



**IOOF**

# PENSION

## Forms booklet

Dated: 1 July 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  
Unique Superannuation Identifier: SMF0126AU

# How to get started

In this guide you will find out about:

- the forms included in this booklet
- the steps you need to follow to set up your account.

## Which forms to complete

Form name	When to complete this form
Pension Application	To set up a new account.
Request to Transfer	To transfer monies from another super fund or income stream.
Beneficiary Nomination	To make a Non-lapsing Binding nomination, Binding nomination or Non-Binding nomination (online functionality available for financial advisers).
Family Fee Aggregation Application	To set up Family Fee Aggregation.

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 that our ClientFirst Team is not authorised to give you investment or financial product advice.

## Step-by-step guide to opening your account

Once you have read the PDS and discussed your investment strategy with your financial adviser (if applicable), you are ready to set up your account.

How to set up your account	
Step 1	Complete the Application form and all other forms that are relevant to you.
Step 2	<p>Make your cheque payable to:</p> <p><b>IPS – IOOF Pension – [your full name or account number]</b></p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p><b>IPS – IOOF Pension – Robert Brown</b></p> <p>If you have completed one or more Request to Transfer forms, attach the signed original(s) to the Application.</p>
Step 3	<p>Attach your cheque to your Application, and post the Application and all other completed forms to the following address:</p> <p><b>IOOF Pension Reply Paid 264 Melbourne VIC 8060</b></p>

We will send you a Welcome Pack, normally within seven business days of joining, confirming your personal details and investment strategy.

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# IOOF PENSION

1 July 2021

## 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

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential 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 (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"/>
		/	<input type="text"/>
			<input type="text"/>
		Gender	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

If you are residing overseas you must complete and submit

- an Overseas Investor form ([www.ioof.com.au](http://www.ioof.com.au))
- Certified copies of your identification documents

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

In accordance with 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](http://www.ioof.com.au))
- certified copies of your identification documents

## 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
- 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.

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 (%)
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total (must = 100%)</b>		<input type="text"/>

- 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

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

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

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.

**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.



## Step 5: 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**  %

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 option of pro-rata 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 options and annuity funds and term deposits (maturing investments) cannot form part of your redemption 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"/>
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<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"/>
<b>Total (must = 100%)</b>		<input type="text"/>

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

### Pecking order

- If you selected 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.
- 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 pecking order.

Pecking order	APIR Code	Name of investment option
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>

## Step 6 : 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 investment options 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 investment options 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 4a.

**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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>		<input type="text"/>

Must add up to 100% including the Cash Account allocation

## Step 7: 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 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 (%)
<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"/>
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<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"/>
<b>Total (must = 100%)</b>		<input type="text"/>

**If you do not indicate your income preference, the default option of re-invest will be applied.**

## 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)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential 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"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>
			<input type="text"/>
Relationship to member*	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
		<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial Dependant
		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

\* Refer to the PDS for the restrictions that apply.

### Section B: Binding or Non-Binding Death Benefit Nomination

Do not complete this section if you have nominated a Reversionary Pensioner in Section A.

If you are transferring your entire balance from IOOF Employer Super or IOOF Personal Super, any existing valid Binding or Non-Binding Death Benefit Nomination will be transferred to IOOF Pension unless you make a new Binding or Non-Binding Death Benefit Nomination.

Non-lapsing Binding, Binding or Non-Binding Death Benefit Nomination (please complete the Beneficiary Nomination form available in this forms booklet, from our website or by contacting ClientFirst on 1800 913 118).

If you do not make a Beneficiary Nomination or nominate a Reversionary Pensioner, your death benefit will be paid to your Legal Personal Representative in the event of your death.

## Step 9: Pension payment details

### Frequency

Fortnightly     Monthly     Quarterly     Half-yearly     Yearly

Pension payments will be made on the first day and date available after the pension has been established. If you select fortnightly pension payments they will be scheduled every second Tuesday based on a start date of 6 July 2021.

