

# DEATH NOMINATION CANCELLATION AND REPLACEMENT WITH A REVERSIONARY BENEFICIARY/IES

TRUSTEE: Diversa Trustees Limited  
ABN: 49 006 421 638, AFSL No: 235153, RSE License No: L0000635

Return completed original form to  
Powerwrap Limited  
PO Box 16071 Collins Street West  
VIC 8007

**IMPORTANT: Please use BLOCK letters and black ink when completing this form.  
This request will be invalid if not signed and dated.**

## 1. EXISTING MEMBER DETAILS

Member Number (mandatory)

Mr/Mrs/Ms/Miss (mandatory)  Surname (mandatory)

Given names (mandatory)  Date of Birth

Street Address/PO Box

Suburb/Town/City  State  Postcode

Contact Phone Number

Email Address (upper and lower case)

NOTE: If our records show an incorrect date of birth, evidence must be provided (e.g. copy of driver's license or birth certificate). Evidence of a name change must be attached (e.g. copy of marriage certificate, deed poll or decree nisi). Do not send originals.

## 2. CANCELLING YOUR NOMINATION AND REPLACING WITH A REVERSIONARY BENEFICIARY NOMINATION

I wish to cancel my existing death nomination.

I hereby advise that in the event of my death, a reversionary pension be paid to my surviving dependant(s).

Name of Dependant	Date of Birth	Proportion of Death Benefit
1		%
2		%
3		%

Important: For more information about the nomination of a reversionary pension dependant, please see the PDS. Special rules apply to the nomination of a child.

I declare that all of the above details are correct.

MEMBER TO SIGN HERE

DATED

OFFICE USE ONLY

SIGNATURES VERIFIED

PROCESSED

PW AUTHORISED SIGNATURE.....

DATE