IOOF **WealthBuilder**

Creating financial independence since 1846

March 2017

Nomination of Beneficiaries form

Use this form to make a new nomination of beneficiaries or replace or revoke an existing nomination.

For assistance please contact our client services team on 1800 002 217

Important information:

- Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.
- All policy owners registered on the IOOF WealthBuilder policies (or accounts) listed in **Step 1** need to sign this form.
- Making a new beneficiary nomination revokes any existing beneficiary nomination.
- If multiple accounts are listed in **Step 1**, the same policy owner(s) must be registered on each account to be able to sign providing authority to the beneficiary nominations in **Step 2**. The nominated beneficiaries and percentage payable to them will equally apply to all accounts listed in **Step 1**.
- If the policy owner(s) registered for each account are different, or if the nominated beneficiaries are intended to differ for each account, then a separate Nomination of Beneficiaries form will be required for each account (as applicable).
- Individual investors aged 16 years or more can nominate one or more beneficiaries to receive the proceeds of an IOOF WealthBuilder investment on the death of the last surviving life insured.
- Joint investors must jointly nominate one or more beneficiaries to receive the proceeds of an IOOF WealthBuilder investment on the death of the last surviving life insured.
- A beneficiary nomination can be revoked or amended at any time by the policy owner(s)/investor(s) before the death of the last surviving life insured.
- Note, if one or more nominated beneficiaries have deceased (prior to the life insured), the portion of benefit allocated to the deceased beneficiary(ies) will be proportionately allocated to the remaining beneficiary(ies) based on their existing percentage allocation. Alternatively, a new nomination can be provided by the policy owner.

Step 1: Policy and investor details

Policy(ies)

List the policy account number(s) to which the beneficiary nominations are to apply.

IOOF WealthBuilder account numbers

Investor(s)

Current investor 1

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Residential address

Suburb State Postcode

Date of birth D D / M M / Y Y Y Y

Current investor 2 (if applicable)

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Date of birth D D / M M / Y Y Y Y

Current investor 3 (if applicable)

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Date of birth D D / M M / Y Y Y Y

If the policy(ies) are registered in the name of an entity (such as a company or trust), please include the name of the entity:

Power of Attorney[1]

To be completed if a Power of Attorney is acting on behalf of the current policy owner(s).

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

If your Power of Attorney has not previously been registered by IOOF, we will require a certified copy of the Power of Attorney document as well as the appropriate proof of identification documents in accordance with the *Anti- Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law)*. Please refer to the 'Completing Proof of Identity' for a list of documents. This document can be obtained by calling our client services team on 1800 002 217 or can be downloaded from our website (www.ioof.com.au).

1 As previously nominated in writing and accepted by IOOF as authority to act on the IOOF WealthBuilder account.

Step 2: Beneficiary nomination

This is a:

☐ new beneficiary nomination – please complete Step 2 below.

OR

☐ change/replacement of existing beneficiary nomination – please complete Step 2 below.

OR

☐ revocation (cancellation) of existing beneficiary nomination – go to Step 3.

In **PART A** and/or **PART B**, insert the name and contact details of each person (or entity) you wish to nominate to receive the proceeds of your IOOF WealthBuilder policy(ies) on the death of the life/lives insured and the percentage payable to them.

Please note:

- If more than four persons are to be nominated, please attach a list with the names and contact details of the additional persons to be nominated with this Nomination of Beneficiaries form.
- **100% of the investment proceeds of the IOOF WealthBuilder policy(ies) must be allocated.**
- Fields marked (*) are mandatory fields. **This information must be completed.**

PART A – Individual beneficiaries

Beneficiary 1

Title (Dr/Mr/Mrs/Ms/Miss)* Surname*

Given name(s)*

Note: PO Box can only be provided below under 'Mailing address'.

Residential address*

Suburb* State* Postcode*

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile Facsimile

Email

Date of birth* / / Percentage of benefit payable* . %

Beneficiary 2

Title (Dr/Mr/Mrs/Ms/Miss)* Surname*

Given name(s)*

Note: PO Box can only be provided below under 'Mailing address'.

Residential address*

Suburb* State* Postcode*

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile Facsimile

Email

Date of birth* / / Percentage of benefit payable* . %

Beneficiary 3

Title (Dr/Mr/Mrs/Ms/Miss)* Surname*

Given name(s)*

Note: PO Box can only be provided below under 'Mailing address'.

