

PENSION

1 July 2022

Pension Application

Before you sign this application form, the Trustee or your licensed financial adviser is obliged to give you a 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 note: In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law), the Trustee must obtain proof of identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

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

Step 1: Applicant details

a Politically Exposed Persons form (www.ioof.com.au)

certified copies of your identification documents

Title (Dr/Mr/Mrs/Ms/Miss)			Surname						
Given name(s)									
Residential address									
Suburb						State		Postcode	
Country if not Australia									
Mailing address (if different from above)								1 -	
Suburb						State		Postcode	
Country if not Australia									
Phone (home)					Phor (wor				
Mobile									
Email									
Date of birth	/ [/					Gender	Male	Female
If you are residing overseas yo	ou must comp	lete and su	bmit						
an Overseas Investor for	m (www.ioof.d	com.au)							
Certified copies of your	identification (documents	5						
Anti-Money Launde	ering (AM	L) and (Counter-	Terrorisn	n Finaı	ncing (C	TF)		
In accordance with AML/CTF I (Note: Your application cannot documentation to facilitate IO	t be processed	unless this	section is cor	mpleted and y	you may l	oe requeste	d to provide a	additional infor	mation and
Politically Exposed Perso	n (PEP)								
Politically Exposed Persons are organisation, either within or control or con						_		-	
Are you a Politically Exposed P	'erson?								
Yes No									
If you have nominated yoursel	f to be a Politic	ally Expose	d Person, you	ı must compl	lete and a	ttach:			

Step 2: Pension details

Please select the appropriate pension for you.
I wish to commence a Retirement phase pension . I am eligible to so do because:
(Please tick one box applicable to your circumstance)
My existing benefits are unrestricted non-preserved.
I have reached age 65.
I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.
I have left gainful employment on / / and was over age 60 at that time.
I wish to commence a Transition to retirement pension as I have reached my preservation age but not met a condition of release.
I wish to commence a Death benefit pension – I am rolling over a death benefit and my relationship to the deceased is:
Spouse.
Child under the age of 18 or financially dependent child under 25.
Child of any age and suffering from a disability (please attach evidence of disability).
Financial dependant or interdependent and not a child (please attach evidence of relationship).
Step 3: Tax file number
I am age 60 or over and my TFN is
I am less than 60 years of age and have attached my completed Tax File Number Declaration
If you are less than 60 years of age, a Tax File Number declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. 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
• 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 Pension application.

Step 4a: Deposit Instruction

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.

New members – If you do not complete this section, your investments will be allocated to the Cash Account.

Existing members – If you are transferring an existing account to IOOF Pension and you do not complete this section, your existing assets will be transferred.

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. 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 Pension 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 4b and 4c to provide these
 instructions.

APIR code	Investment option	Allocation (%)
	Cash Account (Mandatory)	
		Total (must = 100%)

- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- If you require more space, please go to our website and download the New Member Investment Authority form.

Step 4b: 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	At maximum OR price (\$)
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

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 4c: Term deposits (minimum \$5,000)

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

Months		Amount	\$	
Months		Amount	\$	
Months		Amount	\$	
Months		Amount	\$	
Please select you	ur provider (i	if no selectior	n is n	nade, Adelaide Bank will be used)
Adelaide Ba	ank			
NAB				
L 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 5: Cash Account preferences

