

Beneficiary Variation

Personal Details

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>		
First given name	<input type="text"/>										
Surname	<input type="text"/>					Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Residential address	<input type="text"/>										
Suburb/town	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>		
Email	<input type="text"/>					Phone	<input type="text"/>				

Member number (if known)	<input type="text"/>
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New Nomination

Any benefit payable on death will be paid to your legal personal representative (estate) or to one or more of your Dependants (see below), in such proportions as the Trustee, in its absolute discretion, determines.

Effective as at the date shown below, it is my wish that any benefit payable in the event of my death be paid to the following persons (If you wish to nominate your estate, please write "Legal Personal Representative" under Name of Beneficiary):

Full name of beneficiary	Date of birth	Relationship	Percentage of benefit
<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"/>	<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"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %

Dependant

Dependant means your spouse (including a person who, although not legally married to you, lives with you on a genuine domestic basis as your husband or wife), your widow or widower, your child, any person who, in the opinion of the Trustee, was financially dependent on you at the relevant date or any person with whom you have an interdependency relationship at the relevant date.

Declaration

I understand that any nomination of a beneficiary I have made in this form to receive benefits on my death is not binding on the Plan Trustee.

I undertake to advise the Trustee of any change to my preferred beneficiaries.

I confirm that the Plan's Privacy Policy has been made available to me and I understand why the information on this form is being collected.

Signature	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Please forward this completed form to:

Pitcher Retirement Plan
GPO Box 5193
MELBOURNE VIC 3001

Pitcher Retirement Plan Pty Ltd (ABN 77 092 941 574) as trustee for the Pitcher Retirement Plan (ABN 15 828 677 472) is registered with the Australian Prudential Regulation Authority. MySuper Authorisation 15828677472277.