

Qantas Superannuation Plan Nomination of Beneficiary Form

COMPLETED FORMS TO BE FAXED TO (02) 9372 6288 OR POSTED TO:

QANTAS SUPERANNUATION PLAN
LOCKED BAG A4075
SOUTH SYDNEY NSW 1235

Your personal details

Title (Mr Mrs Ms):	<input type="text"/>	Surname:	<input type="text"/>	First name(s):	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Staff/Member no:	<input type="text"/>	Location:	<input type="text"/>
Mailing address:	<input type="text"/>				
State:	<input type="text"/>	Postcode:	<input type="text"/>	Telephone:	<input type="text"/>

Nomination(s)

Name	Address	Relationship	%

Declaration

- I understand that the Trustee has the final responsibility for deciding who will receive my death benefit. In making that decision I wish the Trustee to consider the above nominated beneficiaries who are my dependants or my legal personal representative.
- I understand that a Dependant is any person or persons who in the opinion of the Trustee is or was wholly or partially dependent on me or who had a legal right for my support including any spouse, child, step-child, legally adopted child or persons seen by the Trustee as an adopted child or a person with whom I have an interdependent relationship. The Trustee may pay the benefit to one or more of my Dependants or to my legal personal representative.

Signature: _____ Date: / /

Privacy Statement

We collect information about you in order to provide you the service you have requested. We will not pass your personal details to any other party unless authorised to do so under the law or in accordance with the Plan's Privacy Policy. For more information about the Plan's Privacy Policy, the complete document is available from the website www.qantassuper.com.au.