

1 April 2013

Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke 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: Member/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 (mobile)	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Account number (if known)	<input type="text"/>	-	<input type="text"/>

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)

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 per cent
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.

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 per cent of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100 per cent)
- 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
- 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

Date

 / /

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.

Witness 1

Surname

Given name

Witness signature 1

Date witnessed (must be same date the member/applicant signs)

 / /

Witness 2

Surname

Given name

Witness signature 2

Date witnessed (must be same date the member/applicant signs)

 / /

Please sign and return this form to:

Post: IOOF LifeTrack, Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Fax: 1800 558 539

Enquires: 1800 062 963