



1 July 2019

Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke an existing) Binding Death Benefit Nomination. You should read the section Dependants – 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

Account number (if known)

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

Given name(s)

Residential address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone (work) Phone (mobile)

Email

Date of birth / / Gender Male Female

You must complete a separate 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 direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more Dependants complete Part A
- to nominate a Legal Personal Representative complete Part B
- to nominate both a Dependants 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 Dependants, please complete a second form and clearly state that the second form is a continuation of the first.

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. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available 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 IOOF privacy policy.

I understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me
- the nomination must be in favour of one or more of my Dependants or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death

- the allocation of my benefit must be clearly set out
- 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 not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- 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 Death Benefit Nomination
- it is my responsibility to ensure my nomination remains valid and current.

Member/applicant signature

Please ensure that you sign and date this Binding Death Benefit 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 Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

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 4: Witness declaration and signature on the next page.

Step 4: Witness declaration and signature

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit 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 Binding Death 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 forward all correspondence and enquiries to

Applications and forms

Post IOOF Personal Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

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

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