Colonial First State – FirstChoice Employer Super Binding Death Nomination Form

Please phone Colonial First State Employer Services on **1300 654 666** with any questions.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following X. Start at the left of each answer space and leave a gap between words.

1. INVESTOR DETAILS

FirstChoice Employer Super account number

0 6 5

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Employer name

Contact phone number

Your postal address

Unit number *Street number* *P.O. Box*

Street name

Suburb

State *Postcode*

Country

Email

2. BENEFICIARY DETAILS

Please provide your beneficiaries' details below. **Please note:** the sum of the '% of benefit' column must total 100%. If you wish to nominate your estate, please write 'my legal personal representative'.

Full name	**Date of birth**	**% of benefit** (must total 100%)	**Type of benefit** (please cross (X) one box only for each beneficiary)
	/ /	%	Lump Sum ☐ Pension ☐
	/ /	%	Lump Sum ☐ Pension ☐
	/ /	%	Lump Sum ☐ Pension ☐
	/ /	%	Lump Sum ☐ Pension ☐
Total		**100 %**	

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ERROR: rangecheck
OFFENDING COMMAND: show

STACK:

(2)
-savelevel-
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