



IOOF

EMPLOYER SUPER

Member and Employer forms booklet

Dated: 5 October 2021

Issuer: IOOF Investment Management Limited | ABN 53 006 695 021 | AFS Licence No. 230524
as Trustee of the IOOF Portfolio Service Superannuation Fund | ABN 70 815 369 818.
MySuper No. 70815369818036 Unique Superannuation Identifier: SMF0126AU

Which forms to complete

Form	When to complete this form
Member (employee) only forms	
New Member Form	To update your details or amend/select available options.
Request to Transfer	To transfer monies into your IOOF Employer Super account from another superannuation fund.
Beneficiary Nomination	To make a Non-lapsing Binding nomination, Binding nomination or Non-Binding nomination (online functionality available for financial advisers).
Application for Insurance	To apply for or change your insurance cover.
Family Member Application – IOOF Personal Super	When a family member of an existing IOOF Employer Super wishes to become a member of IOOF Personal Super.
Employer only forms	
Employer Application	To set up an employer super account and to register to use Transact for your employees' superannuation contributions.
New Member Notification	Use this form to inform us of your employees' details.
New Member Specimen Signatures	Use this form to provide your employees' signatures. Providing an employee's signature will allow efficient and secure processing of future transactions.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 913 118 or your financial adviser. Please note ClientFirst are not authorised to give you investment or financial product advice.

How to establish an account (employers only)

- 1 Read the PDS for IOOF Employer Super.
- 2 Read the important information included in the guides.
- 3 Read all the information contained in the Application form (Employer only).
- 4 Complete all relevant sections of the Application form (Employer only).
- 5 Read and sign the declarations on the Employer only forms, that are part of this forms booklet.
- 6 Lodge the completed forms.

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060

Email clientfirst@ioof.com.au

Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118

Email enquiries clientfirst@ioof.com.au



IOOF

EMPLOYER SUPER

Member (employee only) forms

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Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF) Law, please advise the following:
(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law.)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person? Yes No

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

- a Politically Exposed Persons form (www.ioof.com.au)
- certified copies of your identification documents

Step 2: Nomination of beneficiaries

You may complete a Beneficiary Nomination form available in this forms booklet, from our website or by contacting ClientFirst. Otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative on behalf of your estate. Alternatively you can log on to IOOF Online and submit the signed and dated nomination electronically.

Step 3a: Deposit Instruction

You can make your own investment choice as part of your application. If you do not make an investment selection, you will be classified as a MySuper member and invested in the MySuper default investment strategy. If you make an investment selection other than the default investment strategy, you will be classified as a Choice member.

Please note the Deposit instruction, Cash Account preferences and Income preferences all form part of your Standing Instructions.

Listed investments and Term deposits do not form part of your Standing Instructions.

For more information on Standing Instructions, please refer to the IOOF General Reference Guide (IOF.02).

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account (Choice members only). The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within IOOF Employer Super go to our website, select from the **IOOF investment guide (IOF.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 3b and 3c to provide these instructions.

MySuper member (default investment strategy – 100% IOOF Balanced Investor Trust)

OR

Choice member

APIR Code	Investment option	Allocation (%)
<input type="text"/>	Cash Account (Mandatory)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (must = 100%)		<input type="text"/>

- If no investment selection is nominated or your choice is unclear, the MySuper default investment strategy will apply.
- If you require more space, please go to our website and download the New Member Investment Authority form.

Step 3b: Listed investments

Please provide details of any listed investments you would like to purchase as part of your initial application.

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>		<input type="text"/>

Please note:

- If additional space is required, please attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 99% of your account balance invested in listed investments.

Step 3c: Term Deposits (minimum \$5,000)

Please provide details of any term deposits you would like to purchase as part of your initial application.

Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

Adelaide Bank NAB ANZ

Please note:

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

Where an investment instruction for a term deposit or listed investment is made at the same time as a new application, these investment instructions will be processed before any other Investment Instructions relating to this new account are processed.

Step 4: Cash Account preferences (Choice members only)

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account. Please specify one of the following options:

Cash Account default minimum of 1% (default option)

OR

Cash Account percentage nominated in your Deposit Instruction

OR

Custom Cash Account minimum of %

Optional: You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.

OR

Pecking Order – Redeem funds from my managed investment(s) according to a prioritised list specified below.

If you don't indicate a top-up method, the default pro-rata option will be applied.

Redemption instruction - percentage and pecking order

Please note:

- If you select the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time.
- If you select to have a percentage redemption instruction, the percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Restricted investments, investment options with extended redemption periods, capital guaranteed income/pension investment options and annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction – percentage.

APIR Code	Investment option	Allocation (%)	Pecking order
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
Redemption Instruction % total (must = 100%)			

Re-weight preference:

Deposit Instruction: Re-weight my portfolio in accordance with my Deposit Instruction in Step 3a.

OR

Re-weight Instruction: Re-weight my portfolio in accordance with my Re-weight Instruction specified in the table below.

If you have selected the Re-weight Instruction option, please specify which managed investments are to be used and the respective allocations. Please list all investments in your portfolio below.

APIR code or ASX code	Name of investment option	% allocation
<input type="text"/>	Cash Account	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

Must add up to 100% including the Cash Account allocation

Step 7: Contribution eligibility requirement

I am under 67 years of age.

OR

I am over 67 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year.

OR

I am over age 67 and under age 75 years and I am contributing this financial year under the one-off exemption from the (above) work test.

OR

Only mandated contributions (SG or award) will be made into this account.

OR

I am over 65 years of age and I am making a downsizer contribution. (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website.)

Please refer to the 'Additional Lump Sum Contribution' form if you are making personal, spouse and/or downsizer contributions.

8a: Default Insurance cover

Complete this section if you want to opt in to receive default insurance cover. If you opt in, premiums will be deducted from your account.

Please refer to your Employer Plan Summary or contact your employer to obtain a copy to determine if you will receive standard default insurance or employer customised insurance. Also refer to the IOOF Insurance guide (IOF.03) for information on types of cover (default/customised).

Please tick *one* of the two boxes below:

I elect to opt in to receive the default insurance cover selected for my employer plan even if I am under age 25 and/or my balance has not reached \$6,000, and:

I commenced employment or became eligible to join the fund **less than 180 days ago**.

- I'm receiving contributions from this employer, and
- I understand cover will be limited until I am at work for 30 consecutive days (as defined in the Insurance guide).

OR

I commenced employment or became eligible to join the fund **more than 180 days ago**.

- I'm receiving contributions from this employer, and
- I understand cover will be limited for 24 months and until I am at work for 30 consecutive days following the 24-month period (as defined in the Insurance guide).

AND/OR

(Optional) Maintaining your cover even if you don't receive regular contributions

I also elect to maintain my insurance even if I don't receive a contribution into my account for a period of 16 months. I understand I can cancel my cover at any time.

8b: Increasing insurance

If you require additional insurance, please complete the Application for Insurance form available in this document, from our websites or by contacting ClientFirst.

See your Employer Plan Summary included with your Welcome letter for more information.

Step 9: Transfer of existing super

Do you have any previous super funds that you would like to transfer into the Fund?

Yes No

If Yes, please complete a Request to Transfer form available in this document, from our website or by contacting ClientFirst.

Step 10: SuperMatch search and consolidation using IOOF Online

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

You can log on to IOOF Online and consolidate your super with a few clicks of a mouse. Using the SuperMatch online functionality you can conduct a search for and consolidate your super monies with other superannuation funds including lost member accounts or any ATO-held super (such as super guarantee payments, superannuation holding accounts, Government super contributions or unclaimed superannuation monies).

Step 11: Additional super contributions

Do you want to make any of the following additional contributions? (For a full description on the types of contribution payments below, please refer to the PDS).

Salary sacrifice (pre tax salary or wages) Yes No

Personal (after tax salary or wages) Yes No

Spouse contributions Yes No

If you have selected Yes to any of these options you will need to make the appropriate arrangements (such as liaise with your payroll officer for salary sacrifice).

Step 12: Appointment of a representative (optional)

If you wish to appoint another person to operate your account, please use the 'Appointment of Representative' form available in the forms section of our website www.ioof.com.au.

