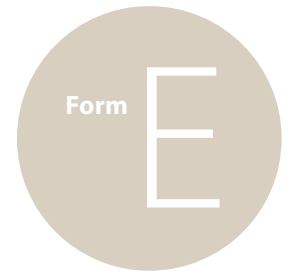


Dated: 1 September 2009



# Death Benefit Nomination Non-Binding Nomination for Pursuit Core Allocated Pension

If you wish to nominate a Reversionary Beneficiary to receive the remaining balance of your pension account (if any) in the event of your death, do not complete this form. Please complete Step 9 of the Application Form.

Please complete this form if you have selected a Non-Binding Nomination in the Application form. You should also read the section 'Dependants – paying benefits if you die' in the Product Disclosure Statement before completing this Non-Binding Nomination form.

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

## Step 1: Applicant details

|   |                      |            |   |
|---|----------------------|------------|---|
| Title (Dr/Mr/Mrs/Ms/Miss)                 | <input type="text"/> | Surname    | <input type="text"/>  |
| Given name(s)                             | <input type="text"/> |            |   |
| Residential address                       | <input type="text"/> |            |   |
| Suburb                                    | <input type="text"/> | State      | <input type="text"/>  |
| Postcode                                  | <input type="text"/> |            |   |
| Mailing address (if different from above) | <input type="text"/> |            |   |
| Suburb                                    | <input type="text"/> | State      | <input type="text"/>  |
| Postcode                                  | <input type="text"/> |            |   |
| Phone (bh)                                | <input type="text"/> | Phone (ah) | <input type="text"/>  |
| Phone (mobile)                            | <input type="text"/> | Fax        | <input type="text"/>  |
| Email                                     | <input type="text"/> |            |   |
| Date of birth                             | <input type="text"/> | Gender     | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Account number* (if known)                | <input type="text"/> |            |   |

\*You must complete a separate Non-Binding Nomination form for each account that you hold.

## Step 2: Nomination

In the event of my death, please pay my benefit in accordance with the following direction:

- To nominate one or more of your Dependants complete Part A.
- To nominate a Legal Personal Representative complete Part B.
- To nominate both a Dependant(s) and a Legal Personal Representative complete Parts A and B and ensure that the total of Parts A and B add up to 100%.
- To nominate more than four Dependants, please complete a second nomination form and clearly state that the second form is a continuation of the first.

### PART A: DEPENDANTS

#### Dependant 1

|   |   |  |   |
|---|---|--|---|
| Title (Dr/Mr/Mrs/Ms/Miss)                 | <input type="text"/>                                  | Surname                                      | <input type="text"/>  |
| Given name(s)                             | <input type="text"/>                                  |  |   |
| Residential address                       | <input type="text"/>                                  |  |   |
| Suburb                                    | <input type="text"/>                                  | State  | <input type="text"/>  |
| Postcode                                  | <input type="text"/>                                  |  |   |
| Mailing address (if different from above) | <input type="text"/>                                  |  |   |
| Suburb                                    | <input type="text"/>                                  | State  | <input type="text"/>  |
| Postcode                                  | <input type="text"/>                                  |  |   |
| Phone                                     | <input type="text"/>                                  | Phone (mobile)                               | <input type="text"/>  |
| Date of birth                             | <input type="text"/>                                  | Gender                                       | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Relationship to member                    | <input type="checkbox"/> Spouse                       | <input type="checkbox"/> De facto spouse     | <input type="checkbox"/> Child                                |
|   | <input type="checkbox"/> Interdependency relationship | <input type="checkbox"/> Financial dependant |   |
| Percentage of benefit                     | <input type="text"/> %                                |  |   |
| My preferred form of payment is:          | <input type="checkbox"/> Lump sum                     | <input type="checkbox"/> Pension             |   |

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

### PART A: DEPENDANTS

#### Dependant 2

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| Title (Dr/Mr/Mrs/Ms/Miss)                    | <input type="text"/>              | Surname                                  | <input type="text"/>  |
| Given name(s)                                | <input type="text"/>              |  |   |
| Residential address                          | <input type="text"/>              |  |   |
| Suburb                                       | <input type="text"/>              | State                                    | <input type="text"/>  |
| Mailing address<br>(if different from above) | <input type="text"/>              |  |   |
| Suburb                                       | <input type="text"/>              | State                                    | <input type="text"/>  |
| Phone  | <input type="text"/>              | Phone (mobile)                           | <input type="text"/>  |
| Date of birth                                | <input type="text"/>              | Gender                                   | Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| Relationship to member                       | <input type="checkbox"/> Spouse   | <input type="checkbox"/> De facto spouse | <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant |
| Percentage of benefit                        | <input type="text"/>              | %  |   |
| My preferred form of payment is:             | <input type="checkbox"/> Lump sum | <input type="checkbox"/> Pension         |   |

Please note your preferred form of payment is not binding on the Trustee.

#### Dependant 3

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| Title (Dr/Mr/Mrs/Ms/Miss)                    | <input type="text"/>              | Surname                                  | <input type="text"/>  |
| Given name(s)                                | <input type="text"/>              |  |   |
| Residential address                          | <input type="text"/>              |  |   |
| Suburb                                       | <input type="text"/>              | State                                    | <input type="text"/>  |
| Mailing address<br>(if different from above) | <input type="text"/>              |  |   |
| Suburb                                       | <input type="text"/>              | State                                    | <input type="text"/>  |
| Phone  | <input type="text"/>              | Phone (mobile)                           | <input type="text"/>  |
| Date of birth                                | <input type="text"/>              | Gender                                   | Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| Relationship to member                       | <input type="checkbox"/> Spouse   | <input type="checkbox"/> De facto spouse | <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant |
| Percentage of benefit                        | <input type="text"/>              | %  |   |
| My preferred form of payment is:             | <input type="checkbox"/> Lump sum | <input type="checkbox"/> Pension         |   |

Please note your preferred form of payment is not binding on the Trustee.

#### Dependant 4

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| Title (Dr/Mr/Mrs/Ms/Miss)                    | <input type="text"/>              | Surname                                  | <input type="text"/>  |
| Given name(s)                                | <input type="text"/>              |  |   |
| Residential address                          | <input type="text"/>              |  |   |
| Suburb                                       | <input type="text"/>              | State                                    | <input type="text"/>  |
| Mailing address<br>(if different from above) | <input type="text"/>              |  |   |
| Suburb                                       | <input type="text"/>              | State                                    | <input type="text"/>  |
| Phone  | <input type="text"/>              | Phone (mobile)                           | <input type="text"/>  |
| Date of birth                                | <input type="text"/>              | Gender                                   | Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| Relationship to member                       | <input type="checkbox"/> Spouse   | <input type="checkbox"/> De facto spouse | <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant |
| Percentage of benefit                        | <input type="text"/>              | %  |   |
| My preferred form of payment is:             | <input type="checkbox"/> Lump sum | <input type="checkbox"/> Pension         |   |

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

### PART B: LEGAL PERSONAL REPRESENTATIVE

Legal Personal Representative

Percentage of benefit  %

**If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependants and your Legal Personal Representative adds up to 100%.**

Total of PART A and PART B  %

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

## Step 3: Member 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 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; and
- my Non-Binding 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.

Signature

Date  /  /

Please sign and return this form by post to:

**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

**Enquiries: 1800 062 963**

**Fax: 1800 558 539**

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

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