

1 November 2019

# FORM C – Beneficiary Nomination

Please complete this form to make a new beneficiary nomination, or to amend or revoke an existing beneficiary nomination. You should read the **'Death benefit nominations'** section in the IOOF Pursuit Focus Personal Superannuation for Infocus general reference guide (**IPF.01**) before completing this form.

#### Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

## **Step 1: Applicant details**

Title																				
(Dr/Mr/Mrs/Ms/Miss)				Su	rnar	ne														
Given name(s)																				
Residential address																				
Suburb										Stat	e			Po	stco	de				
Mailing address (if different from above)																				
Suburb										State	e			Pos	stco	de [				
Phone									 					 						
Email																				
Date of birth	/		/								Ċ	Genc	der	Ma	ale		F	ema	ale	
Account number (if known)					-		-													

# **Step 2: Nomination**

#### New nomination type

Binding Nomination

Please ensure Step 4 is completed. We will not be able to accept this Binding Nomination instruction if Step 4 is not completed.

#### Non-binding Nomination

Please complete Step 4 if you are replacing a Binding Nomination.

Non-lapsing Binding Nomination

If you nominate a beneficiary other than your spouse, further details may be required before your nomination is accepted.

#### Please complete Step 4 if you are replacing a Binding Nomination.

No Nomination (to cancel/revoke an existing Beneficiary Nomination)

#### Please complete Step 4 if you are cancelling/revoking a Binding Nomination.

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 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 form and clearly state that the second form is a continuation of the first. 1

### **Part A: Dependants**

#### Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)					Su	urnar	ne											
Given name(s)																		
Residential address																		
Suburb Mailing address (if different from above)												State		Po	ostcod	e		
Suburb												State		Po	ostcod	e		
Phone										Pho (mobi								
Email																		
Date of birth		/		/									Gende		lale		Female	
Relationship to member	Sp	oouse	e (inclu	uding	de fa 7	acto)		Chi	ld	II	nter elati	depender ionship <sup>1</sup>	ю		Financ Deper			
Percentage of benefit			•		%													
Dependant 2																		
Title (Dr/Mr/Mrs/Ms/Miss)					Su	urnar	ne											
Given name(s)																		
Residential address																		
Suburb Mailing address (if different from above)												State		Po	ostcod	e		
Suburb												State		Po	ostcod	e		
Phone										Pho (mobi								
Email																		
Date of birth		/		/									Gende		lale		Female	
Relationship to member	L Sp	oouse	e (inclu	uding	de fa	acto)		Chi	ld		nter elati	depender ionship <sup>1</sup>	су		Financ Deper			

Percentage of benefit

•

%

1 An interdependency relationship may exist between two people if they live together in a close personal relationship and one or each of them provides the other with financial and domestic support and personal care. This may include a parent or sibling with whom you live. An interdependency relationship may still exist between two people if they have a close personal relationship but do not live together because either or both of them suffer from a physical, intellectual or psychiatric disability.

### Dependant 3

		_											
Title													
(Dr/Mr/Mrs/Ms/Miss)			Surnam	ne 📃									
,													
(													
Given name(s)													
Residential address													
							]			]			
Suburb								State 💄		Postcode			
													-
Mailing address													
(if different from above)													
Suburb								State 🗋		Postcode	2		
						Pho	_						
Phone						(mob	iie) 🗆						
Email													
	,	, [											
Date of birth									Gender	Male	F	emale	
Date of birth												emale	
							nterde	epender nship <sup>1</sup>	ncy	Financi			
Relationship to member	Spouse (in	cluding de	e facto)		Child	L r	relatio	nship'		Depen	dant		
Percentage of benefit	•		%										

#### Dependant 4

Title									
(Dr/Mr/Mrs/Ms/Miss)		Surna	ame 📖						
Given name(s)									
Residential address									
Suburb Mailing address (if different from above)						State		Postcode	
Suburb					Phone	State		Postcode	
Phone					(mobile)				
Email									
Date of birth		/					Gender	Male	Female
Relationship to member	Spouse (ir	cluding de facto	)	Child	Inter relati	dependenc ionship <sup>1</sup>	су	Financial Dependar	t
Percentage of benefit	•	%							

### Part B: Legal Personal Representative

Legal Personal Represen	tative
Percentage of benefit	•
If the percentage to be paid to	o your Legal Personal Represen

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%.

		1	Т
		•	
Total of Part A and Part B			

**Please note:** The percentages nominated in Step 2 must add up to 100% or your Non-lapsing Binding Nomination or Binding Nomination will be invalid, and will be treated as a Non-binding Nomination.

%

# 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 Dependants 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/ product\_list/infocus\_pursuit) (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 Beneficiary 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 Beneficiary Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

### Witness 1

# Witness 2

Surname	Surname					
Given name	Given name					
Witness signature 1	Witness signature 2					
Date witnessed (must be same date the member/applicant	signs) Date witnessed (must be same date the member/applicant signs)   / /					
Please sign and return this form to:						
PostIOOF Pursuit, Reply Paid 264, Melbourne, VIC 80EmailPursuitApplications@ioof.com.au	060					

Post	IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
Email	PursuitApplications@ioof.com.au
Telephone	1800 913 118
Facsimile	03 8614 4431
Trustee	IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524