Step 13: Member declaration and signature

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a Super account and for other related purposes. For these purposes, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me. The Trustee is required to collect my personal information under the Superannuation Industry (Supervision) Act 1993 and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the Trustee's privacy policy by contacting the Trustee on 1800 913 118 or at www.ioof.com.au/privacy.

Product disclosure statements for managed investment options

- I have received (either from the IOOF website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the IOOF website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the IOOF investment guide (IOF.01) for information on these exclusive investment options).

Maturing investments

If I have invested in maturing investments (term deposits / fixed term annuities):

- I have read, understood and agree to the terms and conditions regarding investing in maturing investments as set out in the PDS
- the Trustee provided me with the product guide for the underlying maturing investment I have selected via the IOOF website and I agree to receive the product guide by obtaining it from the website
- I have received (either from the IOOF website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying maturing investment I have selected.
- I acknowledge, that where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product or service, this Investment Instruction will be processed before any other Investment Instruction relating to my new account is processed.

Listed investments

I authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Trustee will effect it according to the terms and conditions within the Trust Deed. I also acknowledge these assets will be held in the name of the Fund.

Personal contributions/spouse contributions

If I decide to either make a personal contribution(s) or have a spouse contribution(s) made on my behalf, I meet the necessary conditions as set out in the PDS.

Electronic communications

If I have consented to receive any communications from the Trustee electronically, then I do so on the terms and conditions as set out in the PDS.

Transferring from another product within the Fund

If I am transferring from another product within the Fund, then I do so on the terms and conditions outlined in the PDS.

Deposit Instructions

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Deposit Instructions specified on this form.
- The Instructions provided in this form override any previous Instructions.

Restricted investments

- I acknowledge that if I make an investment in an investment option that is designated as a restricted investment (in the investment menu as updated on the IOOF website), I have been informed that:
 - the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request)
 - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions
 - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the restricted investment which may be up to 365 days for some restricted investments.
- I understand and accept that a period longer than the 30 days mentioned above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

If you do not provide all of the requested information, we may not be able to action your request.

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Employer Super within Australia.
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for IOOF Employer Super and to become a member of the Fund upon the terms and conditions contained in the Trust Deed dated 20 June 1994 (as amended from time to time) and the PDS.
- I have received and read the PDS, including the section outlining my Duty of Disclosure. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment
- Management Limited acting as Trustee under the Trust Deed. I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and privacy policy.
- I confirm that I have read and understood the instructions on how to complete the application form.
- I understand that by electing the MySuper default investment strategy I will only be invested in the IOOF Balanced Investor Trust and MySuper fees will apply to my account
- I understand that by electing a Choice investment strategy I have access to the full investment menu and Choice fees will apply to my account.

Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, for both the Applicant and the Attorney with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Member signature

Date / /

Step 14: Employer use only

Date commenced employment / /

Current salary \$

I have acted in accordance with the instructions in Step 11 regarding additional super contributions. Yes No

I declare that the employee was at work on the date of commencing employment. Yes No

I understand that if the employee was absent due to a public holiday or a weekend, this is classified as being at work. Yes No

Reason employee was not at work on commencing employment

Authorised signature

Date

 / /

Name

Position

Contact phone number

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060

Email clientfirst@ioof.com.au

Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118

Email enquiries clientfirst@ioof.com.au

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5 October 2021

Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into IOOF Employer Super.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (www.ioof.com.au) if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

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

This form, including the certificate of compliance, should be forwarded to us by post.

Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>		
Given name(s)	<input type="text"/>				
Mailing address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>		
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Tax file number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* We are authorised by superannuation and taxation law to collect your TFN which will be used to action your transfer request. It is not an offence if you choose not to provide your TFN, but providing it has advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

If you choose not to provide your TFN, we may not be able to process your request. If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document at ioof.com.au for more information.

If you have provided your tax file number certified proof of identity is not required.

Please provide the IOOF account number that will receive the transfer of super benefit if available:

Unique Superannuation Identifier (USI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Account number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
ABN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2: Details required for transfer

Section A: Details of your FROM fund

I request that the benefit held in my super fund or income stream, as detailed below, be transferred to my account in the nominated super or pension product specified in Step 1.

Name of your FROM fund

ABN# - - -

Unique Superannuation Identifier (USI)#

Account/member number#

Member client identifier# (if transferring from a SMSF)

You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund. You do not need to provide a USI or an account/member number if transferring from a SMSF.

Section B: Benefit to be transferred

Amount to be transferred

Entire balance (account in the FROM fund will be closed) Approximate value \$

Partial balance of \$

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Payment instruction to FROM fund (SMSF only): Please forward a cheque made payable to 'IPS – IOOF Employer Super [your full name or account number]' with any related documentation and certified proof of identity.

Step 3: Member/applicant declaration and signature

Important note: The Trustee collects the information in this form in order to process your investment instructions. 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.

By signing this request form, I am making the following statements

- I declare that I have fully read this form and declare that the details supplied are true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF account.
- I discharge the Trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) where I have elected to transfer the entire balance transferred from my FROM fund to my nominated IOOF account and I authorise IOOF Investment Management Limited (IIML) to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF account (subject to legislative restrictions).
- If I have provided my tax file number, I consent to it being disclosed for the purposes of consolidating my account.

Member/applicant signature

Signature

Date / /



Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

IOOF Employer Super, IOOF Personal Super and IOOF Pension (Unique Superannuation Identifier SMF0126AU), form part of the IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818. The IOOF MySuper Unique Identifier No. is 70815369818036.

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

A handwritten signature in black ink, appearing to read 'F. Lombardo'.

Frank Lombardo
Chief Operating Officer
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

ClientFirst

Postal Address IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Telephone 1800 913 118
Fax 03 6215 5800
Email clientfirst@ioof.com.au

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5 October 2021

Beneficiary nomination

Complete this form to make a new beneficiary nomination, or to amend or revoke (remove) an existing nomination. For more information, refer to the fact sheet available at www.ioof.com.au/beneficiary.

If you have multiple accounts, you'll need to complete a separate nomination form for each account.



Log in to submit your beneficiary nomination

Logging in to your account is the easiest way to submit your death benefit nomination. If you're nominating, amending or revoking a Lapsing binding beneficiary, you'll be directed to download and print the form, have two people witness your signature, and upload it.

Step 1: Your details

Account number	<input type="text"/>	Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Mobile	<input type="text"/>		
Email address	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postal address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Step 2: Nomination type

New nomination Amend existing nomination Revoke (remove) existing nomination

Step 3: Beneficiary type

- Non-lapsing binding:** your nomination is enduring and won't expire. Nominations remain in place unless revoked or amended.
- Lapsing binding:** nominations are valid for three years and revert to non-binding unless renewed.
- Non-binding:** the superannuation trustee is not legally bound to pay your death benefit according to your nomination instructions. However, the trustee will take into account these nominations when determining your beneficiaries.

Please also complete Step 7 if you're nominating, amending or revoking a Lapsing binding nomination.

Step 4: Your nomination

Please use block writing. If you're nominating more than one beneficiary, ensure the total benefit you allocate adds up to **exactly 100%**. If you want to nominate more than four dependents, print out a duplicate of this page and include with your form.

Dependant means:

- **spouse** (including de facto, opposite and same sex)
- **child** of any age (including adopted, step or ex nuptial)
- any person(s) **financially dependent** on you, or
- any person(s) in an **interdependent** relationship to you (eg living with you, and one or both provide the other with financial, domestic or personal support).

Legal personal representative means your death benefit will be paid to your estate, i.e. will be distributed as part of your Will (or as per laws of intestacy if you do not have a Will). You're not required to include the details of your legal personal representative on this form.

Name and date of birth	Address and phone	Beneficiary type	Percent of benefit
Dependant 1			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 2			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 3			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 4			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Legal personal representative Details not required – include the percent of benefit only.			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Total of all Dependants and/or Legal personal representative must equal 100.00%			1 0 0 . 0 0 %

Step 5: Dependant confirmation

Are any of your beneficiaries listed above a **child under 18 years**, an **Interdependent** or **Financial Dependant**?

No. Continue to Step 6.

Yes. **Child under 18 years.** I intend for my super benefits to be paid to my minor child and understand if they reach age 18 prior to my death the tax treatment may vary.

Yes. **Interdependent or Financial Dependant.** I understand if my beneficiary no longer meets the applicable definition under super law at the time of my death my nomination may not be valid.

