

Step 3: Member/Applicant declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependents and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au/privacy.
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- the revocation of my nomination will take effect when it has been received and accepted by the Trustee (applicable to revocation only).
- once my nomination is revoked, I will no longer have a valid Beneficiary Nomination unless I provide new Beneficiary Nomination Instructions (applicable to revocation only).
- if I do not have a valid Beneficiary 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 Pursuit disclosures and guides, which can be downloaded from the IOOF website (www.ioof.com.au) (applicable to revocation only).

Applicable to Binding Nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit.
- my nomination will expire three years after the date it was first signed, or last confirmed or amended (Confirmation of Binding Nomination form available from our website).
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-binding Nomination.

Applicable to Non-lapsing Binding Nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- if my nomination is not valid for any reason at the date of my death, it will be treated as a Non-binding Nomination.
- the Trustee must consider and agree with my nomination and may require additional information if I nominate beneficiaries other than my spouse.

Applicable to Non-binding Nomination only

- 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.

Member/Applicant signature

Signature

Date / /

Surname

Given Name

Please complete Step 4 if you are making or revoking a Binding Nomination.

Step 4: Witness declaration and signature (required for nomination and revocation of Binding Nomination only)

Please ensure that you sign and date this Beneficiary Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Benefit Nomination form.

Each witness must sign and date the Beneficiary Nomination form in each other’s presence and at the same time as the member/applicant, otherwise the Binding Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witness 1

Surname

Given name

Witness signature 1

Date witnessed (must be same date the member/applicant signs)

 / /

Witness 2

Surname

Given name

Witness signature 2

Date witnessed (must be same date the member/applicant signs)

 / /

Please sign and return this form to:

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Facsimile 03 8614 4431
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