# IOOF FMPLOYER SUPER



1 July 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 r	ne	ml	be	r d	et	ail	S																			
Account number																										
Title (Dr/Mr/Mrs/Ms/Miss)						Surname			ne																	
Given name(s)																										
Step 3: Family member details																										
Relationship to member		Spc	ouse			Chi	ild			Sibl	ling			Par	ent					1		ı			I	
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnan	ne														<u></u>	<u></u>		
Given name(s)	L																						L			
Tax file number				-				- [																		
Residential address	L																									
Suburb																Sta	ate			Pc	stcc	ode				
Mailing address (if different from above)																										
Suburb																Sta	ate	L		Pc	stcc	de				
Phone (home)														Pho (wo												
Mobile																										
Email																										
Date of birth			/			/											,	Gen	der	 М	ale			Fem	ale	
Occupation																										
If you are residing overseas	you	mus	st cc	mpl	ete	anc	d sub	mit																		
an Overseas Investor fo	orm	(ww	/w.ic	of.c	om.	.au)																				
Certified copies of you	r ide	ntifi	icati	on d	locu	ume	ents																			

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? Νo 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. 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 Personal contribution \$ Salary sacrifice contribution \$ Superannuation guarantee \$ contribution Spouse contribution ς Downsizer contribution \$ Total contribution amount \$ 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:

OR

- 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

Deposit Instruction		
APIR Code	Investment option	Allocation (%)
	Cash Account (Mandatory)	

- 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.

Total (must = 100%)

# **Step 6b: Listed investments**

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

ASX code	Units	OR	Investment amount	At market price OR	At maximum price (\$)
		\$			
		\$			
		5			
		Ş			
		\$			
		<u> </u>			
		Ş			

#### Please note:

- If additional investments and/or listed investments are required, 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 95% of your account balance invested in listed investments
- The maximum buy price will be valid for 30 days, after which the amount for the purchase of your selected listed investments will be retained in your Cash Account until we receive further instructions from you.

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

Months	Amount	\$	
Months	Amount	\$	
Months	Amount	\$	
Months	Amount	\$	
Please select your provid	der (if no selection	n is r	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.

# **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 OR
Cash Account percentage nominated in your Deposit Instruction
OR
Custom Cash Account minimum of
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:
<b>Pro-rata (default option)</b> – Redeem funds across all managed investments according to the proportion of the portfolio that they represe
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
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 option
and annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction – percentage.
APIR Code Investment option Allocation (9

## **Pecking Order**

- If you selected the Pecking order option, please specify which managed investments are to be used and the order in which the funds are to be redeemed.
- Please add the APIR code along with the name of the investment option.
- The following are unable to form part of your Pecking order: Restricted investments, investment options with extended redemption periods, capital guaranteed income/pension investment options and annuity funds and term deposits (maturing investments).

Pecking order	APIR Code		Name of investment option	
1				
2				
3				
4				
5				
6				
7				
Step 8: Inco	ome prefer	rences		
I direct the Trustee t	o manage income	distributions that I receive	e from managed investments as follows:	
		-invest 100% of the incon	ne distributions back into the same managed investment that m	nade the
income distrib	ution.			
	<b>h Account</b> – Leave	all income distributions t	to accumulate in my Cash Account.	
OR	Leave	an meetine distributions (	o decamatate ii i iy casii keesant.	
Income Instru	ıction - nercenta	ae - Re-invest the incom	e into managed investments selected below.	
			are specify which managed investments are to be used and the	ne respective
			ot contain listed or maturing investments.	
If you don't in	idicate your inco	ome preference, the d	efault option of re-invest will be applied.	
Income instr	uction – ner	centage		
	action – per	_		
APIR Code		Investment option	1	Allocation (%)

Total (must = 100%)

# **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 instru frequency.	ction at a set
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 e maturing investments or investments which cannot be sold), the Re-weight preference submitted will be a remaining investment options within the portfolio.  Please ensure that the Re-weight preference includes at least the default minimum allocation to the Cash A default Cash Account minimum is 1%.	oplied to the
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 tak  If you have selected the Re-weight Instruction option, please specify which managed investments are to be used and the	
allocations. Please list all investments in your portfolio below.	e respective
APIR code or ASX code Name of investment option	% allocation
Cash Account	
Total	

