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 \checkmark boxes where provided.

Step 1: Applicant details																													
Title (Dr/Mr/Mrs/Ms/Miss)							S	urna	ame																				
Given name(s)																													
Residential address																										L			
Suburb Mailing address (if different from above)																		St	ate				Pos	stco	de				
Suburb																Б			ate				Pos	stco	de				
Phone (bh)									L		<u></u>					Ph (mo		-	L										
Email																													
Date of birth			/			/						_								Gende	r		Ма	ıle			Fem	ale	
Member number (if known)	Ε	R	F																										
You must complete a separat	e No	n-Bir	nding	g De	ath E	3ene	fit N	omi	natic	n foi	rm fo	or ea	ch a	CCO	unt t	hat y	/OL	ı hold.											
Step 2: Nomination	1																												
Nomination status		Ne	w no	omin	atior	1		Ar	meno	dmei	nt			R	evoc	atior	n (d	do not	nom	inate ar	ny b	ene	eficia	ries)					
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.

Part A: Dependants

Dependant 1																												
Title (Dr/Mr/Mrs/Ms/Miss)							Su	ırnar	ne																			
Given name(s)																									L			
Residential address																									Ļ			
Suburb Mailing address																	St	ate				Po	stco	ode		<u> </u> 		
(if different from above)																1									Ļ	<u> </u>		
Suburb								1							Di-		St	ate				Po	stco	ode	L			
Phone (bh)														(Pho (mob									<u></u>	_			
Email											<u> </u>													L	<u></u>			
Date of birth			/			/						7			Inte	erde	epen	Ger		[ale anci	ial		Fema	ale	
Relationship to member		Spo	ouse]		De	fact	o sp	ouse)		Ch	ild				nship		,					dant				
Percentage of benefit My preferred form of payment is:		Lun		. [Per	% nsior	า																				
Please note your preferred for	m of p	ayn	nent	is no	ot bir	nding	g on	the	Trus	tee.																		
Dependant 2																												
Title (Dr/Mr/Mrs/Ms/Miss)							Su	ırnar	ne																			
Given name(s)																								<u></u>	<u></u>	<u></u>		
Residential address																1									Ļ	<u> </u>		
Suburb	Щ																St	ate				Po	stco	ode	L	Ļ		
Mailing address (if different from above)																									L	L		
Suburb																	St	ate				Po	stco	ode	L	L		
Phone (bh)														(Pho mob											L		
Email																										Ļ		
Date of birth			/			/						٦					nder			Ma	ale			Fem	ale			
Relationship to member		Spo	ouse	 - 	_	De	fact	o sp	ouse)		Ch	iild				epen nship		y				anci pend	iai dant				
Percentage of benefit My preferred form of payment is:	1 1	Lun		. [Per	% nsior	า																				
	Please note your preferred form of payment is not binding on the Trustee.																											

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Dependant 3																												
Title (Dr/Mr/Mrs/Ms/Miss)						Su	rnar	ne																				
Given name(s)																									<u></u>			
Residential address																									<u></u>			
Suburb Mailing address (if different from above)															Sta	ate				Po	stco	de						
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Phone (bh)														(Pho mob													
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Date of birth	<u> </u>	/			/										1			Gen					ale .			Fem	ale	
Relationship to member	Sp	ouse	e 1													anci pend												
Percentage of benefit My preferred form	Lu	mp				%																						
of payment is: Please note your preferred form of	su su		is no	ot bir		nsior g on		Trus	tee.																			
Dependant 4																												
Title																												
(Dr/Mr/Mrs/Ms/Miss)	<u> </u>					Su	rnar	ne																				
Given name(s)																												
Residential address																1												
Suburb Mailing address																	Sta	ate				Po	stcc	de				
(if different from above) Suburb																	Sta	ate				Po	stcc	ode				
Phone (bh)														(Pho mob													
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Date of birth		/			/										1			Gen					ale .			Fem	ale	
Relationship to member	Sp	ouse	e 1		De	facto	sp.	ouse)		Chi	ild			l .	erder		denc	У				anci pend					
Percentage of benefit My preferred form	Lu	mp				%																						
of payment is:	su	m	io n	at bir		nsior		Truo	too																			
Please note your preferred form of							ıne	irus	iee.																			
Part B: Legal Persona Legal Personal Representative		epr	ese	ent	ativ	/e																						
Percentage of benefit] .			%																						
If the percentage to be paid to your Dependants and your Legal Person										an 10	00%	plea	se e	nsur	e tha	at the	e tota	al am	iount	of b	enef	it to	be a	lloca	ated t	о уо	ur	
			.																									
Total of PART A and PART B			J			%																						

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

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Step 3: Member/Applicant declaration and signature

I understand that:

- the persons nominated must be my Dependants 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.auFacsimile:03 6215 5933Client services team:1800 677 306Website:www.ioof.com.au

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524