

IOOF Pursuit

Step 1: Applicant details

1 December 2012

Non-Binding Death Benefit Nomination

Please complete this form to make a new or to amend an existing Non-Binding Death Benefit Nomination. You should read the section Dependants – paying benefits if you die in the PDS before completing this form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

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Title																											
(Dr/Mr/Mrs/Ms/Miss)						I	Su	ırnaı	me							<u> </u>									=		_
Given name(s)															<u> </u>												
Residential address															<u></u>												
Suburb Mailing address																St	ate				Ро	stco	de				
(if different from above)	L														<u> </u>												
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Date of birth			/			/								_			(Geno	der		М	ale		F	ema	ale (
Account number (if known)								_			_																
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Step 2: Nominatio	n																										
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to nominate one or more	Dep	pend	lants	s cor	mple	te Pa	art A	١																			
• to nominate a Legal Perso	onal	Repi	rese	ntati	ive c	omp	lete	Part	В																		
• to nominate both a Deperadd up to 100%	ndar	nt(s) a	and	a Le	gal P	'erso	nal f	Repr	esen	tativ	/e cc	omp	ete I	Part	s A a	nd B	and	ensi	ure t	hat t	:he t	otal	of Pa	arts A	\ and	ВВ	
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Part A: Dependants

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Title (Dr/Mr/Mrs/Ms/Miss)							Sui	rnar	ne																	
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Dependant 2																										
Title (Dr/Mr/Mrs/Ms/Miss)							Sui	rnar	ne																	
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Dependant 3																											
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne																		
Given name(s)																					<u></u>		<u></u>				
Residential address																					 1						
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Dependant 4																											
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Part B: Legal Persona		_	ese	nta	tiv	e																					
Percentage of benefit				. [%																				
If the percentage to be paid to to your Dependants and your													% ple	ease	ensu	ıre t	nat t	he to	otal a	amoi	unt c	of be	enefit	to b	e all	ocat	ed
Total of PART A and PART B				. [%																				

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The percentages nominated in Step 2 must add up to 100%.

Step 3: Member/Applicant declaration and signature

I understand that:

- the persons nominated must be my Dependants at the date of nomination and at the date of my death
- my Non-Binding Death Benefit Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee
- my Non-Binding Death Benefit Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

Membe	er/Applicant signature	
Signaturo		Date / / /
Signature		Date Line Line
Please sigr	n and return this form to:	
Post:	IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060	

Facsimile: 1800 558 539 **Enquires:** 1800 062 963

clientservices@ioof.com.au

Email:

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524