Step 6: Member declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependents and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au/privacy.
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- the revocation of my nomination will take effect when it has been received and accepted by the Trustee (applicable to revocation only).
- once my nomination is revoked, I will no longer have a valid Beneficiary Nomination unless I provide new Beneficiary Nomination Instructions (applicable to revocation only).
- it is my responsibility to inform my nominated Dependents that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- if I do not have a valid Beneficiary Nomination in effect at the date of my death, the Trustee must pay my benefit in accordance with the rules set out in the Fund's Trust Deed (as amended from time to time). These rules are available in the disclosures and guides, which can be downloaded from the IOOF website (www.ioof.com.au)

Applicable to Lapsing binding nomination only

- 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 expire three years after the date it was first signed, or last confirmed or amended (Confirmation of Binding Nomination form available from our website).
- 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 Nomination.

Applicable to Non-lapsing binding nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- if my nomination is not valid for any reason at the date of my death, it will be treated as a Non-binding Nomination.
- the Trustee must consider and agree with my nomination and may require additional information if I nominate beneficiaries other than my spouse.

Applicable to Non-binding nomination only

- my Non-binding 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

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 also complete Step 7 if you're nominating, amending or revoking a Lapsing binding nomination.

Step 7: Witness declaration and signature (only required for nominating, amending or revoking Lapsing binding nominations)

Both witnesses need to:

- sign and date the form in each other’s presence and at the same time as the member/applicant.
- be at least 18 years of age
- have not been nominated as a Dependant on this form.

Witness 1

Surname

Given name

Witness signature 1

Date witnessed
 / /

Witness 2

Surname

Given name

Witness signature 2

Date witnessed
 / /

Both witnesses must sign and date the form in the presence of the member.

Checklist

- The combined percentages of my nominations(s) add up to exactly 100%.
- I have checked each section of the form is complete.
- If I make a mistake I’m unable to make changes (eg by crossing out) and I’ll need to complete a new form.
- I have completed Step 5 as applicable

Additional checklist for Lapsing binding beneficiaries

- My witnesses are not nominated as beneficiaries.
- I’ve signed the form in the presence of both my witnesses and I have signed on the same date.

Return your form

Return your form by email to clientfirst@ioof.com.au or by post to ClientFirst GPO Box 264 Melbourne Vic 3001. We’ll send you confirmation by post when we’ve processed your form.

Questions

Contact us on 1800 913 118 or email clientfirst@ioof.com.au.

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118
Email enquiries clientfirst@ioof.com.au



5 October 2021

Application for Insurance (Incorporates personal health statement)

IOOF Employer Super members

To top-up your insurance cover using our life events feature please complete the 'Insurance application – life events and salary increase' form available on our website or by contacting ClientFirst.

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

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason - we're here to help and can provide additional support.

Step 1: Applicant details

Account number (if known)

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Email

Date of birth / / Gender Male Female

Note: If you have not disclosed a gender or are gender indeterminate, you will be provided with premium rates under the default gender of male. This will apply for Death/TPD and Income Protection cover.

If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance.

Phone (work) Phone (mobile)

Best time to call : until :

How many hours do you work per week? hours per week*

* To apply for income protection cover, you must be working 15 hours or more per week.

Do you intend to change your occupation in next the 12 months? Yes No

What is your annual salary/remuneration** package (gross)? \$

** Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the **IOOF Insurance guide (IOF.03)** available on the IOOF website (www.ioof.com.au).

Are you self-employed? Yes No

Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase/decrease your existing Death or Death and TPD cover.

This is an application for

- IOOF default or Employer customised insurance
- New cover
- Increase/decrease of existing Death or Death and TPD cover

Fixed dollar cover

Total new Death cover \$

Total new TPD cover \$

Please note: TPD cover is unavailable without death cover. You must apply for Death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of death cover.

OR

Fixed premium cover per week (such as \$1, \$2, other)

Death only cover \$

OR

Fixed premium cover per week (such as \$1, \$2, other)

Death and TPD cover \$

Step 3: Income Protection cover

Please complete Step 3 to apply for, or increase/decrease your existing Income Protection cover.

This is an application for

- Employer customised insurance
- New cover
- Increase/decrease of existing Income Protection cover

Please note: You can have a monthly benefit of up to 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary not exceeding \$30,000 per month.

Specify cover required (mandatory information)

Income level (% of your salary) 75% Other up to 75%

Waiting period (days) 30 60 90

Benefit payment period 2 years 5 years to age 65

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit? Yes No

Income level (% of your salary) % (up to 10% of your salary)

For more information see the **IOOF Insurance guide (IOF.03)** available on the IOOF website (www.ioof.com.au).

Step 4: Personal health statement

1 Have you smoked in the last 12 months? Yes No
 If you have answered Yes, how many cigarettes do you smoke per day?

2 Have you smoked any substance other than tobacco? Yes No
 If you have answered Yes, please specify the type of substance.

3 Do you consume alcohol? Yes No
 If yes, please specify:
 a Quantity of alcohol consumed per day (in standard units)
 Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, glass of beer (285ml)
 b Type of alcohol

4 Height in centimetres cm

5 Weight in kilograms kg

Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

Activities

- 9 Do you currently intend to participate in any of the following activities?
- a Aviation other than as a fare paying passenger on a commercial airline Yes No
 - b Any activity generally classified as hazardous or extreme in nature Yes No
(such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving)

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

Residence and travel

- 10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? Yes No

If you have answered yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

- 11 Are you an Australian or New Zealand citizen? Yes No

If you have answered yes, please go to Previous Insurance section of the form

- 12 Do you hold an Australian Permanent Resident's Visa? Yes No

If you have answered no, please provide your residency details below

Previous Insurance

- 13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the IOOF group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits? Yes No

- 14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused? Yes No

- 15 Do you have, or are you applying for, any other life or disability cover? Yes No

If you answered yes to question 13, 14 or 15 above please provide full details below

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/exclusion/declined	To be replaced? (Yes/No)

Medical

16 Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you answer yes to any of the following questions, please complete the table on the following page.

- | | |
|---|--|
| a Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder or rheumatic fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c Impairment of sight, hearing or speech | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate, gall bladder or thyroid problem | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e Leukaemia, hepatitis, hemochromatosis or any blood problem | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f Asthma, bronchitis or other respiratory disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i Cancer, tumour, melanoma, sun spot, mole or growth of any kind | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k Psoriasis, eczema or any skin problem | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Females only | |
| m Gynaecological conditions (such as endometriosis, abnormal pap smear)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n Complications of pregnancy or childbirth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Are you currently pregnant?
If you have answered yes, when is the expected delivery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| p Breast lump (even if you have not seen a doctor about it)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other medical (both males and females to complete)

- | | |
|--|--|
| q Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| r Apart from the questions a to q in question 16, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please provide details for all Yes answers in questions 16a to 16r in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 16a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 16) with a Yes answer (for example Q16a)			
Question no:	Q16__	Q16__	Q16__	Q16__
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				

- s Name and address of your usual doctor. Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing medical information authority"

- t Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

- u If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

Family history

17 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65? Yes No

18 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

Lifestyle

19 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? Yes No

Work health history

20 Are you, at the date of this application, due to injury, accident or illness:

- a** off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis? Yes No
- b** have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years? Yes No

Step 6: Privacy statement

The way in which IOOF and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available at www.ioof.com.au/privacy (IIML) and www.tal.com.au/privacy-policy (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

Telephone 1300 209 088

Fax 02 9448 9100

Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

Step 7: Member/Applicant declaration and signature

- I acknowledge that I have read the notice explaining the duty to take reasonable care.
- I confirm I have read and checked any answers, including those not completed in my handwriting, and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and complete.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS **and this application** and I consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors **as detailed in the Trustee's and TAL's privacy policies and as summarised in the PDS and this application.**
- I have read and understood the PDS and understand that if this application is accepted, my new or updated cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of The Fund's insurance policy with TAL.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy with TAL.