For monthly, quarterly, half yearly and yearly payment dates you may select to have your pension payment paid on the 6th, 10th, 14th, 20th, 25th and 28th of each month.

I would like to select a specified start date.

Where you have elected to select a specific start date please select the date and month below:

6th     10th     14th     20th     25th or     28th of

Note: where no month is selected it will default to the next month available.

## Step 10: Pension level details

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  %

**OR**

Nominated amount \$  per frequency  Net  Gross Indexation rate  %

\* 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.

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 11a): Financial institution details for regular pension payments

Name of financial institution

Branch

Account name

BSB  -  Account number

## Step 11b): Financial institution details for ad hoc withdrawals

For any ad hoc withdrawals, we will use the financial institution details provided in Step 10a) above unless you provide alternate details below.

Name of financial institution

Branch

Account name

BSB  -  Account number

**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.

## Step 12: 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**

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.)

## Step 13: 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](http://www.ioof.com.au))
- certified copies of your identification documents

### Section A: Non Concessional Contribution

Personal contribution    \$

Spouse contribution    \$

Downsizer contribution    \$

### 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, available in this forms booklet, 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%.

APIR code/ASX code	Name of investment option	% or \$ amount
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Tax Deduction Notice under Section 290-170 ITAA for full or partial transfers**

If you have made personal contributions during the current or previous financial year to your existing super account and you want to claim a tax deduction for some of all of those contributions, please tick the box below and attach a completed ATO Notice of Intent to Claim a Tax Deduction with your Application. This can be obtained from our website ([www.ioof.com.au](http://www.ioof.com.au)) or by contacting ClientFirst on 1800 913 118. We recommend that you speak to a financial adviser in relation to your eligibility to claim a personal tax deduction.

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.**

**Step 14: 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**

Dealer name

Financial adviser name

Contact name

AFS license number  Financial adviser number

If you are a new financial adviser<sup>1</sup> to IOOF, please also complete the following details:

Business name

Business address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone     Phone (mobile)

Email

Internal client reference number (if applicable)



## 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/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) <sup>2</sup>	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	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> 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](http://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 15: 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 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 start date is optional, if no start date is provided fees will commence on the date this form is processed. This form must be signed no more than 90 days prior to the start 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.

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

The available fee options are:

#### 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 5.50% (inclusive of GST) of your initial 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 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:**

- Review of your account
- Strategic superannuation advice
- Investment advice on your account
- Contribution strategy
- Withdrawal advice

**(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 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.

### (4b) 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.

**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 16: 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 preceeding 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](http://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](http://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](http://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).

## 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 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.

## 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](http://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.

**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 Pension 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 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.

#### Member/Applicant signature

Member/Applicant  
signature

Date   /   /

#### Member advice fees (if you completed Step 15)

- I authorise the Trustee to charge the member advice fee(s) selected against my account.
- I confirm that fees have been fully explained to me and that any member advice fees relate to advice about my superannuation or pension benefits, insurance and investments in the Fund.
- 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.

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](mailto:clientfirst@ioof.com.au)  
**Fax** 03 6215 5800

**Enquiries**

**Telephone enquiries** 1800 913 118  
**Email enquiries** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)





# IOOF PENSION

1 July 2021

## Request to Transfer

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

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](http://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"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Tax file number <sup>1</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>1</sup> 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](http://ioof.com.au) for more information.

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

Unique Superannuation Identifier (USI)	<input type="text"/>
Account number (if known)	<input type="text"/>
ABN	<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	<input type="text"/>																													
ABN#	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>																						
Unique Superannuation Identifier (USI)#	<input type="text"/>																													
Account/member number#	<input type="text"/>																													
Member client identifier# <small>(if different from Account/member number)</small>	<input type="text"/>																													
Address	<input type="text"/>																													
Suburb	<input type="text"/>															State	<input type="text"/>	Postcode	<input type="text"/>											
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
Name of previous employer (if applicable)	<input type="text"/>																													
Date left employer (if applicable)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>																							

\* You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

### 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 Pension [your full name or account number]' with any related documentation and certified proof of identity to: **IOOF Pension, Reply Paid 264 Melbourne VIC 8060.**

## 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](http://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 information completed is 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) 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 super product (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 that reads 'F. Lombardo'.

