

Use this form to nominate who receives your superannuation benefit in the event of your death. Print clearly in BLOCK LETTERS.

| | 1. P | ERS | SON | ٩L | DE. | TAI | LS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|-------|-------|-----------------|-------|------|---------|------|------|-------|----------|------|--------|------|-------|-------|------|-----|----------|----------|----------|----------|----------|------|-------|------|-------------|------|-----|------------------|----------------|----------|-------|----------|------|-------|---------|
| (| | | ı wou Ilinve | | | | | | | | | | | | | | ose | you | r per | son | al inf | orm | atio | on, y | ou · | can | acc | ess | the ['] | Trus | tee's | s pri | vacy | poli | cy at | |
| a. | Title | e (pl | ease | sel | ect) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mr | | Μ | rs | | Μ | iss | | Μ | s | | Dr | | 0 | ther | | | • | | | | | | | | | | | | | | | | | | |
| b. | Sur | nam | е | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | Firs | t na | me(s |) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Dat | e of | birth | (D | DΝ | ım ' | YYY | Y) | | | e. | Mer | nbe | r nu | mbe | er | | | | | | | | | | | | | | | | | | | | |
| | | | [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Tie | ck th | is b | юх | if th | nere | are | NC |) ch | ang | es to | o yo | ur p | ers | onal | со | nta | ct d | etai | ls b | elov | Ν. | | | | | | | | | | | | | |
| f. | Add | lress | S | | | | | | 1 | | 1 | | | 1 | | | | 1 | | 1 | | _ | | | | _ | | 1 | 1 | | _ | _ | | | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | Sta | ate | | | | | Post | cod | e | | | |
| g. | Wo | rk te | leph | one | | | | | | | | h. | Hoi | me t | elep | hon | e | | | | | | | | i. 1 | Mok | oile | nur | nbe | r ¹ | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Em | ماند | ddra | I | (Civ | · · · · | | uro | ma: | 1 24 | droo | rc tc | roc | 011/0 | الد | | | om | mun | icat | iona | | | | الدم | | | | | _ | | | | | | |
| J. | | all d | ddre | 55- (| (GIV | e us | s yo | ur e | ıııdı | ı au | ures | 10 | rece | erve | ali I | utul | e C | 7 | mun | ıcai | | T ere | :Ctf | | Call | y. <i>)</i> | | | 1 | 7 | 7 | | _ | | 7 | |
| | | | \square | _ | | Щ | | | L | <u> </u> | | | | | | | L | <u>Ļ</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | _ _ | _ _ | _ | | | L | <u>Ļ</u> | <u> </u> | <u> </u> | _ | <u> </u> | _ _ | _ | \perp |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

¹ We may SMS you from time to time.

If you provide us with your email address, you will be opted-in for e-communications. This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