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)  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:
Review of your account Contribution strategy
Strategic superannuation advice Insurance in superannuation strategy
Investment advice on your account Withdrawal advice
(2) Member Advice Fee – ongoing
<b>Note:</b> 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 <b>or</b> 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		\$			
Ś		\$			
Tier 2		\$			
Tier 3		\$			
Tier 4					
Tier 5		\$			
Tier 6		\$			
Tier 7		\$			
	s estimated a fee of \$ calculated daily using the per	centage fee above, you	comm	12 months / / lance and will be charged to your	account monthly.
(2b) Flat dol	lar fee.				
Up to a maximu	ım of \$18,000 per annum (inc	lusive of GST).	\$	per ar	num (inclusive of GST)
This fee will be <sub>I</sub>	pro-rated based on the num	per of days in the montl	h and deducted m	onthly.	
(3) Membe	er Advice Fee – Upfr	ont			
Note: Please no	te this fee cannot be offered	in conjunction with a fix	xed term arrangem	nent.	
Up to a maximu	ım of 5.5% (inclusive of GST)	of each contribution.			
	ers (not applicable to transfer ts within eXpand)	s from			% (inclusive of GST) % (inclusive of GST)
Your adviser has	s estimated a fee of \$			12 months / / encing	/
	calculated using the percenta contributions and/or rollove		against your contril	bution and/or rollover amount an	d will be charged to
(4) Membe	er Advice Fee – Insu	rance			
Up to a maximu	ım of 50% per annum (inclus	ve of GST) of each insu	rance premium.		
Percentage fee		or Death and TPD cove th or Death and	er	% per	annum (inclusive of GST)
	TPD cover	ui oi Deatti dila		% per	annum (inclusive of GST)
	Income protect	ion cover		% per	annum (inclusive of GST)
Vour adviser has	s estimated a fee of \$		for the	12 months /	/

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

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

OR

Flat fee (dolla	ar amount)			per annum (inclusive of GST)
This fee will I	be pro-rated based on the nun	nber of days in the month and de	ducted monthly.	
(5) Mem	ber Advice Fee – fixe	d term arrangement		
		ver a twelve month period or less vill default to the date the applica	The form must be signed within 90 d	ays of the start date. If the
Start date	DD/M	M / Y Y Y Y		
End date	DD/M	M / Y Y Y Y		
(5a) Perce	entage based fee option	ns – flat percentage <b>or</b> tie	red percentage	
Flat perce	ntage fee			
Up to a maxi of your acco	imum of 2.2% per annum (inclu unt balance	usive of GST)		% per annum (inclusive of GST)
OR				
Tiered per	rcentage fee			
• Up to a m	naximum of 2.2% per annum (i	nclusive of GST) of your account b	palance can be applied to the amount	for each tier.
	ult fee will be 0% if no nominat	ion is made.		
• Up to a m	naximum of 7 tiers.			
	Balance from	Balance to	<b>% per annum</b> (inclusive of GST)	
	\$	\$		
Tier 1	\$	\$		
Tier 2				
Tier 3	\$	\$		
Tier 4	\$	\$		
Tier 5	\$	\$		
Tier 6	\$	\$		
Tier 7	\$	\$		
Your adviser	has estimated a fee of \$		for the term of the Fixed Term Arra	ngement.
This fee will I	be calculated daily using the p	ercentage fee above, your daily a	ccount balance and will be charged to	your account monthly.
AND/OR				
(5b) Flat o	dollar fee.			
Up to a maxi	imum of \$18,000 per annum (ir	nclusive of GST).	\$	per annum (inclusive of GST)
This fee will I	be pro-rated based on the nun	nber of days in the month and de	ducted monthly.	
AND/OR				