Member/Applicant signature

Insurance opt-in

- I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Signature

Date

 / /

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060

Email clientfirst@ioof.com.au

Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118

Email enquiries clientfirst@ioof.com.au



5 October 2021

Family Member Application – IOOF Personal Super

This form is to be completed by you, an existing member of IOOF Employer Super, and the family member who wishes to become a member of IOOF Personal Super. Before completing this form, the Trustee or your licensed financial adviser is obliged to give you the IOOF Personal Super Product Disclosure Statement (PDS) which is a summary of important information. The PDS will help you to understand the product and decide if it is appropriate to your needs. Family Members are eligible to receive the same fees and features that you already enjoy through your IOOF Employer Super account (please note: discounted fees don't apply for MySuper members).

Eligibility: An immediate family member includes a spouse (whether of the same sex or a different sex), child, sibling or parent of an employer sponsored member. For information on whether you are eligible to claim a spouse tax offset, please visit the Australian Tax Office superannuation website (www.ato.gov.au) or phone 13 10 20.

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

Step 1: Existing member employer details

Employer/company name

Employer code

Step 2: Existing member details

Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Step 3: Family member details

Relationship to member Spouse Child Sibling Parent

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Tax file number - -

Residential address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Date of birth / / Gender Male Female

Occupation

If you are residing overseas you must complete and submit

- an Overseas Investor form (www.ioof.com.au)
- Certified copies of your identification documents

Please provide your tax file number (TFN) when acquiring this product. Under the **Superannuation Industry (Supervision) Act 1993**, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the **Privacy Act 1988**. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

We require your TFN in order to process your Personal Superannuation Application

Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) Law, please advise the following:

(Note: Your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law).

Politically Exposed Person

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes No

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

- a Politically Exposed Persons form (www.ioof.com.au)
- certified copies of your identification documents

Step 4: Contribution eligibility requirement (family member to complete)

I am under 67 years of age

OR

I am over 67 and under 70 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year.

OR

I am over age 67 and under age 75 years and I am contributing this financial year under the one-off exemption from the (above) work test.

OR

Only mandated contributions (SG or award) will be made to this account.

OR

I am over 65 years of age and I am making a downsizer contribution. (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website.)

Details of the contribution included with this application:

Rollovers/transfers	\$	<input type="text"/>
Personal contribution ¹	\$	<input type="text"/>
Salary sacrifice contribution	\$	<input type="text"/>
Superannuation guarantee contribution	\$	<input type="text"/>
Spouse contribution	\$	<input type="text"/>
Downsizer contribution ²	\$	<input type="text"/>
Total contribution amount	\$	<input type="text"/>

1 If you want to claim a tax deduction for your personal contribution, please complete a Tax Deduction Notice form which can be obtained from our website.

2 You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website.

Important note:

For initial contributions equal to or more than \$2 million you must also complete and attach:

- a High Threshold Transaction form (www.ioof.com.au)
- certified copies of your identification documents

Step 5: Nomination of beneficiaries

Your family member may complete a Binding Death Benefit Nomination form or a Non-Binding Death Benefit Nomination form available in this document, from our website or by contacting ClientFirst. Otherwise, in the event of your family member's death, any benefits will be paid to his/her Legal Personal Representative on behalf of their estate.

Step 6a: Deposit Instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice.

Please note the Deposit instruction, Cash Account preferences and Income preferences all form part of your Standing Instructions.

Listed investments and Term deposits do not form part of your Standing Instructions.

For more information on Standing Instructions, please refer to the IOOF General Reference Guide (IOF.02).

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instructions includes at least the default minimum allocation of 1% against the Cash Account for Choice members. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within IOOF Employer Super go to our website, select from the **IOOF investment guide (IOF.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 6b and 6c to provide these instructions.

Cash Account

OR

Deposit Instruction

APIR Code	Investment option	Allocation (%)
<input type="text"/>	Cash Account (Mandatory)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (must = 100%)		<input type="text"/>

- **Your application cannot be processed unless this section is completed.**
- **If you require more space, please go to our website and download the New Member Investment Authority form.**

Step 6b: Listed investments

Please provide details of any listed investments you would like to purchase as part of your initial application.

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>

Please note:

- If additional space is required, please attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 99% of your account balance invested in listed investments.

Step 6c: Term deposits (minimum \$5,000)

Please provide details of any term deposits you would like to purchase as part of your initial application.

Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- Adelaide Bank
- NAB
- ANZ

Please note:

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

Where an investment instruction for a term deposit or listed investment is made at the same time as a new application, these investment instructions will be processed before any other Investment Instructions relating to this new account are processed.

Step 7: Cash Account preferences

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

Cash Account default minimum of 1%

OR

Cash Account percentage nominated in your Deposit Instruction

OR

Custom Cash Account minimum of %

Optional: You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.

OR

Pecking Order – Redeem funds from my managed investment(s) according to a prioritised list specified below.

If you don't indicate a top-up method, the default pro-rata option will be applied.

Redemption instruction – percentage and pecking order

Please note:

- If you select the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time.
- If you select to have a percentage redemption instruction, the percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Restricted investments, investment options with extended redemption periods, capital guaranteed income/pension investment options and annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction – percentage.

APIR Code	Investment option	Allocation (%)	Pecking order
<input type="text"/>	<input type="text"/>	<input type="text"/>	1
<input type="text"/>	<input type="text"/>	<input type="text"/>	2
<input type="text"/>	<input type="text"/>	<input type="text"/>	3
<input type="text"/>	<input type="text"/>	<input type="text"/>	4
<input type="text"/>	<input type="text"/>	<input type="text"/>	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	7
<input type="text"/>	<input type="text"/>	<input type="text"/>	8
<input type="text"/>	<input type="text"/>	<input type="text"/>	9
<input type="text"/>	<input type="text"/>	<input type="text"/>	10
Redemption Instruction % total (must = 100%)		<input type="text"/>	

Step 8: Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

Re-invest (default option) – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

Retain in Cash Account – Leave all income distributions to accumulate in my Cash Account.

OR

Income Instruction - percentage - Re-invest the income into managed investments selected below.

If you have selected the Income Instruction - percentage, please specify which managed investments are to be used and the respective allocations. Please ensure that the Income Instruction does not contain listed or maturing investments.

If you don't indicate your income preference, the default option of re-invest will be applied.

Income instruction – percentage

APIR Code	Investment option	Allocation (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (must = 100%)		<input type="text"/>

Step 9: Automatic Re-weight Facility

Use this to automate a re-weight of all the eligible investments in your portfolio, according to a percentage-based instruction at a set frequency.

I direct the Trustee to manage my portfolio as follows:

Re-weight frequency (choose one):

Quarterly Half-yearly Yearly

Commencement date (will commence on the 20th of the chosen month):

/

Please note that if the portfolio contains investments which cannot be selected as part of a Re-weight (for example maturing investments or investments which cannot be sold), the Re-weight preference submitted will be applied to the remaining investments within the portfolio.

Please ensure that the Re-weight preference includes at least the default minimum allocation to the Cash Account. The default Cash Account minimum is 1%.

Re-weight preference:

Deposit Instruction: Re-weight my portfolio in accordance with my Deposit Instruction in Step 3a.

OR

Re-weight Instruction: Re-weight my portfolio in accordance with my Re-weight Instruction specified in the table below.

If you have selected the Re-weight Instruction option, please specify which investments are to be used and the respective allocations. Please list all investments in your portfolio below.

APIR code or ASX code	Name of investment option	% allocation
<input type="text"/>	Cash Account	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

Must add up to 100% including the Cash Account allocation

Step 10: Fees for financial advice

- IOOF Investment Management Limited (IIML), as trustee of your super fund, is required to obtain specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.
- You may revoke your consent at any time by contacting IIML via the options at the end of this form. Once your consent is revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent will not be automatically refunded.

Choose your fee option(s) by completing the relevant sections below. Fees should be provided including GST. All relevant items in each fee section must be completed. Blank boxes will default to nil.

If you are selecting a Member Advice Fee – Ongoing, Member Advice Fee – Upfront or Member Advice Fee – Insurance please provide your consent end date below:

The start date is optional, if no start date is provided fees will commence on the date this form is processed with the start date applying to all ongoing advice fees. This form must be signed no more than 90 days prior to the start date.

Consent End Date

Start date (optional) / /
 Consent end date (required) / /

The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue. Your consent to an ongoing fee arrangement ends 150 days after the next anniversary date.

(1) Member Advice Fee – One-Off

A maximum of 10% of the account balance up to a fee of \$11,000 (inclusive of GST), OR a maximum fee of \$3,300 (inclusive of GST) where the fee is greater than 10% of the account balance.

