

1 April 2013

Non-Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke an existing) Non-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"/>	<input type="text"/>
		Gender	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Account number (if known)	<input type="text"/>	-	<input type="text"/>
		-	<input type="text"/>

You must complete a separate Non-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 request the Trustee to pay my benefit in accordance with the following nomination:

- 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.

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 (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"/>	/	<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"/>	.	<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.

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 (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"/>	/	<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"/>	.	<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 3: Member/applicant 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 Death Benefit 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 Death Benefit 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.

Member/applicant signature

Signature

Date / /

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