

Step 4 – Sign the form

By signing this form I understand that:

- this form is not legally binding on the Trustee in making its decision about my death benefit
- this form will be used by the Trustee to help work out who will receive my death benefit
- the information may be disclosed to the administrator, my employer and other parties as required
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

 / /

Please return your completed form to the Fund Administrator, Lutheran Super, GPO Box 4303, Melbourne, VIC 3001.

