

Binding Death Benefit Nomination

Dependant 2

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)				Phone (mobile)		
Email address						
Date of birth		/		/		
Relationship to member		Spouse		Defacto spouse		Child
		Interdependency relationship		Financial dependant		
		Gender	Male		Female	

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)				Phone (mobile)		
Email address						
Date of birth		/		/		
Relationship to member		Spouse		Defacto spouse		Child
		Interdependency relationship		Financial dependant		
		Gender	Male		Female	

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Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<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 (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>		

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% or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

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:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me
- the nomination must be in favour of one or more of my Dependents or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death

- the allocation of my benefit must be clearly set out
- 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 not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- 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 Death Benefit Nomination
- it is my responsibility to ensure my nomination remains valid and current.

Binding Death Benefit Nomination

Member/Applicant signature

Please ensure that you sign and date this Binding Death Benefit 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 Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature Date / /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature Date / /
Parent/guardian full name

Please complete Step 4: Witness declaration and signature on the next page.

4 Witness declaration and signature

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit 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 Binding Death 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 forward all correspondence and enquiries to

Applications & forms

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Enquiries

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