

# 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"/>	Postcode	<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"/> / <input type="text"/> / <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.



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## Step 3: Member/Applicant declaration and signature

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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