensure that each person I have nominated as a beneficiary is made aware that:
 - they have been nominated as a beneficiary;
 - OnePath Life and the Trustee hold a record of their personal information for this purpose;
 - they may request access to their information by calling Customer Service on 133 667.
- 6 By completing the form, I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in OnePath's Privacy Policy which is available at onepath.com.au, or by calling Customer Service on 133 667.
- 7 I accept that OnePath may send me information about its products and services from time to time. I understand that I may notify OnePath of my decision not to receive further information by contacting Customer Service on 133 667.
- 8 I agree that my beneficiaries and I are bound by the provisions of the relevant trust deed.

Signature of member
(Sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

4b. Witness declaration

This section must be completed if you are making a Lapsing nomination and/or have chosen to revoke an existing Lapsing nomination.

Declaration: I am 18 years or over; I am not a named beneficiary on this form; and the member signed and dated this form in the presence of both of us.

Full name of witness 1
(Print in capital letters)

Signature of witness 1
(Sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

The date of the member and witness signatures must be the same.

Full name of witness 2
(Print in capital letters)

Signature of witness 2
(Sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

The date of the member and witness signatures must be the same.