



# Revocation of Binding Nomination Form for IOOF Pursuit.....

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

## Step 1: Member details

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Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Street 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Account number	<input type="text"/>	-	<input type="text"/>

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

## Step 2: Member declaration and signature

### Member declaration

I wish to revoke my current Binding Nomination.

I understand that:

- the revocation of my Binding Nomination will take effect when it has been received and accepted by the Trustee;
- once my Binding Nomination is revoked, I will no longer have a valid Binding Nomination; and
- if I do not have a valid Binding Nomination in effect at the date of my death, the Trustee must pay my benefit in accordance with the rules set out in the Fund's Trust Deed (as amended from time to time). These rules are available in the current Product Disclosure Statement (PDS), which can be downloaded from the IOOF web site [www.ioof.com.au](http://www.ioof.com.au)

### Member signature

Please ensure that your signature is witnessed by 2 witnesses and that both witnesses *sign and date* the Witness Declaration and Signature section of this Revocation of Binding Nomination form *at the same time* as you do, otherwise the revocation Binding Nomination will be invalid.

Member's signature  Date  /  /

## Step 3: Witness declaration and signature

Each witness **MUST** *sign and date* the Revocation of Binding Nomination form in the presence of each other and on the same date as the member, otherwise the Revocation of Binding Nomination will be invalid.

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

### WITNESS 1

Signature of Witness 1  Date  /  /

Witness name

### WITNESS 2

Signature of Witness 2  Date  /  /

Witness name

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

Post to: Pursuit, Reply Paid 264, Melbourne VIC 3001  
Enquiries: 1800 062 963  
Facsimile: 1800 558 539  
Trustee: IOOF Investment Management Limited,  
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