Residential address*

Suburb* State* Postcode*

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile Facsimile

Email

Date of birth* / / Percentage of benefit payable* . %

Beneficiary 4

Title (Dr/Mr/Mrs/Ms/Miss)* Surname*

Given name(s)*

Note: PO Box can only be provided below under 'Mailing address'.

Residential address*

Suburb* State* Postcode*

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile Facsimile

Email

Date of birth* / / Percentage of benefit payable* . %

AND/OR

Part B – Corporate beneficiaries or charitable organisations

(such as companies, trusts, partnerships, associations, registered co-operatives or government entities)

Name of company/entity*

Name of contact person

Title (Dr/Mr/Mrs/Ms/Miss)* Surname*

Given name(s)*

Mailing address*

Suburb* State* Postcode*

Date of birth* / / Percentage of benefit payable* . %

Beneficiary benefit allocation total 1 0 0 . 0 0 %

Step 3: Declaration and signature(s)

All current policy owner(s) of the account(s) listed in Step 1 must sign this section.

I/we acknowledge and agree that the nomination of beneficiary(ies) made in **Step 2**:

- revokes all existing beneficiary nominations made by me/us in respect of the IOOF WealthBuilder account(s) listed in **Step 1**
- will not take effect until received and accepted by IOOF and written confirmation is sent to me/us by IOOF
- will be automatically revoked if the IOOF WealthBuilder account(s) listed in **Step 1** are transferred to another investor or, if the account(s) are set up as a Child's Advancement Policy, when the child reaches vesting age
- will be automatically amended by IOOF in the event of the death of a nominated beneficiary, such that the portion of the benefit previously payable to the deceased nominated beneficiary will be proportionately allocated to the remaining beneficiary(ies) based on their existing percentage allocation.

I/we declare that:

- all details provided in this Nomination of Beneficiaries form are true and correct and undertake to inform IOOF of any changes to the information supplied as and when they occur
- I/we agree to provide any further information that may be required for the purposes of AML/CTF Law
- I/we have read and understood the IOOF WealthBuilder Product Disclosure Statement (PDS) (and any Supplementary Product Disclosure Statement (SPDS)) in regards to the nomination of beneficiary provisions.

Privacy

I/We understand, that:

- IOOF is required to collect my/our personal information under the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*
- information provided to IOOF is primarily used for the purpose of opening an investment account and for other related purposes as detailed in the PDS (and any SPDS) and IOOF Privacy Policy
- IOOF may disclose my/our personal information to internal and external parties as described in the PDS (and any SPDS)
- it is my/our responsibility to inform my/our nominated beneficiaries that their personal information has been provided to IOOF and to provide any nominated beneficiaries a copy of the IOOF Privacy Policy.
- if I/we do not provide all of the information requested in this application form, IOOF may not be able to open my/our account
- the IOOF Privacy Policy contains information about how I/we may access or correct the personal information held by IOOF and how I/we may complain about a breach of the Australian Privacy Principles.

Who needs to sign?

All original policy owner(s) registered on the WealthBuilder policy(ies)/account(s) must sign this section.

Corporate investors

This form must be signed either:

- under common seal
- by two directors or a director and the company secretary
- by the sole director (where applicable).

Power of Attorney

If signed under a Power of Attorney, the Attorney certifies that he/she has not received notice of revocation of that power.

If this form is signed under a new Power of Attorney which has not been previously registered with IOOF, please complete the Power of Attorney section in Step 1 of this form and attach a certified copy of the Power of Attorney and the required proof of identification documents in accordance with AML/CTF Law. For further information, please refer to the 'Completing Proof of Identity' on our website (www.ioof.com.au), or alternatively call our client services team on 1800 002 217.

If not signing under common seal, please state your title, such as Director, Company Secretary or Sole Director and Company Secretary.

Investor/signatory 1

Date D D / M M / Y Y Y Y

Title (if applicable)

Full name

Investor/signatory 2
(for joint investor or additional trustees, if applicable)

Date D D / M M / Y Y Y Y

Title (if applicable)

Full name

Investor/signatory 3
(for joint investor or additional trustees, if applicable)

Date D D / M M / Y Y Y Y

Title (if applicable)

Full name

Investor/signatory 4
(for additional trustees, if applicable)

Date D D / M M / Y Y Y Y

Title (if applicable)

Full name

Common seal (if required)

Post to: IOOF WealthBuilder, Reply Paid 264, Melbourne VIC 8060
Enquiries: 1800 002 217
Facsimile: 1800 558 539