



Dated: 1 June 2011

# Death Benefit Nomination – Binding Nomination for IOOF Portfolio Service 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 8 of the Application Form.**

**Please complete this form if you have selected a 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 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"/>	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>
Phone (mobile)	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number* (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

## Step 2: Nomination

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 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"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 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% or your Binding Nomination will be invalid, and will be treated as a Non-Binding Nomination.**

## Step 3: Member declaration and signature

I understand that:

- the nomination must be in favour of one or more of my dependants or my legal personal representatives
- 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 Binding Nomination in the presence of 2 witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my Binding Nomination will not be in effect until it has been received and accepted by the Trustee
- my Binding Nomination will expire 3 years after the date it is first signed or last confirmed or amended
- I can revoke my Binding Nomination at any time in accordance with the Trustee's procedures
- if my Binding Nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Nomination
- it is my responsibility to ensure my Binding Nomination remains valid and current.

### Member signature

Please ensure that you sign and date this Binding Nomination form in the presence of 2 witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a beneficiary in this Binding Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Nomination form at the same time as you do and in each others presence, otherwise your Binding Nomination will be invalid.

Signature

Date\*   /   /

**Please complete Step 4: Witness declaration and signature below.**

## Step 4: Witness declaration and signature

**Each witness must sign and date the Binding Nomination form in each others presence and at the same time as the member, otherwise the Binding Nomination will be invalid.**

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

### Witness 1

Signature of witness 1

Date\*   /   /

Witness 1 name

### Witness 2

Signature of witness 2

Date\*   /   /

Witness 2 name

\*Please ensure that all three dates are the same, otherwise the Binding Nomination will be invalid.

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**