

Personal details

Given names:

Surname:

Date of birth: Member number:

Preferred beneficiaries

Please nominate your preferred beneficiaries for payment of benefits in the event of your death. If you wish to nominate additional beneficiaries please provide the details on a separate sheet, which must be signed and dated by you. If you would like to make a Binding Death Benefit nomination, please complete the *Binding Death Benefit nomination form* which you can obtain from our website at quadrantsuper.com.au or by contacting us on 1800 222 209. Please refer to the *Member Guide* for more information.

	Full Name	Relationship	Date of birth	% of benefit
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total 100%

Sign and date

I request the Quadrant Trustee to process the changes specified on this *preferred beneficiaries nomination form*. I declare that the information given is true and correct. I consent to the use of my personal information as outlined in Quadrant's privacy policy which is available on the Quadrant website at quadrantsuper.com.au.

Your Signature: Date:

May 2010