\$ per request (inclusive of GST)

Please select the services being provided in relation to the One-Off fee:

- | | |
|--|---|
| <input type="checkbox"/> Review of your account | <input type="checkbox"/> Contribution strategy |
| <input type="checkbox"/> Strategic superannuation advice | <input type="checkbox"/> Insurance in superannuation strategy |
| <input type="checkbox"/> Investment advice on your account | <input type="checkbox"/> Withdrawal advice |

(2) Member Advice Fee – ongoing

Note: Please note this fee cannot be offered in conjunction with a fixed term arrangement.

The available fee options are:

(2a) Percentage based fee options – flat percentage or tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance

% per annum (inclusive of GST)

OR

Tiered percentage fee

- Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance can be applied to the amount for each tier.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 7 tiers.

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 4	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 5	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 6	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 7	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Your adviser has estimated a fee of \$ for the 12 months commencing / /

This fee will be calculated daily using the percentage fee above, your daily account balance and will be charged to your account monthly.

AND/OR

(2b) Flat dollar fee.

Up to a maximum of \$18,000 per annum (inclusive of GST). \$ per annum (inclusive of GST)

This fee will be pro-rated based on the number of days in the month and deducted monthly.

(3) Member Advice Fee – Upfront

Note: Please note this fee cannot be offered in conjunction with a fixed term arrangement.

Up to a maximum of 5.5% (inclusive of GST) of each contribution.

Contributions % (inclusive of GST)
 Transfers/rollovers (not applicable to transfers from existing accounts within eXpand) % (inclusive of GST)

Your adviser has estimated a fee of \$ for the 12 months commencing / /

This fee will be calculated using the percentage fee above, applied against your contribution and/or rollover amount and will be charged to your account as contributions and/or rollovers are received.

(4) Member Advice Fee – Insurance

Up to a maximum of 50% per annum (inclusive of GST) of each insurance premium.

Percentage fee
 Primary: Death or Death and TPD cover % per annum (inclusive of GST)
 Additional: Death or Death and TPD cover % per annum (inclusive of GST)
 Income protection cover % per annum (inclusive of GST)

Your adviser has estimated a fee of \$ for the 12 months commencing / /

This fee will be calculated using the percentage fee above, your insurance premium and will be charged to your account monthly.

OR

Up to a maximum of \$18,000 per annum (inclusive of GST).

Flat fee (dollar amount) \$ per annum (inclusive of GST)

This fee will be pro-rated based on the number of days in the month and deducted monthly.

(5) Member Advice Fee – fixed term arrangement

Fixed Term Arrangement is for fees that cover a twelve month period or less. The form must be signed within 90 days of the start date. If the supplied start date is in the past, the date will default to the date the application is processed.

Start date / /

End date / /

(5a) Percentage based fee options – flat percentage or tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance % per annum (inclusive of GST)

OR

Tiered percentage fee

- Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance can be applied to the amount for each tier.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 7 tiers.

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 4	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 5	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 6	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 7	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Your adviser has estimated a fee of \$ for the term of the Fixed Term Arrangement.

This fee will be calculated daily using the percentage fee above, your daily account balance and will be charged to your account monthly.

AND/OR

(5b) Flat dollar fee.

Up to a maximum of \$18,000 per annum (inclusive of GST). \$ per annum (inclusive of GST)

This fee will be pro-rated based on the number of days in the month and deducted monthly.

AND/OR

(5c) Member Advice Fee – Insurance

Up to a maximum of 50% per annum (inclusive of GST) of each insurance premium.

Percentage fee	Primary: Death or Death and TPD cover		% per annum (inclusive of GST)
	Additional: Death or Death and TPD cover		% per annum (inclusive of GST)
	Income protection cover		% per annum (inclusive of GST)

Your adviser has estimated a fee of \$ for the term of the Fixed Term Arrangement.

This fee will be calculated using the percentage fee above, your insurance premium and will be charged to your account monthly.

OR

Up to a maximum of \$18,000 per annum (inclusive of GST).

Flat fee (dollar amount) \$ per annum (inclusive of GST)

This fee will be pro-rated based on the number of days in the month and deducted monthly.

Please select the services being provided in relation to the Fixed Term Arrangement:

- | | |
|--|---|
| <input type="checkbox"/> Review of your account | <input type="checkbox"/> Contribution strategy |
| <input type="checkbox"/> Strategic superannuation advice | <input type="checkbox"/> Insurance in superannuation strategy |
| <input type="checkbox"/> Investment advice on your account | <input type="checkbox"/> Withdrawal advice |

Step 11: Insurance cover

The Fund offers Death, Death and TPD and Income Protection insurance. Your family member may apply for insurance cover by completing the 'Application for Insurance' form available in this document, from our website or by contacting ClientFirst.

Step 12: Transfer of existing super

Does your family member have any previous superannuation funds which he/she would like to transfer into the Fund? Yes No

If Yes, your family member must complete a Request to Transfer form available in this document, from our website or by contacting ClientFirst.

Step 13: SuperMatch search and consolidation using IOOF Online

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

You can log on to IOOF Online and consolidate your super with a few clicks of a mouse. Using the SuperMatch online functionality you can to conduct a search for your super monies with other superannuation funds including lost member accounts or any ATO-held super (such as super guarantee payments, superannuation holding accounts, Government super contributions or unclaimed superannuation monies).

Step 14: Existing member declaration

- I also agree that if any contributions are deposited into my family member's account I have no further right or claim over the benefit arising from these contributions, other than as a possible nominated beneficiary in the event of my family member's death.
- I declare that all the information contained in this form is true and correct.

Member signature

Date / /

Step 15: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current Australian Financial Services (AFS) Licence
- is a representative of a current AFS Licensee.

Financial adviser details

Licensee name	<input type="text"/>		
Financial adviser name	<input type="text"/>		
Contact name	<input type="text"/>		
AFS license number	<input type="text"/>	Financial adviser number	<input type="text"/>

If you are a new financial adviser² to IOOF, please also complete the following details:

Business name	<input type="text"/>		
Business address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email	<input type="text"/>		
Internal client reference number (if applicable)	<input type="text"/>		

Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence.
- I declare that the applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that the financial institution details specified in this form belong to the applicant and I am authorised to instruct the Trustee to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS.
- I confirm that fees and commissions have been fully explained to the applicant and that any member advice fees relate to advice about the applicant's superannuation or pension benefits, insurance and investments in the Fund.
- I consent to provide IOOF access to all proof of identification records for the purposes of this Application if requested (pursuant to the AML/CTF Rules Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law and:

I have attached a certified copy of the applicant's identification document(s) with this Application

Please note: Compulsory where:

- initial contributions equal to or more than \$2 million or
- if the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

OR

I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained a certified copy of the applicant's identification document(s));

OR

I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following Record of proof of identity table (**Please complete the following table and declaration**).

Record of proof of identity (ID)	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on www.ioof.com.au. It also includes a list of persons authorised to certify copies of original documents.

I declare that I have sighted and retained certified copies of the documents recorded in the Record of proof of identity table.

Signature

Date

 / /

Name of financial adviser or AFSL holder representative

Step 16: Proof of identity

If you do not have a financial adviser you need to provide a certified copy of document(s) with this application that clearly shows your full name and either your date of birth or residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER

A ONE of the following documents only:

- current driver's licence issued under State or Territory law or a foreign equivalent
- passport (we will accept an Australian passport that has expired within the preceding 2 years)

OR

B ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

ONE of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Refer to the 'Completing proof of identity' document on www.ioof.com.au for more guidance on acceptable forms of individual identification.

Step 17: Family member declaration and signature

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a Super account and for other related purposes. For these purposes, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me. The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the Trustee's privacy policy by contacting the Trustee on 1800 913 118 or at www.ioof.com.au/privacy.

Proof of identity

I have provided the appropriate documents or details of my identity, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, that may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law).

Personal contributions/spouse contributions

If I decide to either make a personal contribution(s) or have a spouse contribution(s) made on my behalf, I meet the necessary conditions as set out in the PDS.

Electronic communications

If I have consented to receive any communications from the Trustee electronically, then I do so on the terms and conditions as set out in the PDS.

