



Dated: 1 March 2010

Death Benefit Nomination Non-Binding Nomination for IOOF Portfolio Service

Please complete this form to make or amend an existing Non-Binding Nomination. You should 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: Member 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"/> %		
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:

IOOF Portfolio Service, 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