(IOF)

SELECT – FORM C

30 November 2019

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 section 'Dependants – paying benefits if you die' in the PDS before completing this form.

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

Step 1: Applicant details

Title																											
(Dr/Mr/Mrs/Ms/Miss)		\perp					Su	rnar	ne	L	<u> </u>	<u></u>	<u> </u>							<u></u>	<u> </u>	뉴	<u></u>	<u> </u>	느		L
Given name(s)		<u></u>										L								<u></u>		<u></u>					
Residential address		<u></u>										<u></u>			<u> </u>					<u> </u>	1				<u></u>		
Suburb																St	ate				Po	ostcc	ode				
Mailing address (if different from above)																					1						
Suburb	L	<u></u>	1									L	<u></u>			Sta	ate				Po	ostco	ode				
Phone	L											L															
Email																											
Date of birth			/			/						_						Ger	ıder		Ν	lale] ,	Fem	ale	
Account number (if known)								-			_																
Step 2: Nominati	ior	ı tı	ype	9																							
			<i>,</i> I.																								
Binding Nomination Please ensure Step 4	is rı	nmn	loto	d \//a	انىد د	ll no	t he	ahle	o to	2006	nt tl	nic F	Rindi	na	Nom	inati	on i	netr	uctio	an if '	Sten	Λic	not	com	nlet	ed	
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Non-binding Nominati	on																										
Please complete Step) 4 if	fyοι	u are	repl	lacir	ng a	Bin	ding	g No	omi	natio	on.															
Non-lapsing Binding N	omi	natio	on																								
If you nominate a bene				than	you	r sp	ouse	e, fur	the	r det	tails	may	be	requ	uired	befo	ore y	our/	nor	ninat	ion	is ac	cept	ed.			
Please complete Step) 4 if	f yoι	u are	repl	lacir	ng a	Bin	ding	g No	omi	natio	on.															
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In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction: $\frac{1}{2} \int_{\mathbb{R}^{n}} \frac{1}{2} \int_{\mathbb{R}^{n}} \frac{$

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

- 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

Title (Dr/Mr/Mrs/Ms/Miss)					I	Sı	ırnar	me																
Given name(s)																						<u></u>		
Residential address																						<u> </u>		
Suburb Mailing address (if different from above)													Sta	te L				Ро	stco	de				
Suburb												_	Sta	te L				Ро	stco	de	L			
Phone											hon obile	- 1										L		
Email																								
Date of birth		/			/										C	end	ler	Ma	ale			Fema	ale	
Relationship to member	Spo	ouse	e (inc	ludi	ng c	le fa	cto)		Ch	ild		Inte rela	erde _l tion	oenc ship	denc	У				anc pen	ial idan	t		
Percentage of benefit			•			%																		
Dependant 2																								
Title (Dr/Mr/Mrs/Ms/Miss)						Su	ırnar	ne																
Given name(s)																								
Residential address																								
Suburb Mailing address (if different from above)													Sta	te				Ро	stco	de				
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Date of birth		/			/										Œ	end	ler	Ma	ale]	Fema	ale	
Relationship to member	Spo	ouse	e (inc	ludi	ng c	le fa	cto)		Ch	ild		Inte rela	erde _l tion	oenc ship	denc	У				anc pen	ial ıdan	t		
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)					Su	ırna	me														
Given name(s)		<u> </u>										<u> </u>					<u> </u>	<u></u>			
Residential address		<u> </u>																			
Suburb Mailing address (if different from above)													State			F	ostco	ode			
Suburb		<u> </u>											State				ostco	ode			
Phone		<u></u>									Phone (mobile						<u> </u>	<u> </u>			
Email		<u> </u>																			
Date of birth		/		/										Ge	nde	r I	Male] _F	-ema	ale [
Relationship to member	Spouse (including de facto)										l r	nte elat	rdepen tionship	dency 1	′			nanci epen			
Percentage of benefit			•		%																
Dependant 4																					
Title (Dr/Mr/Mrs/Ms/Miss)					Su	irna	me														
Given name(s)																					
Residential address																\perp					
Suburb Mailing address													State			F	ostco	ode			
(if different from above)		\pm													<u> </u>	+					
Suburb		1]					Phone	e [State			F	ostco	ode]		
Phone		<u> </u>		<u> </u>							(mobile	<u>)</u>									
Email		<u> </u>		<u> </u>																	
Date of birth		/		/											ende	r I	Male			ema	ale L
Relationship to member	Sp	oouse	(includ	ing c	de fa	cto)			Ch	ild	l	nte elat	rdepen tionship	dency 1	′		Fir De	nanci epen	ial dant	:	
Percentage of benefit			•		%																
Part B: Legal Person Legal Personal Represen		:pre	esenta	ativ	e																

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%.

Percentage of benefit

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)
 (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:	

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