Transferring from another product within the Fund

If I am transferring from another product within the Fund, then I do so on the terms and conditions outlined in the PDS.

Financial adviser (if applicable)

- I authorise the Trustee to change the member advice fee(s) selected against my account. These fees are for advice I have or will receive about my superannuation/pension benefits, insurance and investments.
- If I have acquired the services of a financial adviser to obtain advice concerning my investment in IOOF Personal Super then I confirm that I have been fully informed of the nature and risks of the selected investment options and am satisfied these investments are suitable for my investment needs.
- The Trustee will acquire the services of my financial adviser who will act on my behalf in relation to managing my account.
- I hereby authorise my current or any future financial adviser and their staff, to act as my agent to operate my account, to give any instructions on my behalf in relation to my account to the Trustee by any methods as set out in the PDS and to withdraw any funds from my account and authorise payment of the withdrawal benefit to my nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of or in connection with the Trustee acting or omitting to act on instructions given by my financial adviser and their staff under this authority.
- I authorise the Trustee to continue to follow instructions given under this authority until the Trustee receives notice in writing signed by me to cancel the authority.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Trustee to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 7.

Deposit Instructions

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Deposit Instructions specified on this form.
- The Instructions provided in this form override any previous Instructions.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

Restricted investments

- I acknowledge that if I make an investment in an investment option that is designated as a restricted investment (in the investment menu as updated on the IOOF website), I have been informed that:
 - the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request)
 - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions
 - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the restricted investment which may be up to 365 days for some restricted investments.
- I understand and accept that a period longer than the 30 days mentioned above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

Product disclosure statements for managed investment options

- I have received (either from the IOOF website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the IOOF website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the **IOOF investment guide (IOF.01)** for information on these exclusive investment options).

Maturing investments

If I have invested in maturing investments (term deposits or fixed-term annuities):

- I have read, understood and agree to the terms and conditions regarding investing in maturing investments as set out in the PDS
- the Trustee provided me with the product guide for the underlying maturing investments I have selected via the IOOF website and I agree to receive the product guide by obtaining it from the website
- I have received (either from the IOOF website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying maturing investments I have selected.
- I acknowledge, that where this Investment Instruction for a maturing investment is made at the same time as a new application for an IOOF product or service, this Investment Instruction will be processed before any other Investment Instruction relating to my new account is processed.

Listed investments

I hereby authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Trustee will effect it according to the terms and conditions within the Trust Deed. I also acknowledge these assets will be held in the name of the Fund.

If you do not provide all of the requested information, we may not be able to action your request.

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Personal Super within Australia.
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for IOOF Personal Super and to become a member of the Fund upon the terms and conditions contained in the Trust Deed dated 20 June 1994 (as amended from time to time) and the PDS.
- I understand that by electing to invest in the Full and Core investment menu, the Core and Full menu fees apply to my account.
- I understand that the insurer will not be able to process my application, administer my insurance or process a claim if my Application for Insurance is not provided.
- I have received and read the PDS, including the section outlining my Duty of Disclosure. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and privacy policy.
- I confirm that I have read and understood the instructions on how to complete the application form.
- I understand that the fees on my account may change in the following events:
 - my family member's employment status changes
 - I have separated or become divorced from my spouse (only applicable if you are the spouse of the existing member).

Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, for both the Applicant and the Attorney with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Target Market confirmation

I have received personal financial advice in relation to IOOF Personal Super and any investment(s) selected in this form.

OR

I have reviewed and understand the Target Market Determination available at www.ioof.com.au for IOOF Personal Super and any relevant investment(s) selected. I confirm IOOF Personal Super and any investment(s) selected meets my objectives, financial situation and needs.

Please note: if your investment objective(s), timeframe and/or risk profile are inconsistent with those of IOOF Personal Super or the investment(s) selected, we suggest you seek financial advice that takes into account your personal circumstances.

Member/Applicant signature

Member/Applicant
signature

Date / /

Member advice fees (if you completed Step 11)

- I authorise the Trustee to charge the member advice fee(s) selected against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, until I instruct the Trustee to cease payment or when I change my nominated financial adviser
- Where I have chosen Ongoing fees, I understand the consent for IIML to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid.
- I understand my consent for a fixed term arrangement, will last until the end date stated above.
- I understand I can withdraw my consent or vary the ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting ClientFirst.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the Trustee before the fee is paid.

Member/Applicant
signature

Date / /

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060

Email clientfirst@ioof.com.au

Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118

Email enquiries clientfirst@ioof.com.au

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IOOF

EMPLOYER SUPER

Employer only forms

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5 October 2021

Employer Application

Before you sign this Application form, the Trustee or your licensed financial adviser is obliged to give you a Product Disclosure Statement (PDS), which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

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

Step 1: Employer details

Employer name

Trading name

ABN - - -

Business address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Employer contact details

These details are for us to identify your primary administrator and IOOF Contribution Service contact.

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Position

Phone Fax

Email

If your IOOF contribution service contact is different to your primary administrator above, please complete below.

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Position

Phone Fax

Email

Step 2: Nomination of default fund

Do you wish to appoint the Fund as your employer-nominated default fund under the Choice of Fund legislation? Yes

Upon initial establishment of the Employer Plan, how many employees will be joining the Fund?

Step 3: Insurance cover

Note: You cannot nominate your insurance basis if you have not nominated IOOF Employer Super as your default fund in Step 2.

Complete this section if you wish to nominate an insurance basis for each category (must be greater than the default). If you do not complete this section, the MySuper default premium will apply. For full details on insurance benefits and eligibility, please refer to the PDS.

	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 3
Category description	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of cover			
	<input type="checkbox"/> Death & TPD	<input type="checkbox"/> Death & TPD	<input type="checkbox"/> Death & TPD
	<input type="checkbox"/> Income protection	<input type="checkbox"/> Income protection	<input type="checkbox"/> Income protection
Insurance basis			
Nominated cover*	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Nominated premium*	\$ <input type="text"/> . <input type="text"/> per week	\$ <input type="text"/> . <input type="text"/> per week	\$ <input type="text"/> . <input type="text"/> per week
Formula basis* (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Subject to Trustee approval.

Income protection cover

Waiting period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> 30 days
	<input type="checkbox"/> 60 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 60 days
	<input type="checkbox"/> 90 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 90 days
Benefit period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years
	<input type="checkbox"/> 5 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 5 years
	<input type="checkbox"/> to age 65	<input type="checkbox"/> to age 65	<input type="checkbox"/> to age 65
Percentage of salary insured	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Maximum insurable benefit is 75% plus 10% contributions

Step 4: Authorised signatories

Name	<input type="text"/>		
Position	<input type="text"/>		
Contact phone number	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	<input type="text"/>		
Position	<input type="text"/>		
Contact phone number	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Step 5: Financial adviser details (financial adviser to complete, if applicable)

IOOF will only register a financial adviser who

- holds a current Australian Financial Services Licence; or
- is a representative of an appropriate Australian Financial Services Licensee.

Financial adviser details

Dealer group

Licence name

Financial adviser name

AFS Licence number

Financial adviser number*

If you are a new financial adviser*, please also complete the following details:

Business name

Registered address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone Fax

Mobile

Email

* An email notifying you of your new financial adviser number will be forwarded to you shortly.

Dealer stamp

Step 6: IOOF Contribution Service (Transact)

Do you want to register for the IOOF Contribution Service via Transact?

Yes No

If yes, please complete all of Step 7.

If no, please continue to Step 8.

Step 7: Register for the IOOF Contribution Service (Transact) (only complete the following section if you want to use Transact)

Transact provides you with a secure and easy to use website for administering your superannuation contributions.

This registration form should only be completed once you have read and agreed to the terms and conditions available in the IOOF Contribution Service PDS. Once you have completed the registration form, please print and sign both the User and Employer Declarations. Then send the forms to the **Transact Helpdesk (Post: Transact Helpdesk, GPO Box 264, Melbourne VIC 3001 or email transactsupport@ioof.com.au)**

Please note: In order to use this service, your company must have an Employer Sponsored Plan within IOOF Employer Super. If you do not have this, please contact ClientFirst on 1800 913 118 to arrange an alternative payment method.

Step 7a: Employer details

Employer code

NB: if you have more than one Employer Sponsored Plan within IOOF Employer Super under a group arrangement, please provide a separate registration form for each associated employer/company you want to register for Transact.

