

Death Benefit Nomination – Non-Binding Nomination for IOOF Portfolio Service Term Allocated Pension

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

Step 1: Applicant details

*You must complete a separate Non-Binding Nomination form for each account that you hold.

Step 2: Nomination

- To nominate one or more of your 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%.
- 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.

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

Step 2: Nomination (continued)

PART A: DEPENDANTS

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	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Relationship to member	<input type="text"/>		
Percentage of benefit	<input type="text"/>		
Preferred form of payment is:	<input type="text"/>		

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

Dependant 3

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	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Relationship to member	<input type="text"/>		
Percentage of benefit	<input type="text"/>		
Preferred form of payment is:	<input type="text"/>		

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

Dependant 4

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	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Relationship to member	<input type="text"/>		
Percentage of benefit	<input type="text"/>		
Preferred form of payment is:	<input type="text"/>		

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

Step 2: Nomination (continued)

PART B: LEGAL PERSONAL REPRESENTATIVE

☐ Legal personal representative

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 %

The percentages nominated in Step 2 must add up to 100%.

Step 3: Member 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 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 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.

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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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