

Non-Binding Death Benefit Nomination

Part a: Dependants

Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input style="width: 100%; height: 15px;" type="text"/>	Surname	<input style="width: 100%; height: 15px;" type="text"/>	% of benefit	<input style="width: 80%; height: 15px;" type="text"/> . <input style="width: 10%; height: 15px;" type="text"/> %
Given name(s)	<input style="width: 100%; height: 15px;" type="text"/>				
Residential address	<input style="width: 100%; height: 15px;" type="text"/>				
Suburb	<input style="width: 100%; height: 15px;" type="text"/>	State	<input style="width: 100%; height: 15px;" type="text"/>	Postcode	<input style="width: 100%; height: 15px;" type="text"/>
Mailing address (if different from above)	<input style="width: 100%; height: 15px;" type="text"/>				
Suburb	<input style="width: 100%; height: 15px;" type="text"/>	State	<input style="width: 100%; height: 15px;" type="text"/>	Postcode	<input style="width: 100%; height: 15px;" type="text"/>
Phone (work)	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	Phone (mobile)	<input style="width: 100%; height: 15px;" type="text"/>
Email address	<input style="width: 100%; height: 15px;" type="text"/>				
Date of birth	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	Gender	Male <input style="width: 15px; height: 15px;" type="checkbox"/> Female <input style="width: 15px; height: 15px;" type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse <input type="checkbox"/> Defacto spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant				

Dependant 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input style="width: 100%; height: 15px;" type="text"/>	Surname	<input style="width: 100%; height: 15px;" type="text"/>	% of benefit	<input style="width: 80%; height: 15px;" type="text"/> . <input style="width: 10%; height: 15px;" type="text"/> %
Given name(s)	<input style="width: 100%; height: 15px;" type="text"/>				
Residential address	<input style="width: 100%; height: 15px;" type="text"/>				
Suburb	<input style="width: 100%; height: 15px;" type="text"/>	State	<input style="width: 100%; height: 15px;" type="text"/>	Postcode	<input style="width: 100%; height: 15px;" type="text"/>
Mailing address (if different from above)	<input style="width: 100%; height: 15px;" type="text"/>				
Suburb	<input style="width: 100%; height: 15px;" type="text"/>	State	<input style="width: 100%; height: 15px;" type="text"/>	Postcode	<input style="width: 100%; height: 15px;" type="text"/>
Phone (work)	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	Phone (mobile)	<input style="width: 100%; height: 15px;" type="text"/>
Email address	<input style="width: 100%; height: 15px;" type="text"/>				
Date of birth	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	Gender	Male <input style="width: 15px; height: 15px;" type="checkbox"/> Female <input style="width: 15px; height: 15px;" type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse <input type="checkbox"/> Defacto spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant				

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Dependant 3

Title (Dr/Mr/Mrs/Ms/Miss)		Surname											% of benefit	.	%			
Given name(s)																		
Residential address																		
Suburb											State		Postcode					
Mailing address (if different from above)																		
Suburb											State		Postcode					
Phone (work)																		
Email address																		
Date of birth			/			/												
Relationship to member																		
	Spouse		Defacto spouse		Child		Interdependency relationship		Financial dependant									

Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)		Surname											% of benefit	.	%			
Given name(s)																		
Residential address																		
Suburb											State		Postcode					
Mailing address (if different from above)																		
Suburb											State		Postcode					
Phone (work)																		
Email address																		
Date of birth			/			/												
Relationship to member																		
	Spouse		Defacto spouse		Child		Interdependency relationship		Financial dependant									

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 Dependents 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%.

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3 Member/Applicant declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy available at www.ioof.com.au/privacy.

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the Trustee's privacy policy.

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

Date

 / /

Please forward all correspondence and enquiries to

Applications & forms

Post Pitcher Partners Superannuation Fund
GPO BOX 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Email enquiries info@pitcherpartners.com.au