Do you want an Employer Group Login facility?* Yes No

* The Employer Group Login facility allows you to have a single User ID and Password to administer each associated employer

Step 7b: Payment frequency

Please select your preferred payment frequency:

Frequency Fortnightly Four weekly Monthly Quarterly

Do you want to use the payroll upload facility? Yes No

(Please note: This function is dependent on your payroll system generating a file in a CSV or .txt format).

Step 7c: Account details (registered bank account to be credited)

Please note: This bank account will be credited if a contribution is returned by a choice superannuation fund or if we are not able to reconcile a payment that is intended to be made to a choice superannuation fund.

Name of financial institution

Branch address

Suburb State Postcode

Account name

BSB - Account number

Step 7d: User declaration and signature

This declaration must be signed by the person applying for access to Transact on behalf of the employer.

By submitting this application form:

- I/We acknowledge that I/we have received, read and understood the IOOF Contribution Service PDS and the terms and conditions within the PDS.
- I/We acknowledge that my/our access to Transact is governed by the terms and conditions in the IOOF Contribution Service PDS.
- I/We agree to be bound by the terms and conditions in the IOOF Contribution Service PDS.

Do you want dual authorisation?* Yes No

* Dual Authorisation allows you to have two users authorise a batch prior to submission (Please note: this is not available under Group Employer Login facility).

Primary applicant's name	<input type="text"/>		
Position	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant 2 name	<input type="text"/>		
Position	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant 3 name	<input type="text"/>		
Position	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Step 8: Employer declaration and signature

I/We have read and understood the PDS, and hereby apply to be admitted as a participating employer in the Fund and agree to be bound by the provisions of the Trust Deed, as amended from time to time including any Participation Agreement entered into. I/We agree to the extent permitted by Commonwealth Government regulations to contribute to the Fund on a regular or singular basis. I/We agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.

IOOF Contribution Service (Transact) (if you completed Step 7)

Privacy Notice

Information (including your personal information) provided to the Trustee is used for the purpose of registering for the IOOF Contribution Service (Transact) and for other related purposes detailed in the PDS and privacy policy, for example: to provide you with account statements. The Trustee will disclose your personal information to SuperChoice Services Pty Ltd ABN 78 109 509 739 to provide clearing services on Transact. For these purposes, the Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, professional advisers, businesses that may have referred you to the Trustee, medical professionals where you have applied for insurance cover, banks and other financial institutions, or to provide you with information about other products or services that may be of interest to you. If you do not provide all of the requested information, The Trustee may not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients, however, any overseas disclosure does not affect the Trustee’s commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient of personal information complies with the *Privacy Act 1988*. Your personal information will be used in accordance with the Trustee’s privacy policy. The privacy policy contains information about how you may access or correct your personal information held by the Trustee’s and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the privacy policy by contacting the Trustee on 1800 913 118 or at www.ioof.com.au/privacy.

- I/We authorise the above named Applicant to access and use Transact on behalf of the Employer.
- I/We understand that the Applicant’s access to Transact is governed by the terms and conditions in the IOOF Contribution Service PDS.
- I/We acknowledge that I/we have received, read and understood the IOOF Contribution Service PDS and the terms and conditions within the PDS.
- I/We acknowledge that I have read and understood the Privacy Notice and that a copy of the Trustee’s privacy policy is available on the IOOF website (www.ioof.com.au/privacy).
- I/We agree to be bound by the terms and conditions in the IOOF Contribution Service PDS.

On acceptance of your application, we will send you an email with directions on how to confirm your registration and login to Transact.

If you have any queries or have not received confirmation or response within five working days of sending your registration form, please contact the Transact Helpdesk on 1800 125 566 or email at transactsupport@ioof.com.au

Two signatures required (unless sole director/sole trader).

Please indicate whether Sole director/trader Director Sole company secretary

Name

Title

Signature* Date / /

* If you are a Sole Director/Company Secretary only one signature is required. A director can sign jointly with another director or a company secretary.

Please indicate whether Director Company secretary

Name

Title

Signature** Date / /

** If there is more than one director/company signatory a second signatory is required. A director can sign jointly with another director or a company secretary.

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118
Email enquiries clientfirst@ioof.com.au

Employer initiated direct debit request for the IOOF Contribution Service (DDR facility)

Please complete these instructions in BLACK INK using CAPITAL LETTERS.

Step 1: Employer details

Employer/company name

Employer code

Step 2: Account details (account to be debited)

Name of financial institution

Branch address

Suburb State Postcode

Account name

BSB - Account number

Step 3: Declaration and signature

- Until further written notice, I/we authorise and request IOOF Investment Management Limited ABN 53 006 695 021 (IOOF) (APCA ID: 032105) to debit my/our nominated account (described in 2 above) for any Specified Amounts through the Bulk Electronic Clearing System (BECS). Specified Amounts include:
 - payment of superannuation contributions advised through Transact for my/our employer fund and/or any complying superannuation fund other than the employer fund
 - any fees payable to IOOF for superannuation contributions advised through Transact to be made to complying superannuation funds other than the employer fund by the Transact Clearing House Service.
- I/we acknowledge that the DDR Facility is governed by the terms and conditions set out in the Direct Debit Request Service Agreement.
- I/we confirm that I/we have read and understood the terms and conditions set out in the attached Direct Debit Request Service Agreement and agree to be bound by them.
- I/we consent to the collection, use, storage and disclosure of my/our personal information provided in this form and, in accordance with the IOOF group privacy policy (available at www.ioof.com.au/privacy) and Privacy Notice and understand that if I/we do not provide the information requested, IOOF may not be able to process any direct debits requested.

Signature of account holder Date / /

Signature of account holder (joint account holder if applicable) Date / /

Post or email the completed application form to:

Transact Helpdesk

Post GPO Box 264 Melbourne VIC 3001

Email transactsupport@ioof.com.au

Employer initiated direct debit request service agreement

Customer initiated direct debit request facility

The Customer initiated direct debit (DDR Facility) is issued by IOOF Investment Management Limited (IOOF) ABN 53 006 695 021 (User ID 032 105). The DDR facility is an electronic payment method which enables you to instruct IOOF to debit your nominated account with a financial institution (i.e. bank, building society or credit union) and pay the amounts in accordance with your instructions made through Transact. The DDR Facility enables you to control the amounts to be debited and when the debit is made. Direct debits will only be made by IOOF when you request IOOF to make a direct debit on Transact. Your account will be debited within two business days after your contributions have been submitted.

IOOF's service commitment

This service agreement:

- outlines IOOF's commitment to you in respect of the DDR Facility
- sets out the terms and conditions on which you authorise IOOF to deduct amounts from your nominated account
- sets out your rights and responsibilities.

Please note the direct debit may not be available on all accounts provided by financial institutions and financial institutions may impose restrictions on the amounts which may be debited from your nominated account. You are advised to check with your financial institution to determine whether direct debit is available and if any restrictions apply before nominating an account on the Direct Debit Request form.

IOOF's Responsibilities

IOOF will arrange for funds to be debited from your nominated financial institution account as authorised in the Direct Debit Request form in accordance with your payment request. IOOF will provide you with at least 14 days written notice of any changes to the terms and conditions governing the DDR facility.

Your obligations

It is your responsibility to:

- ensure that your financial institution permits direct debits to be made from your nominated account
- ensure that your nominated account details are correct. If you are unsure please check with your financial institution before completing the Direct Debit Request form
- ensure that sufficient cleared funds are available in your nominated account to meet each direct debit request. IOOF will notify you if a direct debit is dishonoured and how you can rectify it
- meet any dishonour fees or charges incurred if a direct debit is dishonoured or there are insufficient funds in your nominated account to meet a direct debit and the amount debited to your nominated account is reversed
- ensure that the authorisation to draw on your nominated account is identical to the account signing instruction held by the financial institution of the nominated account

- check the statements received from your financial institution to ensure that payments have been made in accordance with your payment instructions
- advise IOOF if your nominated account is closed, transferred to another branch or your nominated account details change
- make arrangements with IOOF for a suitable alternative payment method if the DDR Facility is stopped by you, IOOF or your nominated financial institution.