| Please se | elect one | option | and f | ollow | the | inst | ructi | ons. | | | | | | | | | | | | | | | | | | | | | |
|----------------------|-------------------------|----------|----------------|--------|--------------|-------------|---------------|-----------------|-------------|----------------|----------|-------------|-------|-------|---------------|--------|-------|-------|------|------|-------|------|-------|----------------|------------|-------------|-------|-------|--------|
| Ор | otion A – | My bir | ıding ı | nomi | natio | on is | due | to e | хріг | re so | on a | and | I wo | uld | like 1 | to re | new | it be | efor | e it | exp | ires | | | | | | | |
| If you se | lect Optic | on A, p | lease (| comp | lete | the | relev | /ant | deta | ails I | oelo | w. | | | | | | | | | | | | | | | | | |
| My bindi in my cu | ing nomir rrent bind | nation i | s due minat | to ex | pire re p | soo eopl | n an le wh | d I w no I u | oul inde | d lik ersta | e to | ren will | rece | ive | my D | eath | Ber | nefit | in t | he e | even | t of | my | deat | h, b | ecau | se th | ne Tr | uste |
| | by my no ars. I acki | | | | | | | | | | | | | | | | | | | | | | | | | | atio | east | ever |
| Member | signatur | e | | | | | Da | ate (| DD | MN | 1 YY | YY) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | | | | | | | | | | | | | | | | |
| Member | name | | | | | | | | | | | | | | | 1 | 1 | | | | 1 | | 1 | | | | | | _ |
| | | | | | | | | | _ _ | <u> </u> | | _ _ | | _ | _ | | | | | | | | | | | | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You do n | ot need t | o take | any fu | ırther | act | ion. | We ۱ | will r | ene | w y | our (| curr | ent l | bind | ing r | nomi | natio | on. | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ор | otion B – | My bin | ding ı | nomi | natio | on is | due | to e | xpir | re so | on a | and | I wo | uld | like t | o ma | ake a | a ne | w bi | ndi | ng/r | non- | bin | ding | non | ninat | ion. | | |
| If you se | lect Optio | on B, p | lease | go to | sect | tion | 3. PI | ease | no | te, y | ou v | vill | need | l two | peo | ple (| over | the | age | of | 18 to | o wi | tnes | ss yc | ur s | igna | ture. | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NO | MINATI | ON O | FBEN | NEFI | CIA | RIE | S | | | | | | | | | | | | | | | | | | | | | | |
| | se specify | | | | | | | | | | | | | | | | | | | | | | ı to | alloc | ate | to ea | ch p | erso | n |
| | d. For mo total prop | | | | | | | | | | | | | | | | | | | r tn | IS TO | rm. | | | | | | | |
| Туре | es of depe | ndants | inclu | de sp | ouse | e, ch | ild, f | inan | cial | dep | enda | ant | or pe | ersoi | n who | o is i | - | | | nt. | You | ma | y als | so no | min | iate y | our | estat | te. It |
| a. M | 1y nomin | ation o | of ben | eficia | aries | : | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Full nar | ne | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Type of | depen | dant | | | | | | | | | | | | | | | | | | | | | % (| of be | enefit | : | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | .00 | % | |
| 2 | Full nar | ne | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Type of | depen | ⊸∟ dant | | | | | | | | | | | | | | | | | | | | | <u></u> % (| of be | enefit | : | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | .00 | % | |
| 2 | Full nar | no. | | | | | | | | | | | | | | | | | | | | | | | | | | , , | |
| 3 | Full Hai | | | | | | | | | | | 7 | ٦ | | $\neg \vdash$ | | | | | | | | | | | | | | |
| | Tuna of | donos | _ | | | | | | L | | <u> </u> | | | | | | | | | ⊥L | [| | | 0/2 / | of bo | l enefit | | | |
| | Type of | aepen | uant | | | | | | | | | | | | | | | | | | | | | 70 (|) | | | 0.1 | |
| | | | | | | | | Ш | | | | | | | | | | | | | | | | | | | .00 | % | |

2. FOR CURRENT BINDING NOMINATIONS DUE TO EXPIRE

| 3. NO | MINATION OF BENEFICIARIES (CONTINUED) |
|-------|---|
| 4 | Full name |
| | |
| | Type of dependant % of benefit |
| | .00% |
| 5 | Full name |
| | |
| | Type of dependant % of benefit |
| | .00% |
| 6 | Full name |
| | |
| | Type of dependant % of benefit |
| | .00% |
| 7 | Full name |
| | |
| | Type of dependant % of benefit |
| | .00% |
| 8 | Full name |
| | |
| | Type of dependant % of benefit |
| | .00% |
| | $Total = \boxed{1} \boxed{0} \boxed{0} \ .00\%$ |
| | |
| b. T | ype of beneficiary nomination. Please mark one option only and complete the relevant details: |
| | Option 1 – Preferred nomination (non-binding) |
| | The beneficiaries nominated by me on this form are people who I understand may receive my Death Benefit in the |
| | event of my death, but I acknowledge that the Trustee of the Fund is not bound by my nomination. Member signature Date (DD MM YYYY) |
| | |
| | |
| | Member name |
| | |
| | |

