Non-Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke an existing) Non-Binding Death Benefit Nomination. You should read the section Dependents – paying benefits if you die in the PDS before completing this form.

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

**Step 1: Member/Applicant details**

<table>
<thead>
<tr>
<th>Account number (if known)</th>
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<tbody>
<tr>
<td>Title (Dr/Mr/Mrs/Ms/Miss)</td>
<td>Surname</td>
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<tr>
<td>Given name(s)</td>
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<tr>
<td>Residential address</td>
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<tr>
<td>Suburb</td>
<td>State</td>
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<td>Mailing address (if different from above)</td>
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<td>Suburb</td>
<td>State</td>
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<td>Phone (work)</td>
<td>Phone (mobile)</td>
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<td>Email</td>
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<tr>
<td>Date of birth</td>
<td>Gender</td>
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You must complete a separate Non-Binding Death Benefit Nomination form for each account that you hold.

**Step 2: Nomination**

Nomination status: ✔ New nomination ✔ Amendment ✔ Revocation (remove any existing beneficiaries)

In the event of my death, I request the Trustee to pay my benefit in accordance with the following nomination:

- to nominate one or more Dependents 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 Part A and Part B add up to 100%
- to nominate more than four Dependents, please complete a second form and clearly state that the second form is a continuation of the first.

Please note: Your Non-Binding Death Benefit Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines whom to pay your death benefit. If you wish your nomination to be binding on the Trustee you will need to complete a Binding Death Benefit Nomination Form.
## Part A: Dependents

### Dependant 1

<table>
<thead>
<tr>
<th>Title</th>
<th>(Dr/Mr/Mrs/Ms/Miss)</th>
<th>Surname</th>
<th>Given name(s)</th>
<th>Residential address</th>
<th>Suburb</th>
<th>Mailing address (if different from above)</th>
<th>Suburb</th>
<th>Phone (work)</th>
<th>Phone (mobile)</th>
<th>Email</th>
<th>Date of birth</th>
<th>Gender</th>
<th>Relationship to member</th>
<th>Percentage of benefit</th>
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<td>De facto spouse</td>
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### Dependant 2

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<tr>
<th>Title</th>
<th>(Dr/Mr/Mrs/Ms/Miss)</th>
<th>Surname</th>
<th>Given name(s)</th>
<th>Residential address</th>
<th>Suburb</th>
<th>Mailing address (if different from above)</th>
<th>Suburb</th>
<th>Phone (work)</th>
<th>Phone (mobile)</th>
<th>Email</th>
<th>Date of birth</th>
<th>Gender</th>
<th>Relationship to member</th>
<th>Percentage of benefit</th>
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<td>Spouse</td>
<td>De facto spouse</td>
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</table>
**Dependant 3**

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

Surname  

Given name(s)  

Residential address  

Suburb  
Mailing address  
(if different from above)  

Suburb  
Phone (work)  
Phone (mobile)  

Email  

Date of birth  

Gender  
Male  
Female  

Relationship to member  
Spouse  
De facto spouse  
Child  
Interdependency relationship  
Financial Dependant  

Percentage of benefit  

**Dependant 4**

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

Surname  

Given name(s)  

Residential address  

Suburb  
Mailing address  
(if different from above)  

Suburb  
Phone (work)  
Phone (mobile)  

Email  

Date of birth  

Gender  
Male  
Female  

Relationship to member  
Spouse  
De facto spouse  
Child  
Interdependency relationship  
Financial Dependant  

Percentage of benefit  

**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 Dependents 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/Applicant declaration and signature

**Important note:** The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the privacy policy at www.ioof.com.au/privacy.

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the Trustee’s privacy policy.

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 Death Benefit 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 Death Benefit 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 / / 

Please forward all correspondence and enquiries to

Applications and forms

<table>
<thead>
<tr>
<th>Post</th>
<th>IOOF Pension, Reply Paid 264 Melbourne VIC 8060</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:clientfirst@ioof.com.au">clientfirst@ioof.com.au</a></td>
</tr>
<tr>
<td>Fax</td>
<td>03 6215 5800</td>
</tr>
</tbody>
</table>

Enquiries

| Telephone enquiries | 1800 913 118 |
| Email enquiries     | clientfirst@ioof.com.au |