



Beneficiary nomination

Complete this form to make a new beneficiary nomination, or to amend or revoke (remove) an existing nomination. For more information, refer to the fact sheet available at www.ioof.com.au/beneficiary.

If you have multiple accounts, you'll need to complete a separate nomination form for each account.



Log in to submit your beneficiary nomination

Logging in to your account is the easiest way to submit your death benefit nomination. For binding beneficiaries, you'll be directed to download and print the form, have two people witness your signature, and upload it.

Step 1: Your details

Account number	<input type="text"/>	Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postal address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Step 2: Nomination type

New nomination
 Amend existing nomination
 Revoke (remove) existing nomination

Step 3: Beneficiary type

- Non-lapsing binding:** your nomination is enduring and won't expire. Nomination remain in place unless revoked or amended.
- Lapsing binding:** nominations are valid for three years and revert to non-binding unless renewed.
- Non-binding:** the superannuation trustee is not legally bound to pay your death benefit according to your nomination instructions. However, the trustee will take into account these nominations when determining your beneficiaries.

If you're making or replacing a lapsing binding nomination, please also complete Step 6.

Step 4: Your nomination

If you're nominating more than one Dependant and/or legal personal representative, ensure the total benefit you allocate adds up to **exactly 100%**. Please use block writing. If you want to nominate more than four dependents, print out a duplicate of this page and include with your form.

Dependant means:

- **spouse** (including de facto, opposite and same sex)
- **child** of any age (including adopted, step or ex nuptial)
- any person(s) **financially dependent** on you, or
- any person(s) in an **interdependent** relationship to you (e.g. living with you, and one or both provide the other with financial, domestic and personal support).

Legal personal representative means your death benefit will be paid to your estate, i.e. will be distributed as part of your Will (or as per laws of intestacy if you do not have a Will). You're not required to include the details of your legal personal representative on this form.

Dependant name 1	Address and phone	Beneficiary type	Percent of benefit
		<input type="checkbox"/> Spouse/De facto	[][][][] . [][] %
		<input type="checkbox"/> Child	
		<input type="checkbox"/> Interdependent	
		<input type="checkbox"/> Financial dependant	
Dependant name 2	Address and phone	Beneficiary type	Percent of benefit
		<input type="checkbox"/> Spouse/De facto	[][][][] . [][] %
		<input type="checkbox"/> Child	
		<input type="checkbox"/> Interdependent	
		<input type="checkbox"/> Financial dependant	
Dependant name 3	Address and phone	Beneficiary type	Percent of benefit
		<input type="checkbox"/> Spouse/De facto	[][][][] . [][] %
		<input type="checkbox"/> Child	
		<input type="checkbox"/> Interdependent	
		<input type="checkbox"/> Financial dependant	
Dependant name 4	Address and phone	Beneficiary type	Percent of benefit
		<input type="checkbox"/> Spouse/De facto	[][][][] . [][] %
		<input type="checkbox"/> Child	
		<input type="checkbox"/> Interdependent	
		<input type="checkbox"/> Financial dependant	
Legal personal representative			Percent of benefit
Details not required – include the percent of benefit only.			[][][][] . [][] %
Total of all Dependents and/or Legal personal representative must equal 100.00%			[1][0][0] . [0][0] %

Step 5: Member declaration and signature

I understand that 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).
- it is my responsibility to inform my nominated Dependents that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- 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 disclosures and guides, which can be downloaded from the IOOF website (www.ioof.com.au) (applicable to revocation only). provided in this form will be handled in accordance with the Trustee's privacy policy, available at www.ioof.com.au/privacy.

Applicable to Lapsing binding nominations 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 nominations 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 Binding nominations 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 / /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature Date / /
 Parent/guardian full name

Please complete Step 6 on the next page if you're making or revoking a lapsing binding nomination.

Step 6: Witness declaration and signature (only required for lapsing binding nominations)

Both witnesses need to:

- sign and date the form in each other's presence and at the same time as the member/applicant.
- be at least 18 years of age
- have not been nominated as a Dependant on this form.

Witness 1

Surname

Given name

Witness signature 1

Date witnessed

 / /

Witness 2

Surname

Given name

Witness signature 2

Date witnessed

 / /

Both witnesses must sign and date the form in the presence of the member.

Checklist

- I have nominated the dependants and/or legal personal representative I want to receive my super and the combined percentages add up to **exactly 100%**.
- I've signed the form in the presence of both my witnesses, and **my witnesses are not nominated as beneficiaries**. For example, if you have nominated your partner or children, they cannot be witnesses.
- My witnesses and I have signed on the **same date**.
- I have **checked each section** of the form is completed.
- I understand **if I make a mistake I'm unable to make changes** (e.g. by crossing out) and I'll need to complete a new form, available online.

Return your form

Return your form by email to clientfirst@ioof.com.au or by post to ClientFirst GPO Box 264 Melbourne Vic 3001. We'll send you confirmation by post when we've processed your form.

Questions

Contact us on 1800 113 918 or email clientfirst@ioof.com.au.