3. NOMINATION OF BENEFICIARIES (CONTINUED)

| the ackr | evei | nt o | f my | / de | ath, | bed | caus | se tl | he | Tru | ust | ee i | | วน | nd l | by r | ny | non | nina | atio | n a | is l | ong | as | my | no | mir | nati | on | rem | nain | is va | in ilio |
|-------------|------|-------|------|-------|------|-------|------|-------|---------|-----|------|------|------|-----|------|------|------|------|------|------|------|------|-----|-----|------|----------|------|------|------|---------|------|----------|------------|
| Not | e: A | bin | din | g no | omii | natio | n n | nus | t be | e c | con | firm | ned/ | ′up | odat | ed | at l | eas | t ev | ery | / th | ree | ye | ars | to ı | en | nair | ı va | alid | | | | |
| You | nee | d to | siç | jn a | nd | date | you | ır n | om | nin | atio | on i | n th | ie | pre | sen | ce | of t | wo | wit | ne | sse | S. | | | | | | | | | | |
| Mer | nbe | r siç | gnat | ure | | | | | | | | | Da | te | (DE |) N | 1M | ΥΥ | (Y) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mer | nbe | r na | me | | | | | | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | T | | | | | | | |
| H | | | | | | | | | ╬ | | | ╫ | ╁ | | | | | ╬ | ╁ | | | | | | T | | ͳ | | | ╁ | ╁ | ╁ | = |
| | | | | | | | | | <u></u> | | | _ | | _ | | | | | | | | | | | | <u> </u> | | | | <u></u> | | <u>_</u> | _ |
| Witr | ness | 1 s | igna | iture | e | | | | | | | | Da | te | (DE |) [V | 1M | ΥΥ | /Y) | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Witr | ness | 1 n | ame | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Ī | | | | | Ť | | | | | | | | | | | | | 司 | | | Ť | | Ť | = |
| | | | | |] | |] | _ | _ _ | | | | _ | L | | | | _ | _ | | | |][| | | _ L | | | | | _ _ | _ _ | _ |
| Witr | iess | 2 s | igna | ture | e | | | | | _ | | | Da | te | (DE | N _ | 1M | YY\ | /Y) | | | . — | | _ | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Witr | ness | 2 n | ame | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | | | | | İ | | İ | ī | Ť | T | | ī | i | Ť | | _ | | ī | ī | Ť | | | | Ħ | | Ť | ٦ï | | Ī | ╗ | ╗ | ┰ | = |

• I have witnessed the signing and dating of this form by the member.

4. ADDITIONAL INFORMATION

(i) You should nominate how you would prefer your benefit to be paid in the event of your death.

a. Who can you nominate

I. Who can receive your benefit in the event of your death?

You can pay your benefit to:

- · your estate, or
- nominated beneficiary(ies), or
- a combination of your estate and your nominated beneficiary(ies).

Any beneficiary you nominate must be either your legal personal representative (i.e. the executor or administrator of your estate) or a dependant at the date of your death.

If you nominate your estate or legal personal representative, your benefit will be paid according to your Will (or according to the law of your state or territory if you have no Will).

II. Who qualifies as a dependant?

In terms of superannuation law, the people that you are able to nominate to receive your Death Benefit are:

- your spouse (including de facto of the same or different sex);
- · your children (including step, adopted, and ex-nuptial children, or a child of your spouse);
- · any person who is financially dependent on you;
- any person with whom you have an interdependency relationship including:
 - any person with whom you have a close personal relationship and live with where one or both of you also provide ongoing financial support, domestic support and personal care; and
 - any person with whom you have a close personal relationship where, because of a disability, the above requirements of living together, financial support, domestic support and personal care are not able to be satisfied.

b. Types of nominations

You can choose to make a preferred nomination (Non-binding) or binding nomination.

I. What is a preferred nomination (non-binding)?

- When you make a preferred nomination (non-binding), the Trustee will take into consideration any nomination you make. However, in this case, the Trustee has final discretion in deciding who will receive your superannuation benefit when you die.
- It should be updated if your circumstances change.
- · It requires no witness signatures.

II. What is a binding nomination?

- When you make a valid binding nomination, you decide who receives your benefit when you die, and how much of the benefit they receive.
- It will be treated as a binding nomination for three years from the date the nomination is made. This nomination reverts to being a preferred nomination (Non-binding) after the threeyear period, if the nomination is not extended by lodging a new binding nomination request.
- It requires two witness signatures. Witnesses must be aged over 18, must not be one of your nominated beneficiaries and must be present when you sign the form. If the witnesses sign and date the form on a different date to your signature, the nomination will be invalid.
- An invalid binding nomination will be treated as a preferred nomination (Non-binding) by the Trustee and will not revoke or replace an existing, valid binding nomination.

Note: If you do not make a valid nomination, the Trustee will have final discretion in deciding who will receive your superannuation benefit when you die.

You should refer to the current Product Disclosure Statement for more information about who qualifies as a dependant and how to make a binding nomination.

It is important to note that each person you nominate must qualify as a dependant.

We're here to help

Please send your completed form to: iQ Super by Russell Investments, Locked Bag A4094, Sydney South NSW 1235. If you have any questions, please call us on 1800 555 667 (Monday to Friday 8.30am to 5.30pm AEST), email ig@russellinvestments.com.au or visit russellinvestments.com.au/super

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call us on 1800 555 667 or visit russellinvestments.com.au for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567.

SS_F_Gen_NomBen_V1F_2312