

Reversionary Beneficiary Nomination Form

Section 1: Your Details:

Your Full Name:

Your Postal Address:

Your Email Address:

Member Number:

Date of Birth:

Section 2: Your Nominated Reversionary Beneficiary

Surname:

Salutation:

Given Names:

Date Of Birth:

Postal Address:

Suburb:

State:

Postcode:

Telephone (BH):

(AH):

Mobile:

Email Address:

- Relationship To You:
- Spouse
 - Child
 - Financially Dependent
 - Interdependent Relationship

Important Notes:

A 'dependant' means:

- your spouse (including an opposite or same-sex de facto partner)
- your children (including children over 18, step-children, adopted children, ex-nuptial children, children of a same-sex relationship, children of an opposite or same-sex de facto partner, IVF children and children born under certain surrogacy arrangements)
- anyone financially dependent on you; and
- anyone who, in the opinion of the Trustee, is in an 'interdependency relationship' with you. 'Interdependency relationship' describes a close personal relationship between two people who live together, where one or both of them provide the other with financial support and domestic support and personal care (or are prevented from living together and providing mutual financial support, domestic support and personal care because one or both suffers from a physical, intellectual, psychiatric or other disability).

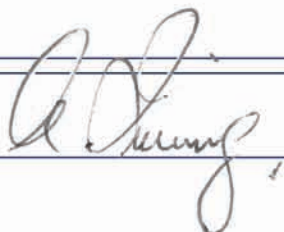
Your reversionary beneficiary must be a dependant at the time you nominate them and at the time of your death for the reversion to be valid. Additionally, in the case of a child over 18 years, your pension can only revert if at the time of your death the child is financially dependent on you and not yet 25, or if the child suffers a disability (as defined in legislation). If your pension does revert to a child, it must be paid as a lump sum when the child reaches age 25, unless the child suffers a disability.

Section 3: Your Declaration

1. I apply to the Trustee to revoke any and all previous nominations of reversionary beneficiary(ies) for my pension.
2. I Request the Trustee change the terms and conditions of my pension to add the person I have nominated on this form as my reversionary beneficiary.
3. I have read the notes regarding Beneficiaries in the relevant AMG Product Disclosure Statement.
4. I can only nominate one of my dependents.
5. The dependent nominated must be an eligible dependent at the date of my death.
6. My reversionary beneficiary nomination will not be in effect until it has been received and accepted by the Trustee.
7. It is my responsibility to ensure that my reversionary beneficiary nomination is valid.
8. I understand can remove or amend my reversionary beneficiary nomination at any time.
9. I understand that, If my reversionary beneficiary nomination is not valid for any reason at the date of my death, the Trustee must pay my benefit t to one or more of my dependents and/or legal personal representative in proportions determined by the Trustee.

Member's Full Name:

Member's Signature:



Date: