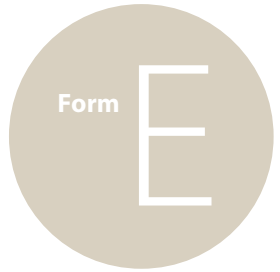


Dated: 1 February 2012



Death Benefit Nomination Non-Binding Nomination for IOOF Pursuit Select Term 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 10 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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<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"/>
Mailing address (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"/>		%
Preferred form of payment	<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 (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"/>	%	
Preferred form of payment	<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 (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"/>	%	
Preferred form of payment	<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 (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"/>	%	
Preferred form of payment	<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
- 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:

IOOF 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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