(5c) Member Advice	Fee – Insuranc	e		
Up to a maximum of 50%	per annum (inclusive	e of GST) of each insurance pr	emium.	
Percentage fee	Primary: Death o Additional: Death TPD cover	r Death and TPD cover or Death and		% per annum (inclusive of GST) % per annum (inclusive of GST)
	Income protection	on cover		% per annum (inclusive of GST)
Your adviser has estimated	dafee of \$		for th	he term of the Fixed Term Arrangement.
This fee will be calculated	using the percentag	e fee above, your insurance p	 remium a	and will be charged to your account monthly.
OR				
Up to a maximum of \$18,0	00 per annum (inclu	sive of GST).		
Flat fee (dollar amount)			\$	per annum (inclusive of GST)
This fee will be pro-rated by	pased on the numbe	r of days in the month and de	educted n	nonthly.
Please select the service	s being provided i	n relation to the Fixed Term	Arrange	ement:
Review of your accou	ınt	Contribution strategy		
Strategic superannua	ation advice	Insurance in superann	uation str	rategy
Investment advice or	n your account	Withdrawal advice		
Step 11: Insurai	nce cover			
		me Protection insurance. Your document, from our website o	-	nember may apply for insurance cover by completing the cacting ClientFirst.
Step 12: Transfe	er of existing	g super		
Does your family member	have any previous su	perannuation funds which he	/she woul	ld like to transfer into the Fund? Yes No
If Yes, your family member	must complete a Rec	quest to Transfer form available	e in this do	ocument, from our website or by contacting ClientFirst.
Step 13: Superl	Match searc	h and consolidati	on us	sing IOOF Online
SuperMatch makes consol	idating your super e	asy by using the ATO's autom	atic electr	ronic search facility.
to conduct a search for yo	ur super monies witl	n other superannuation funds	includin	se. Using the SuperMatch online functionality you can g lost member accounts or any ATO-held super (such as intributions or unclaimed superannuation monies.
Step 14: Existin	g member o	declaration		
,				unt I have no further right or claim over the benefit n the event of my family member's death.
_		in this form is true and correc	•	
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

number (if applicable)

Dealer name																				
Financial adviser name																			=	
Contact name																				
AFS license number										Fina		l adv num								
If you are a new financial adviser <sup>2</sup> to IOOF, please also complete the following details:																				
Business name																				
Business address																				
Suburb													Sta	te		Pos	stco	de L		
Mailing address (if different from above)																				
Suburb													Sta	te		Pos	stco	de		
Phone											Pho nobi									
Email Internal client reference																			<u> </u>	

## 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 AML/CTF Rules Part 7.2).	proof of identification	on records for the purposes	of this Application if	requested (pursuant to the
I confirm that I have conducted the rel	evant customer ider	tification procedure in line	with the obligations	under AML/CTF Law and:
I have attached a certified copy Please note: Compulsory whe		entification document(s) w	rith this Application	
<ul> <li>initial contributions equal to</li> </ul>	or more than \$2 mil	lion or		
• if the applicant is a Politicall	y Exposed Person or			
<ul> <li>the applicant is not residing</li> </ul>	in Australia			
OR				
I have completed and signed a the applicant's identification do		ion form which is attached	I to this Application (a	and retained a certified copy of
OR				
I have sighted and retained a co	ertified copy of the a	pplicant's identification do	cument(s) recorded i	n the following Record of
proof of identity table ( <b>Please</b>				
Record of proof of identity (ID	ID document 1		ID document 2	
Verified from	Original	Certified copy	Original	Certified copy
Document issuer				
Issue date				
Expiry date				
Document number				
Accredited English translation	N/A	Sighted	N/A	Sighted
For further information on the types 'Completing Proof of Identity' docur original documents.	,			•
I declare that I have sighted and reta	ined certified copie	s of the documents recor	ded in the Record o	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

### В

#### 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.

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	y account.			
<ul> <li>The amount of any member advice fee(s) that are paid to my financial adviser, of (Licensee) as agreed by me, will be an additional cost to me and charged again charged unless I tell the Trustee to do so.</li> </ul>				
<ul> <li>Any agreed member advice fee(s) will be charged to my account and paid in ful instruct the Trustee to cease payment or when I change my nominated financia.</li> </ul>				
• Where I have chosen Ongoing fees, I understand the consent for IIML to pay th consent end date, which is 150 days after the next anniversary date for my ong	9 9 ,			
• 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 or by contacting ClientFirst.	at any time by notice in writing to my adviser,			
• I understand I can withdraw my consent at any time before the cost is passed of is paid.	on to me by contacting the Trustee before the fee			
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

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