Your rights

You are able to:

- stop an individual debit by giving written instructions to IOOF
- cancel or suspend your DDR Facility by giving written instructions to IOOF. If you suspend your DDR Facility, you may restart it by giving written instructions to IOOF
- change the details of your nominated account by giving written instructions to IOOF
- alter your DDR Facility by forwarding a new DDR form to IOOF.

In all cases, IOOF will endeavour to act upon your request within ten business days of receipt of your request.

Confidentiality

All information held by IOOF in relation to your DDR facility will be kept confidential by IOOF, except where:

- such information is provided to IOOF's financial institution to initiate, change or cancel your DDR Facility
- disclosure is required or authorised by law; or
- you consent to the release of the information either directly or through a duly appointed agent or authority.

Enquiries

All enquires about your DDR Facility should be directed to IOOF. All correspondence should be sent to:

Transact Helpdesk,

GPO Box 264

Melbourne VIC 3001

Email transactsupport@ioof.com.au

All correspondence should include your Employer Code. If IOOF cannot resolve the matter you can still refer the matter to your financial institution.

Disputes

If you believe that a debit has been incorrectly made or processed, or you have a query or dispute in relation to your DDR Facility, you should contact the Transact Helpdesk 1800 125 566 or the relevant financial institution. If a dispute cannot be satisfactorily resolved at this stage, you should lodge a written complaint with IOOF who will endeavour to resolve the dispute and provide a written response to you within 45 days of receipt of your complaint.



5 October 2021

New Member Notification

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

Step 1: Employer details

Employer/company name

Employer code

Step 2: Member details

New member 1 details

Member status New member Existing member Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Tax file number* - -

Residential address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Date of birth / / Gender Male Female

Occupation

Employment status Permanent Casual If casual, number of hours worked per week

Date commenced work / / Current salary \$

At work** Yes No Has the member received the Product Disclosure Statement? Yes No

Reason member was not at work on commencing employment

*** Important information on providing Tax File Numbers (TFNs)**

Under superannuation law, we are authorised to request members' TFNs which will only be used for lawful purposes (e.g., opening and managing member accounts, locating super benefits in our records or calculating tax on benefits). It is not an offence if a member chooses not to provide their TFN but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, the member will not pay more tax than they need to, and
- it will be easier to find different super accounts in the member's name.

If an employee has provided you with their TFN for superannuation purposes, you must disclose their TFN to us within 14 days. The ATO may impose penalties on you if your employee has provided you with their TFN but you have not passed it on to us.

** By placing a ✓ in the Yes box, I declare that the employee was at work on the date of commencing employment. If the employee is on normal annual leave, public holiday or over a weekend, answer as being at work. If the employee was not at work, please indicate the reason in the space provided.

New member 2 details

Member status	<input type="checkbox"/> New member	<input type="checkbox"/> Existing member	Account number	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	
Given name(s)	<input type="text"/>			
Tax file number*	<input type="text"/>	-	<input type="text"/>	-
Residential address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
Mailing address (if different from above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>	
Mobile	<input type="text"/>			
Email	<input type="text"/>			
Date of birth	<input type="text"/>	/	<input type="text"/>	/
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Occupation	<input type="text"/>			
Employment status	<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	If casual, number of hours worked per week	<input type="text"/>
Date commenced work	<input type="text"/>	/	<input type="text"/>	/
Current salary \$	<input type="text"/>			
At work**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the member received the Product Disclosure Statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason member was not at work on commencing employment	<input type="text"/>			

*** Important information on providing Tax File Numbers (TFNs)**

Under superannuation law, we are authorised to request members' TFNs which will only be used for lawful purposes (e.g., opening and managing member accounts, locating super benefits in our records or calculating tax on benefits). It is not an offence if a member chooses not to provide their TFN but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, the member will not pay more tax than they need to, and
- it will be easier to find different super accounts in the member's name.

If an employee has provided you with their TFN for superannuation purposes, you must disclose their TFN to us within 14 days. The ATO may impose penalties on you if your employee has provided you with their TFN but you have not passed it on to us.

** By placing a ✓ in the Yes box, I declare that the employee was at work on the date of commencing employment. If the employee is on normal annual leave, public holiday or over a weekend, answer as being at work. If the employee was not at work, please indicate the reason in the space provided.

New member 3 details

Member status	<input type="checkbox"/> New member	<input type="checkbox"/> Existing member	Account number	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	
Given name(s)	<input type="text"/>			
Tax file number*	<input type="text"/>	-	<input type="text"/>	-
Residential address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
Mailing address (if different from above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>	
Mobile	<input type="text"/>			
Email	<input type="text"/>			

Date of birth / / Gender Male Female

Occupation

Employment status Permanent Casual If casual, number of hours worked per week

Date commenced work / / Current salary \$

At work** Yes No Has the member received the Product Disclosure Statement? Yes No

Reason member was not at work on commencing employment

*** Important information on providing Tax File Numbers (TFNs)**
 Under superannuation law, we are authorised to request members' TFNs which will only be used for lawful purposes (e.g., opening and managing member accounts, locating super benefits in our records or calculating tax on benefits). It is not an offence if a member chooses not to provide their TFN but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, the member will not pay more tax than they need to, and
- it will be easier to find different super accounts in the member's name.

If an employee has provided you with their TFN for superannuation purposes, you must disclose their TFN to us within 14 days. The ATO may impose penalties on you if your employee has provided you with their TFN but you have not passed it on to us.

** By placing a ✓ in the Yes box, I declare that the employee was at work on the date of commencing employment. If the employee is on normal annual leave, public holiday or over a weekend, answer as being at work. If the employee was not at work, please indicate the reason in the space provided.

New member 4 details

Member status New member Existing member Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Tax file number* - -

Residential address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Date of birth / / Gender Male Female

Occupation

Employment status Permanent Casual If casual, number of hours worked per week

Date commenced work / / Current salary \$

At work** Yes No Has the member received the Product Disclosure Statement? Yes No

Reason member was not at work on commencing employment

*** Important information on providing Tax File Numbers (TFNs)**
 Under superannuation law, we are authorised to request members' TFNs which will only be used for lawful purposes (e.g., opening and managing member accounts, locating super benefits in our records or calculating tax on benefits). It is not an offence if a member chooses not to provide their TFN but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, the member will not pay more tax than they need to, and
- it will be easier to find different super accounts in the member's name.

If an employee has provided you with their TFN for superannuation purposes, you must disclose their TFN to us within 14 days. The ATO may impose penalties on you if your employee has provided you with their TFN but you have not passed it on to us.

** By placing a ✓ in the Yes box, I declare that the employee was at work on the date of commencing employment. If the employee is on normal annual leave, public holiday or over a weekend, answer as being at work. If the employee was not at work, please indicate the reason in the space provided.

Step 3: Authorised signature

A Binding Death Benefit Nomination or Non-Binding Death Benefit Nomination may be completed by individual employees. Where a nomination is not received, the beneficiary will default to the legal personal representative on behalf of the estate.

An investment strategy may be nominated by individual employees by completing the IOOF Employer Super – New Member Form. Where an individual strategy is not nominated, cashflow will be invested in the IOOF Employer Super MySuper default investment strategy, IOOF Balanced Investor Trust.

These forms can be accessed via our website or by contacting ClientFirst..

Full name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Authorised signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118
Email enquiries clientfirst@ioof.com.au



5 October 2021

New Member Specimen Signatures

This forms part of the New Member Notification. Please obtain signatures of all employees listed on this form.

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

Step 1: Employer details

Employer/company name

Employer code

Step 2: New Member specimen signatures

1. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
2. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
3. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
4. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
5. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>

6. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
7. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
8. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
9. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
10. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
11. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
12. Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>

Please note: Signatures provided to the Trustee will only be used as a proof of identification for future transactions. Providing an employee's signature will allow efficient and secure processing of future transactions. If an employee elects not to provide his/her signature, he/she may experience delays outside the Trustee's service standards.

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118
Email enquiries clientfirst@ioof.com.au

Contact us

Postal address

Reply Paid 264
Melbourne VIC 8060

Telephone

1800 913 118

Fax

03 6215 5800

Email

clientfirst@ioof.com.au

Website

www.ioof.com.au

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered address

Level 6, 161 Collins Street
Melbourne VIC 3000

Unique Superannuation Identifier

SMF0126AU