

Binding Death Nomination Form

Form checklist:

Please complete this checklist before sending the form to IMB Bank

- ☐ I confirm the form has been signed by two witnesses in Section 3. Note the witnesses cannot be nominated to receive your death benefit.
- ☐ I confirm the day the two witnesses signed the form is the same day I signed the form in Section 3 and the form is dated accordingly.
- ☐ I confirm that details of my nominated dependants have been provided in Section 2

1. Investor Details

☐ Mr ☐ Mrs ☐ Ms ☐ Other
 Hunter United RSA Account Number: _____
 Full name: _____
 Home street address: _____
 Suburb: _____
 State: _____ Postcode: _____
 Different postal address? Y N (Please circle)
 Postal street address: _____
 Suburb: _____
 State: _____ Postcode: _____
 Preferred contact number: _____
 Email address: _____

2. Nomination Details

Full Name of First Nominee: _____
 Home street address: _____
 Suburb: _____
 State: _____ Postcode: _____
 Percentage of Benefit: _____
 Relationship to you (tick one option only)
☐ Spouse ☐ Interdependency Relationship
☐ Child ☐ Legal Representative
☐ Financial Dependand
 Full Name of Second Nominee: _____
 Home street address: _____
 Suburb: _____
 State: _____ Postcode: _____
 Percentage of Benefit: _____
 Relationship to you (tick one option only)
☐ Spouse ☐ Interdependency Relationship
☐ Child ☐ Legal Representative
☐ Financial Dependand

Full Name of Third Nominee: _____
 Home street address: _____
 Suburb: _____ Postcode: _____
 State: _____
 Percentage of Benefit: _____
 Relationship to you (tick one option only)
☐ Spouse ☐ Interdependency Relationship
☐ Child ☐ Legal Representative
☐ Financial Dependand

Full Name of Fourth Nominee: _____
 Home street address: _____
 Suburb: _____ Postcode: _____
 State: _____
 Percentage of Benefit: _____
 Relationship to you (tick one option only)
☐ Spouse ☐ Interdependency Relationship
☐ Child ☐ Legal Representative
☐ Financial Dependand

Full Name of Fifth Nominee: _____
 Home street address: _____
 Suburb: _____ Postcode: _____
 State: _____
 Percentage of Benefit: _____
 Relationship to you (tick one option only)
☐ Spouse ☐ Interdependency Relationship
☐ Child ☐ Legal Representative
☐ Financial Dependand

If you wish to nominate that the whole or part of your benefit is paid to your estate, please tick the box below and confirm the percentage of benefit:

☐ Legal Personal Representative

Percentage of Benefit: _____

If you wish to revoke and remove your existing binding death nomination without replacing it, please (x) the box below:

☐ No nomination

The combined total of your beneficiary nominations must equal 100%.

If you wish to nominate more beneficiaries, please complete a separate form.

3. Declaration & Signatures

A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialed by yourself and both witnesses.

Member declaration:

I understand/declare that:

- By making this nomination, I revoke and replace any existing binding death nomination
- My nomination must be my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship or a legal personal representative of my estate at the time of my death
- My beneficiary(ies) and I will be bound by the Terms and Conditions relating to binding death benefit nominations
- This binding nomination is only valid for three years from the date I sign it or any confirmation or amendment of it
- I may at any time revoke or change a binding nomination notice in accordance with IMB Bank's procedures
- If a notice is invalid or has not been sent to IMB Bank when I die, the death benefit will be paid to my legal personal representative
- This declaration must be signed by me in the presence of two witnesses (who are not nominated), both of whom are over the age of 18
- This nomination only applies to the account number identified on this form.
- I have read the PDS and agree to be bound by the Terms and Conditions governing the fund (as amended)
- I am over 18
- IMB Bank will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where IMB Bank refuses to process a transaction or ceases to provide me with a product or service.

Printed Name: _____

Applicant's Signature: _____

Date: _____

Printed Name: _____

Witness Signature: _____

Date: _____

Printed Name: _____

Witness Signature: _____

Date: _____

Please ensure that the date each of the witnesses signs this form is the same as the date the member signs otherwise this nomination will not be valid.

Hunter United is a division of IMB Ltd | ABN 92 087 651 974 | AFSL 237 391

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