

IOOF Pursuit

Creating financial independence since 1846

1 December 2012

Binding Death Benefit Nomination

Please complete this form to make a new or to amend an existing 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.

Step 1: Applicant details

Title							Γ														
(Dr/Mr/Mrs/Ms/Miss)					Su	rnar	ne														
Given name(s)			 																		
Residential address																					
Suburb											Stat	e [Pos	stco	de [
Mailing address (if different from above)																					
Suburb											State	e [Pos	tco	de				
Phone			 							 				1	 						
Email																					
Date of birth		/		/								C	Send	der	Ma	ale		F	ema	ale	
Account number (if known)						-		- [

You must complete a separate Binding Death Benefit Nomination form for each account that you hold.

Step 2: Nomination

Nomination status	New nomination		Amendment	Revocation (do not nominate any beneficiaries)
to the second of the standard state	 ь. <u>т</u> а село с с с с с	ъ.,		 La Calla da Alta alta a

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more 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 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)		Surname			
Given name(s)					
Residential address					
Suburb Mailing address (if different from above)				State	Postcode
Suburb				State	Postcode
Phone (bh)			Phone (mobile)		
Email					
Date of birth				Gender	Male Female
Relationship to member	Spouse	De facto spouse	Child	Interdependency relationship	Financial Dependant
Percentage of benefit My preferred form of payment is:	Lump .	% Pension			

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

Dependant 2

Title (Dr/Mr/Mrs/Ms/Miss)		Surname			
Given name(s)					
Residential address					
Suburb Mailing address (if different from above)			Stat	e Postco	ode
Suburb			Stat	e Postco	ode
Phone (bh)			Phone (mobile)		
Email					
Date of birth				ender Male	Female
Relationship to member	Spouse	De facto spouse		rdependency tionship	Financial Dependant
Percentage of benefit My preferred form of payment is:	Lump sum	Pension			

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

Dependant 3

Title (Dr/Mr/Mrs/Ms/Miss)		Surname			
Given name(s)					
Residential address					
Suburb Mailing address				State	Postcode
(if different from above)					
Suburb			Phone	State	Postcode
Phone (bh)			(mobile)		
Email					
Date of birth				Gender	Male Female
Relationship to member	Spouse	De facto spouse	Child	Interdependency relationship	Financial Dependant
Percentage of benefit My preferred form	Lump	%			
of payment is:	sum	Pension			

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

Dependant 4

Title					
(Dr/Mr/Mrs/Ms/Miss)		Surname			
Given name(s)					
Residential address					
Suburb Mailing address				State	Postcode
(if different from above)					
Suburb				State	Postcode
Phone (bh)			Phone (mobile)		
Email					
Date of birth				Gender	Male Female
Relationship to member	Spouse	De facto spouse	Child	Interdependency relationship	Financial Dependant
Percentage of benefit My preferred form of payment is:	Lump sum	Pension			

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

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% or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

Step 3: Member/Applicant declaration and signature

I understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination
- the nomination must be in favour of one or more of my Dependants or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death
- the allocation of my benefit must be clearly set out
- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%)
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my nomination will not be in effect until it has been received and accepted by the Trustee

- my nomination will expire three years after the date it is first signed or last confirmed or amended (confirmation of Binding Nomination form available at www.ioof.com.au)
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Death Benefit Nomination

Date

 it is my responsibility to ensure my nomination remains valid and current.

Member/Applicant signature

Please ensure that you sign and date this Binding Death Benefit Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature

Please complete Step 4: Witness declaration and signature below.

Step 4: Witness declaration and signature

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Binding Death Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witnoss 2

Witness 1

WILLIESS I	WILLIESS Z						
Surname	Surname						
Given name	Given name						
Witness signature 1	Witness signature 2						
Date witnessed (must be same date the member/applicant signs) /	Date witnessed (must be same date the member/applicant signs)						
Please sign and return this form to:							
Post: IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060							
Email: clientservices@ioof.com.au							
Facsimile: 1800 558 539							
Enquires: 1800 062 963							
Trustee: IOOF Investment Management Limited, ABN 53 006 69	IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524						