Dated: 1 June 2011



# Death Benefit Nomination – Non-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 Non-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 Non-Binding Nomination form.

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

Step 1: <i>i</i>	Appl	icant	detai	S
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Title (Dr/Mr/Mrs/Ms/Miss)					Si	urna	ame																			
Given name(s)																										
Residential address																										
Suburb																		Stat	:e		Po	ostc	ode			
Mailing address (if different from above)																										
Suburb																		Stat	:e		Po	ostc	ode			
Phone (bh)														ſ	Pho	ne	(ah)									
Phone (mobile)																	Fax									
Email																										
Date of birth	D	D	/	М	М	/	Υ	Υ	Υ	Υ								G	ende	r	Ν	1ale		Fen	nale	
Account number* (if known)								_			] –															

## Step 2: Nomination

In the event of my death, please pay my benefit in accordance with the following direction:

- To nominate one or more of your dependants complete Part A.
- $\bullet$  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) Surname Given name(s) Residential address State Mailing address (if different from above) Suburb State Postcode Phone Phone (mobile) D / Date of birth Gender Female De facto spouse Interdependency relationship Relationship to member Spouse Financial dependant Percentage of benefit Preferred form Lump sum Pension of payment is:

<sup>\*</sup>You must complete a separate Non-Binding Nomination form for each account that you hold.

PART A: DEPENDANTS																														
Dependant 2																														
Title (Dr/Mr/Mrs/Ms/Miss)					S	urna	me																							
Given name(s)																														
Residential address																														
Suburb																		S	tate				Po	ost	code	e				
Mailing address (if different from above)																														
Suburb																		S	tate				Po	ost	code	e				
Phone														Pho	ne	(mo	bile)													
Date of birth	D	D	/	М	М	/	Υ	Υ	Υ	Υ									Ge	nder			Λ	Иal	e		F	em	ale	
Relationship to member		Spc	ouse			De 1	fact	o sp	ous	е	Chi	ild		Inte	erde	pen	den	cy re	elati	onsh	nip			Fir	nanc	cial	de	pen	dan	ıt
Percentage of benefit					%																									
Preferred form of payment is:		Lun	np s	um				Pen	sior	1																				
Please note your preferred form	of pay	ymei	nt is	not l	oindi	ng o	n th	e Tru	istee																					
Dependant 3																														
Title (Dr/Mr/Mrs/Ms/Miss)					S	urna	me																							
Given name(s)																														
Residential address																														
Suburb																		S	tate				Po	ost	code	e				
Mailing address (if different from above)																														
Suburb																		S	tate				Po	ost	code	e				
Phone														Pho	ne	(mo	oile)													
Date of birth	D	D	/	М	М	/	Υ	Υ	Υ	Υ									Ge	nder			٨	Иal	e	Ī	F	em	ale	
Relationship to member		Spc	ouse			De 1	fact	o sp	ous	e	Chi	ild		Int	erde	pen	den	cy re	elati	onsł	nip			Fir	nanc	cial	de	pen	dan	ıt
Percentage of benefit					%																									
Preferred form of payment is:		Lun	np s	um				Pen	sior	1																				
Please note your preferred form	of pay	ymei	nt is	not l	oindi	ng o	n th	e Tru	istee																					
Dependant 4																														
Title (Dr/Mr/Mrs/Ms/Miss)					S	urna	me				L	L			L							Ļ	L	Ļ		1				
Given name(s)																						L	L	L		╧				
Residential address																														
Suburb																		S	tate				Pr	ost	code	e				
Mailing address (if different from above)																														
Suburb																		S	tate				Po	ost	code	e				
Phone														Pho	ne	(mo	bile)													
Date of birth	D	D	/	М	М	/	Υ	Υ	Υ	Υ									Ge	nder			Λ	Иal	e		F	em	ale	
Relationship to member		Spc	ouse			De 1	fact	o sp	ous	e	Chi	ild		Inte	erde	pen	den	cy re	elati	onsł	nip			Fir	nanc	cial	de	pen	dan	ıt
Percentage of benefit	Ī				%						•			-																
Preferred form of payment is:		Lun	np s	um	•			Pen	sior	ì																				

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

PART B: LEGAL PERSONAL	REPRESENTATIVE											
Legal personal representa	tive											
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	96											
The percentages nominated in Step 2 must add up to 100%.												
Step 3: Member o	declaration and signature											
I understand that:												
• the persons nominated mus	t be my dependants at the date of nomination and at the date of my death											
• my Non-Binding Nomination accepted by the Trustee	will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and											
<ul> <li>my Non-Binding Nomination my death benefit.</li> </ul>	is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay											
Signature	Date   D   D   / M   M   / Y   Y   Y   Y											

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