

Non-Binding Death Benefit Nomination

Please complete this form to make a new or to amend an existing Non-Binding Death Benefit Nomination. You should read the relevant section 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: 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 (bh)	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Member number (if known)	<input type="text"/>		

You must complete a separate Non-Binding Death Benefit Nomination form for each account that you hold.

Step 2: Nomination

Nomination status New nomination Amendment Revocation (do not nominate any beneficiaries)

In the event of my death, I request the Trustee to pay my benefit in accordance with the following 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.

Non-Binding Death Benefit Nomination

Part A: Dependants

Dependant 1

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 (bh) Phone (mobile)

Email

Date of birth / / Gender Male Female

Relationship to member Spouse De facto spouse Child Interdependency relationship Financial Dependant

Percentage of benefit . %

My preferred form of payment is: Lump sum Pension

Please note your preferred form of payment is not binding on the Trustee.

Dependant 2

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 (bh) Phone (mobile)

Email

Date of birth / / Gender Male Female

Relationship to member Spouse De facto spouse Child Interdependency relationship Financial Dependant

Percentage of benefit . %

My preferred form of payment is: Lump sum Pension

Please note your preferred form of payment is not binding on the Trustee.

Non-Binding Death Benefit Nomination

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 (bh) Phone (mobile)

Email

Date of birth / /

Gender Male Female

Relationship to member Spouse De facto spouse Child Interdependency relationship Financial Dependiant

Percentage of benefit %

My preferred form of payment is: Lump sum Pension

Please note your preferred form of payment is not binding on the Trustee.

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 (bh) Phone (mobile)

Email

Date of birth / /

Gender Male Female

Relationship to member Spouse De facto spouse Child Interdependency relationship Financial Dependiant

Percentage of benefit %

My preferred form of payment is: Lump sum Pension

Please note your preferred form of payment is not binding on the Trustee.

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%.

Total of PART A and PART B %

The percentages nominated in Step 2 must add up to 100%.

Non-Binding Death Benefit Nomination

Step 3: Member/Applicant declaration and signature

I understand that:

- the persons nominated must be my Dependents at the date of nomination and at the date of my death
- my Non-Binding Death Benefit Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee
- my Non-Binding Death Benefit 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 / /

Please sign and return this form to:

Post: SMF Eligible Rollover Fund, GPO Box 529, Hobart Tas 7001
Email: email@ioof.com.au
Facsimile: 03 6215 5933
Client services team: 1800 677 306
Website: www.ioof.com.au
Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524