NON-BINDING NOMINATION OF BENEFICIARY FORM

Please complete this form if you wish to make a non-binding nomination of beneficiary(s) for your vMAPs Super account. It can also be used to amend or cancel a previous non-binding nomination.

Non-binding nominations are not binding upon the Trustee, although the Trustee will have regard for any such nominations, when deciding how your death benefits should be paid. Please discuss with your financial adviser to determine if this kind of nomination is suitable to your particular circumstances.

vMAPs Super

Issued by Diversa Trustees Limited ("Trustee")
ABN 49 006 421 638 AFSL 235153
RSE Licence No L0000635 as trustee for Praemium SMA
Superannuation Fund (vMAPs Super) ABN 75 703 857 864
RSE Reg R1074352.

Part 1 - Member details (please complete all fields)		
Title	Street address	
Given names		
Surname	Town or suburb	
Date of birth	State	Postcode
	Telephone	
vMAPs Super member number	Email	

Part 2 - Nomination options (select one option only)

Create new or replace existing non-binding nomination.

To be eligible to receive a death benefit each nominee (dependant) must be one of the following:

- Your spouse (as defined under superannuation law), or
- Your child, or
- Any other person who is financially dependent or in an interdependency relationship with you, or
- Your estate (legal representative).

For more information refer to the vMAPs Super Additional Information Guide. **Please complete all details for each beneficiary on the following page**.

Cancel existing nomination.

Go to Part 4, Declaration and signature.

Form: SuperSMA NBN V1.0

Part 3 - Beneficiary details (leave blank to cancel previous nominations)			
Full name of beneficiary			
Address			
Relationship to Member	Proportion of Benefit (%)		
Full name of beneficiary			
Address			
Relationship to Member	Proportion of Benefit (%)		
Full name of beneficiary		Note: Proportion of benefits must add up	
Address		to 100%.	
Relationship to Member	Proportion of Benefit (%)		
Estate/Legal Personal Representative			
Address	Proportion of Benefit (%)		
Part 4 - Declaration and signature (sign and date) Member declaration to the Trustee:			
I declare that the above details are correct and I hereby request the Trustee in accordance with the instructions noted above. This nomination supersed are not binding upon the Trustee, although the Trustee will have regard for benefits should be paid.	des any previous nominations. Non-bind	ng nominations	
Signed	Date		
If signing under Power of Attorney, you are verifying that at the time of signing of the Power of Attorney with this declaration (unless one has been p		ttach a certified	
When completed please email forms to support@praemium.com. vMAPs Super PO Box 322 Collins St West VIC 8007	au or post to:		