OR

Cash Account limits			
You must maintain a minimum percentage alloc	ation to the Cash A	Account.	
Please specify one of the following options:			
Cash Account default minimum of 1%			
OR			
	D	land the same	
Cash Account percentage nominated in OR	your Deposit Inst	truction	
Custom Cash Account minimum of		%	
	, ,,	I)	
Cash Account dollar-based minir	num (optior	nal)	
You may also nominate a dollar-based minimum conjunction with your percentage-based minim		*	000 minimum) that will be used in
lf your Cash Account falls below zero, we will the based minimum.	n top-up your Cas	h Account to the lower of your dollar-bas	ed minimum or percentage-
To set a Cash Account dollar-based minimum, please specify the amount here\$			
Cash Account top-up			
If the balance in your Cash Account is zero or bel	ow, the Trustee wi	ll top up the balance to the lower of:	
• the Cash Account default minimum of 1% or	the Cash Account	percentage nominated in your Deposit Ir	nstruction; or
• the Cash Account dollar-based minimum.			
We will top up your Cash Account balance by rec in accordance with the method you have selecte	-	ssary amount from your managed investr	ments (without prior notice to you)
Pro-rata (default option) – Redeem funds a	ocross all managed	investments according to the proportion	of the portfolio that
they represent.	icioss all managed	investments according to the proportion	of the portiono that
OR			
Redemption instruction – percentage – lallocation nominated below.	Redeem funds fror	m specified managed investments accord	ding to the percentage

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 option of pro-rata will be applied.

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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.
- Deposit instructions will not automatically be applied to internal transfers.

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

If you do not indicate a top-up method, the default option of pro-rata will be applied.

Step 6: Automatic Re-weight Facility

Use this to automate a re-weight of all th	e eligible investments in your portfolio, according to a percentage-based inst	ruction at a set frequency.
I direct the Trustee to manage my portf	olio as follows:	
Re-weight frequency (choose one): Quarterly Half-yearly	Yearly	
Commencement date (will commence of	on the 20th of the chosen month):	
maturing investments or investm	preference includes at least the default minimum allocation to the Ca	be applied to the
Re-weight preference:	AIII 13 1 /0.	
Deposit Instruction		
Re-weight my portfolio in accorda	nce with my Deposit Instruction in Step 4a.	
	nce with my Re-weight Instruction specified in the table below. ruction option, please specify which investments are to be used and the respow.	pective allocations. Please
APIR code or ASX code	Name of investment option	% allocation
	Cash Account	

Must add up to 100% including the Cash Account allocation

Step 7: Income preferences

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 do not indicate your income preference, the default option of re-invest will be applied. 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. APIR code Investment option Cash Account (Mandatory) Cash Account (Mandatory) Investment option Allocation Investment option Allocation Investment option Allocation Investment option Allocation Investment option Investment option Investment option Allocation Investment option Investment	direct the Trustee to ma	nage income distrib	outions that I receive from managed investments as follows:	
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 do not indicate your income preference, the default option of re-invest will be applied. 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. APIR code Investment option Allocation	Re-invest (default o	option) – Re-invest	100% of the income distributions back into the same managed investment t	nat made the
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 do not indicate your income preference, the default option of re-invest will be applied. 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. APIR code Investment option Allocation				
Income Instruction – percentage – Re-invest the income into managed investments selected below. If you do not indicate your income preference, the default option of re-invest will be applied. 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. APIR code Investment option Allocation				
Income Instruction – percentage – Re-invest the income into managed investments selected below. If you do not indicate your income preference, the default option of re-invest will be applied. Fyou have selected the Income Instruction – percentage, please specify which managed investments are to be used and the respective illocations. Please ensure that the Income Instruction does not contain listed or maturing investments. APIR code Investment option Allocation		ount – Leave all inco	ome distributions to accumulate in my Cash Account.	
If you do not indicate your income preference, the default option of re-invest will be applied. f you have selected the Income Instruction – percentage, please specify which managed investments are to be used and the respective illocations. Please ensure that the Income Instruction does not contain listed or maturing investments. APIR code Investment option Allocation		– nercentage – Re	s-invest the income into managed investments selected below	
f 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. APIR code Investment option Allocation	meome matraction	- percentage me	These the meone into managed investments selected below.	
APIR code Investment option Allocation	If you do not indicat	e your income pre	ference, the default option of re-invest will be applied.	
				the respective
Cash Account (Mandatory)	APIR code	Inv	vestment option	Allocation (9
			ash Account (Mandatory)	
Total (must = 100%)			Total (must = '	100%)

Step 8: Nomination of beneficiaries

Please complete Section A OR Section B.

