

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

[illegible]

## 2 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 Part a and Part 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.

### Dependant 1

1

### Dependant 2

Title <small>(Dr/Mr/Mrs/Ms/Miss)</small>	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<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 <small>(if different from above)</small>	<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="text"/>	Spouse	<input type="text"/>	De facto spouse	<input type="text"/>
	<input type="text"/>	Child	<input type="text"/>	Interdependency relationship	<input type="text"/>
	<input type="text"/>	Financial dependant	<input type="text"/>		<input type="text"/>

### 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			/			/							Gender	Male			Female													
Relationship to member			Spouse						De facto spouse						Child						Interdependency relationship						Financial dependant			

**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"/> De facto 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 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% or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

**3 Member declaration**

**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](http://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 Dependants 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 per cent of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100 per cent)
- 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.

**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 full signature

\_\_\_\_\_

Date 



 / 



 /

Parent/guardian full name

[illegible]

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

[illegible]

Given name

[illegible]

Witness signature 1

\_\_\_\_\_

Date witnessed (must be the same as the date the member signs)

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Witness 2

Surname

[illegible]

Given name

[illegible]

Witness signature 2

Date witnessed (must be the same as the date the member signs)

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**Please forward all correspondence and enquiries to**

## Applications & forms

**Post** Medical & Associated Professions Superannuation Fund  
Reply Paid 264 Melbourne VIC 8060

**Email** employersuper@ioof.com.au

**Fax** (03) 6215 5800

## Enquiries

**Telephone enquiries** 1800 009 921

**Email enquiries** [employersuper@ioof.com.au](mailto:employersuper@ioof.com.au)