IOOF PURSUIT

SFI FCT FOR INFOCUS

30 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 Select Personal Superannuation for Infocus general reference guide (IPS.01) before completing this form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS and \checkmark boxes where provided.

Step 1: Applicant details

(Dr/Mr/Mrs/Ms/Miss)					Surna	ame														
(21,1111,11113,1113,11133)					Jarrie		\equiv								T	П		寸	寸	
Given name(s)						<u> </u>						<u> </u>			<u> </u>	Щ		_	_	
Residential address						<u></u>									<u> </u>					
Suburb Mailing address (if different from above)											St	ate			Pc	stco	de			
Suburb						Ļ					St	ate			Po	stcoc	de [
Phone						L														
Email																				
Date of birth		/		/						1		(Gend	ler	М	ale		Fe	ema	le
Account number (if known)								-												
Step 2: Nominati	on																			
Binding Nomination Please ensure Step 4 i	is com	plete	d. We v	will not	be ab	le to	accept	this B	Bindir	ng No	ominati	on ir	nstru	ction if	Step	4 is r	not c	omp	lete	d.
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 Bindin	ominat ficiary	ion other	than yo	our spo	ouse, fu	urthei	r detail	s may	be r	equir	ed befo	ore y	our r	nomina	tion i	s acc	:epte	ed.		
No Nomination (to cane	cel/rev	oke ar	n existir	ng Ben	eficiar	y Nor	minatic	n)	mina	ation										

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.

Part A: Dependants

Dependant 1	
-------------	--

Title (Dr/Mr/Mrs/Ms/Miss)					I	Su	ırnar	ne											L			
Given name(s)																		<u></u>	<u>_</u>	<u></u>		
Residential address																			Ļ	<u></u>		
Suburb Mailing address (if different from above)												Sta	ite L			Ро	stcc	ode				
Suburb												Sta	ite L			Ро	stcc	ode	Ļ			
Phone											hor obil									L		
Email																						
Date of birth		/			/										nder	Ma				Fem	ale	
Relationship to member	Spo	ouse	(inc	ludi	ng c	le fa	cto)		Ch	ild			penc Iship ¹	ŻУ				nanc eper		t		
Percentage of benefit			•			%																
Dependant 2																						
Title (Dr/Mr/Mrs/Ms/Miss)					ı	Su	ırnar	ne														
Given name(s)																			L			
Residential address																			L	<u></u>		
Suburb Mailing address (if different from above)												Sta	ite L			Ро	stcc	ode				
Suburb												Sta	ite [Ро	stcc	ode				
Phone											hor obil											
Email																			L			
Date of birth		/			/										nder	Ma				Fem	ale	
Relationship to member	Spo	ouse	(inc	ludi	ng c	le fa	cto)		Ch	ild			penc Iship ¹	У				nanc eper		it		
Percentage of henefit						%																

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)					Sur	nam	e [\prod		
Given name(s)			<u> </u>								<u> </u>					Ļ			<u> </u>		_
Residential address			<u> </u>												<u> </u>				<u> </u>		_
Suburb Mailing address (if different from above)												State			Po	stco	de l				=
Suburb									1	Phone		State			Po	stco	de		<u> </u>		_
Phone						L			(mobile								L	<u>_</u>		=
Email				1 [_
Date of birth		/] / [ntar	deper	ndan	Gend	er M		lanci.		ema	le L	
Relationship to member	Sp	ouse ((includi	ing d	e fac	to)		Child				ionshi		Су			pen				
Percentage of benefit			•		%																
Dependant 4																					
Title (Dr/Mr/Mrs/Ms/Miss)					Sur	nam	e [
Given name(s)																					
Residential address																					
Suburb Mailing address (if different from above)												State			Po	stco	de				=
Suburb			<u> </u>							Division	_	State			Po	stco	de				_
Phone			<u> </u>			L			(Phone mobile						<u></u>			<u></u>		_
Email			<u> </u>	1 [
Date of birth		/]/										Gend	er M				ema	le [
Relationship to member	Sp	ouse ((includi	ing d	e fac	to)		Child				deper ionshi		СУ			anci pend				
Percentage of benefit			•		%																
Part B: Legal Perso		pres	senta	ativ	e																
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 Dependants and your Legal Personal Representative adds up to 100%.

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.
- it is my responsibility to inform my nominated Dependants that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- 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 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	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:	
Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060	

Email PursuitApplications@ioof.com.au

1800 913 118 Telephone Facsimile 03 8614 4431

IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524 Trustee