Section A: Reversionary Pensioner

This nomination must be made before the commencement of your pension. Your nominated Reversionary Pensioner cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Death Benefit Nomination or Non-Binding Death Benefit Nomination.

In the event of your death you wish the remaining balance of your pension account (if any) to continue to be paid as a pension to your nominated Reversionary Pensioner.

Title (Dr/Mr/Mrs/Ms/Miss)		Surname						
Given name(s)								
Residential address								
Suburb					State		Postcode	
Phone (home)				Pho (wo	ne		Tostcoac	
				(VVO	TK)			
Mobile								
Email								
Date of birth							er Male L	Female
Relationship to member*	Spouse	De facto spouse	L Chi	ld L	Interdep relations		Finar Depe	nciai endant
* Refer to the PDS for the restrict	tions that apply.							
Section B: Binding	or Non-Bindin	g Death Ben	efit Non	ninati	ion			
Do not complete this section	n if you have nomina	ted a Reversionary	Pensioner ir	Section	n A.			
If you are transferring your er Benefit Nomination will be tr						_	_	
Non-lapsing Binding, Lap available in the forms bo		_	enefit Nomi	nation (p	olease comp	lete the Bene	eficiary Nomi	nation form
If you do not make a Benefici Representative in the event of	•	ominate a Reversio	nary Pensio	ner, you	r death bene	efit will be pa	id to your Le	gal Personal
Step 9: Pension p	payment de	tails						
Frequency								
Fortnightly	Monthly	Quarterly		Half-ye	arly	Yearly		
Pension payments will be mapayments they will be schedu	,					lished. If you	select fortniç	ghtly pension
For monthly, quarterly, half ye 25th and 28th of each month		nent dates you may	y select to h	ave you	r pension pa	yment paid c	on the 6th, 10)th, 14th, 20th,
I would like to select a s	specified start date.							
Where you have elected to se	elect a specific start	date please select t	he date and	l month	below:			
6th 10th	14th 20th	25th or	28th of [
Please note: where no mon	nth is selected it will (default to the next	month avail	able. We	e may proce	ss vour pensio	on payment	earlier than the

specified date to ensure it reaches your nominated financial institution on time.

Select the level of annual pension required. Minimum* OR Maximum limit** (Transition to retirement pension only) Full maximum (10%) OR Pro-rata maximum OR Nominated amount \$ per annum Net Gross Indexation rate % C OR

Please note, if you choose an annual amount paid in fortnightly instalments, the number of payments and the payment amount you receive will vary between financial years. Alternatively, if you choose an amount per frequency paid in fortnightly instalments, your total annual pension amount will vary based on the amount of fortnights per financial year.

Step 11: Nominated Financial institution for regular pension payments and withdrawals

Name of financial institution		
Branch		
Account name		
BSB		Account number
I do not want this ban	k account used for withdrawals.	

Please ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.

Important note: The nominated account(s) must be in your own name or in one jointly owned by you.

 $^{^{*}}$ If you commence your pension other than on 1 July, this amount will be pro-rated.

^{**} If you select a transition to retirement pension and do not complete this step, the full maximum (10%) pension payment will apply.

Step 12: Contribution or rollover details

A minimum initial contribution is \$30,000.

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
Section A: Contributions
Personal contribution ¹ \$
Spouse contribution \$
Downsizer contribution ² \$
 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. 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.
Section B: External Transfers from other super funds
If you wish to roll over funds from another account(s), please fill in the following details and complete a Request to Transfer form, for each account. If you do not know the amount of your rollover(s), please provide an estimate.
1. Rollover institution name
Expected amount \$
2. Rollover institution name
Expected amount \$
3. Rollover institution name
Expected amount \$
Section C: Internal Transfers (IOOF Employer Super, IOOF Personal Super and IOOF Pension)
For existing members only
Account number
I would like to transfer my whole balance from the above account and I understand that by doing this the above account (and any insurance cover) will be closed as a result.
I would like to transfer a partial amount of \$
OR
I would like to leave the amount of \$ in the above account

Important note: Minimum amount to leave in your existing account is \$10,000 Minimum initial investment is \$30,000.

