

Employment termination payment nomination form

TO:

Employer: ('Employer')
Address:

FROM:

Employee Name: ('Employee')
Title/Role:
Address:

In the case that I, the Employee, die whilst still employed with the Employer, I nominate that any amounts owing to me including any employment termination payment(s) ('ETPs') that I may be entitled to receive, be paid to my legal personal representative ('LPR') and/or the following nominated beneficiaries in the designated proportions.

(Please complete box below, as appropriate)

Nominated Beneficiaries			
Name	Address	Relationship to Employee	Share of ETP (%)
AND/OR:			
My LPR (i.e., your estate)			
		TOTAL:	100%

I understand that this is a non-binding nomination and does not bind the Employer. I request the Employer to consider my overall circumstances as at the date of my death before paying my ETP. In particular, I ask that my Employer take into account the following events:

- marriage or remarriage (including the entering into of a relationship with a spouse (as defined in the *Family Law Act 1975* (Cth) ('FLA'));
- divorce (including the cessation of a relationship with a spouse (as defined in the FLA));
- parenthood; and
- whether any of the above nominated beneficiaries (if any) have committed an act of bankruptcy, have become an 'insolvent under administration' as defined in section 9 of the *Corporations Act 2001* (Cth), are subject to a debt agreement under Part IX of the *Bankruptcy Act 1966* (Cth) or have made any other arrangement or composition with creditors generally.

Signed by the Employee:	
Date:	