Frank Lombardo  
Group General Manager Client and Process  
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

### Client Services

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

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# IOOF PENSION

1 July 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](http://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"/>	<input type="text"/>	<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"/>

### 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
<b>Dependant 1</b>			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %
Date of birth: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>			
<b>Dependant 2</b>			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %
Date of birth: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>			
<b>Dependant 3</b>			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %
Date of birth: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>			
<b>Dependant 4</b>			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %
Date of birth: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>			
<b>Legal personal representative</b>			<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %
Details not required – include the percent of benefit only.			
<b>Total of all Dependents and/or Legal personal representative must equal 100.00%</b>			<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center;">1</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center;">0</div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center;">0</div> %

## 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 Dependants 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](http://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 Dependants 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](http://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](mailto: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](mailto:clientfirst@ioof.com.au).

**Please forward all correspondence and enquiries to**

#### Applications and forms

**Post** IOOF Pension, Reply Paid 264 Melbourne VIC 8060  
**Email** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)  
**Fax** 03 6215 5800

#### Enquiries

**Telephone enquiries** 1800 913 118  
**Email enquiries** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)





1 July 2021

## Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across IOOF Pension and IOOF Personal Super.

### Terms and conditions

- Each person applying to link for the purposes of Fee Aggregation must be a member of the same immediate family (such as spouse, son, daughter, de facto, partner, father, mother, brother or sister and spouses of immediate family members) including multiple accounts for the same person.
- Any new Family Fee Aggregation nomination will override any previous nomination.
- A maximum of six accounts are allowed to be linked together for Family Fee Aggregation purposes.
- Accounts nominated for Family Fee Aggregation within the same group must be associated with the same financial adviser.
- A Family Fee Aggregation request can be rejected and a linking can be cancelled at any time by us.
- Family Fee Aggregation **does not apply** to MySuper members.
- Each linked member will be able to view information about the other Family Fee Aggregation members online, including names, account numbers, commencement dates and annual administration fee discounts for the year.

The Trustee collects the information in this form for the purpose of updating the information it holds about me. The information provided in this form will be used in accordance with the privacy policy at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

**Please ensure that each linked member/investor, (including yourself) completes and signs this form, and that each member/investor has read and understood the terms and conditions of this form and the information in the relevant PDS or Offer Document.**

**Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.**

### Linked member

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Surname	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Given name(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Account number (if known)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Date of birth	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Relationship to group (such as spouse)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**Declaration:** I have read the current PDS and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information. I have disclosed in this form is true and correct.

Signature

Date  /  /

### Linked member

Title (Dr/Mr/Mrs/Ms/Miss)   
 Surname   
 Given name(s)   
 Account number (if known)   
 Date of birth  /  /   
 Relationship to group (such as spouse)

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Signature  Date  /  /

### Linked member

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 Surname   
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Signature  Date  /  /

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Signature  Date  /  /

**Linked member**

Title  
(Dr/Mr/Mrs/Ms/Miss)     Surname   
Given name(s)   
Account number (if known)   
Date of birth  /  /   
Relationship to group  
(such as spouse)

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Signature  Date  /  /

**Linked member**

Title  
(Dr/Mr/Mrs/Ms/Miss)     Surname   
Given name(s)   
Account number (if known)   
Date of birth  /  /   
Relationship to group  
(such as spouse)

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Signature  Date  /  /

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**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](mailto:clientfirst@ioof.com.au)

## Website

[www.ioof.com.au](http://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