Note: If you are only transferring a partial balance or leaving a specified amount in the existing account, you may need to specify the amount of cash and or investment options to be transferred in the below table. If you do not nominate any specific investment options, your funds will be transferred to your IOOF Pension account on a pro-rata basis. Investments not available in IOOF Pension will be redeemed and invested in your Cash Account. Listed investments and term deposits will be transferred 100%.

API	R co	de/	ASX	cod	e				_	Nan	e of i	nv	estm	nen	t op	oti	on																% (or\$	am	ount
																														_						
]																					_						
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1	I wish to claim a tax deduction for some or all of the personal contributions(s) in the current or previous financial year and have attached a completed ATO Notice of Intent to Claim a Tax Deduction. A completed ATO Notice of Intent to Claim a Tax Deduction notice must be submitted and be processed prior to the transfer to your pension account. Once your pension has commenced, your notice cannot be varied and you cannot receive a refund of taxes paid even if the ATO disallow your deduction.																																			
• h	will on old:	only s a c epre	regi urrei sent	ster nt Au ative	a fin ustra e of a	ancia alian a cur	al ac Fina rent	lvise ncia AFS	er w al Se	no:	leta (AFS)				inci	ial	ad	vise	er	to	con	npl	ete	e, i	f a	pp	lica	ablo	e)							
Fir	an	cia	l a	dvi	ser	de	tai	ls																												
Lice	nsee	e nai	me																											_						
Fina	ncia	l ad	viser	nan	ne																															
Con	tact	nan	ne																																	
ΔES	licor	250 1	num	har																Finar		l adv														
					ncial	advi	ser ¹	to IC	OOF	, plea	se also) C(mpl	lete	the	e fc	llow	ing (_ de	tails		Hull	IDE	:1 ∟												
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Busi	ness	nar	ne																																	
Busi	ness	ado	dress																			1														
Sub																							S	tat	e l				P	ost	COC	de				
Mail (if d			ess rom	abo	ve)																															
Sub	urb																						S	itat	e [_ P	ost	COC	de				
Pho						Phone (mobile)																														
																				711		-/								_						
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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 Insignia Financial 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/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 agree to provide the Trustee with access to all proof of identification records, customer identification procedures (including for beneficial owners or agents of the customer) and any documents or information obtained under those procedures on request.

owners or agents of the customer) and any documents or information obtained under those procedures on request.
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 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 identity table (Please complete the following table and declaration).

Record of proof of identity (ID) ²	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

2 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 ioof.com.au. It also includes a list of persons authorised to certify copies of original documents.

l declare that I have sighted and retained certified copies of the documents recorded in the Record of proof of ident	ity ta	ab	ıle
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Signature	Date	/	/	
Name of financial adviser or				
AFSL holder representative				

Step 14: 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.

(1) Member Advice Fee - One-Off

()								
A maximum of 10% of the account balance up to fee is greater than 10% of the account balance.	a fee of \$11,000 (inclusive of GST)), OR a maximum fee of \$3,300 (inclus	ve of GST) where the					
		\$	per request (inclusive of GST)					
Please select the services being provided in re	elation 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	J							
Note: Please note this fee cannot be offered in co	njunction with a fixed term arran	gement.						
The start date is optional, if no start date is provide more than 90 days prior to the start date.	ed fees will commence on the da	ate this form is processed. This form m	oust be signed no					
Start date (optional) Consent end date (required) The consent end date is the date when all ongoin ongoing fee arrangement ends 150 days after the		not received your consent to continu	e. Your consent to an					
(2a) Percentage-based fee								
The available fee options are:								
Flat percentage fee								
Up to a maximum of 2.2% per annum (inclusive of of your account balance.	GST)		% per annum (inclusive of GST)					
AND/OR								
(2b) Flat dollar fee								
Up to a maximum of \$18,000 per annum (inclusive	e 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 5.50% (inclusive of GST) of your initial contribution. % (inclusive Contributions of GST) % (inclusive Transfers/rollovers (not applicable to transfers from existing accounts within eXpand) of GST) Your adviser has estimated a fee of \$ for the contributions and/or rollovers received. This fee will be calculated using the percentage fee above, your contribution and/or rollover amount and will be charged to your account as contributions/rollovers are received. Please select the services being provided in relation to the upfront fee: Contribution strategy Review of your account Withdrawal advice Strategic superannuation advice Investment advice on your account (4) 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 (4a) Percentage-based fee Flat percentage fee Up to a maximum of 2.2% per annum (inclusive of GST) % per annum (inclusive of GST) of your account balance. AND/OR (4b) Flat dollar fee per annum Up to a maximum of \$18,000 per annum (inclusive of GST). (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:

