



IOOF PURSUIT SELECT – FORM C

1 July 2018

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 general reference guide (PSS.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)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Account number (if known)	<input type="text"/>	-	<input type="text"/>

Step 2: Nomination

- 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.

Part A: Dependants

Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	
Given name(s)	<input type="text"/>			
Residential address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Mailing address (if different from above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Postcode	<input type="text"/>			
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>			
Date of birth	<input type="text"/>	/	<input type="text"/>	
	<input type="text"/>	/	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹	<input type="checkbox"/> Financial Dependant
Percentage of benefit	<input type="text"/>	•	<input type="text"/>	%

Dependant 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	
Given name(s)	<input type="text"/>			
Residential address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Mailing address (if different from above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Postcode	<input type="text"/>			
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>			
Date of birth	<input type="text"/>	/	<input type="text"/>	
	<input type="text"/>	/	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹	<input type="checkbox"/> Financial Dependant
Percentage of benefit	<input type="text"/>	•	<input type="text"/>	%

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) Surname

Given name(s)

Residential address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone Phone (mobile)

Email

Date of birth / / Gender Male Female

Relationship to member Spouse (including de facto) Child Interdependency relationship¹ Financial Dependant

Percentage of benefit . %

Dependant 4

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 Phone (mobile)

Email

Date of birth / / Gender Male Female

Relationship to member Spouse (including de facto) Child Interdependency relationship¹ 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 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 Dependents 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. The 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) (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

Surname

Date / /

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

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 sign and return this form to:

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Email PursuitApplications@ioof.com.au
Telephone 1800 913 118
Facsimile 03 8614 4431
Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524