Contribution strategy

Withdrawal advice

Insurance in superannuation strategy

Review of your account

Strategic superannuation advice

Investment advice on your account

Step 15: Proof of identity

If you do not have a financial adviser, you need to provide a certified copy of a document(s) with this pension 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: Member/Applicant declaration

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).

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension 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 privacy policy by contacting the Trustee on 1800 913 118 or at www.ioof.com.au/privacy.

Eligibility

I am eligible to commence an IOOF Pension because:

- I am at least 18 years of age and am commencing the pension with unrestricted non-preserved benefits only; or
- I have reached my preservation age and am no longer gainfully employed and never again intend to become gainfully employed on a full-time or part-time basis; or
- I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased; or
- I am age 65 or over; or
- I have reached my preservation age but have not ceased gainful employment if I am commencing a Transition to retirement pension.

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.

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 5.

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).

Source of wealth and funds

Under AML/CTF legislation, we are required to identify your source of wealth and funds and may request further information or evidence from you.

Document verification

We may seek to validate any government issued ID (such as your driver's licence) that you provide for identity verification purposes. This may include providing your personal details such as name, date of birth and address and any identification document information to our service provider, who will crossmatch this with the Australian Government's document verification service (DVS). If you do not provide the required identification document when

requested, the identification provided cannot be verified by DVS, or we are not satisfied as to your identity we may not be able to process your application.

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 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 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.

Financial adviser (if applicable)

I authorise the Trustee to charge 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 Pension, 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 the bank account nominated in
 this form (or any bank account I nominate in future).
- I release and indemnify the Trustee and any member of the Insignia Financial 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.

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 form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Pension.
- 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 an IOOF Pension 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 to invest in the Full and Core investment menu, the Core and Full menu fees apply to my account.

Target Market confi	rmation							
I have received personal OR	financial advice in relation to IOOF Pension and any investment(s) selected in this form.							
I have reviewed and understand the Target Market Determination available at www.ioof.com.au for IOOF Pension and any relevant investment(s) selected. I confirm IOOF Pension and any investment(s) selected meets my objectives, financial situation and needs.								
,	objective(s), timeframe and/or risk profile are inconsistent with those of IOOF Pension or the investment(s) nancial advice that takes into account your personal circumstances.							
AML/CTF legislation	n confirmation where I do not have a financial adviser							
	lviser and confirm that I have provided the relevant applicant proof of identification in line with the obligations stion and I have attached original certified copies of my identification document(s) with this Application.							
	equal to or more than \$2 million; or itically Exposed Person; or							
Member/Applicant si	gnature							
Member/Applicant signature	Date / / /							
Member advice fee	s (if you completed Step 14)							
 I confirm that fees have be or pension benefits, insure The amount of any members (Licensee) as agreed by members of the the Tillians Any agreed member advi 	charge the member advice fee(s) selected against my account. een fully explained to me and that any member advice fees relate to advice about my superannuation ance and investments in the Fund. eer advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee e, will be an additional cost to me and charged against my account. A member advice fee will not be custed to do so. ee fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, to cease payment or when I change my nominated financial adviser.							
Member/Applicant signature	Date / / /							

Please forward all correspondence and enquiries to Applications and forms

Post IOOF Pension, 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