

Investment Service

Forms Booklet

Dated: 1 July 202

How to get started

This booklet contains the information and forms you need to set up your IOOF Pursuit Select Investment Service account.

Which forms to complete

Form name	Form letter	When to complete this form
Application for Investment Service	Form A	You need to complete this form if you wish to set up a new account and to: indicate which investment option(s) you wish to invest in how you want to manage your income distributions your preferred top up cash option how you want to establish your Investment Instructions.
Family Fee Aggregation Application	Form B	You need to complete this form if you wish to apply for Family Fee Aggregation.
Direct Debit Request (DDR)	Form C	You need to complete this form if you wish to set up a Regular Savings Plan.

Before you complete any forms, please ensure you have read the Offer Document. 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 ClientFirst is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your account

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

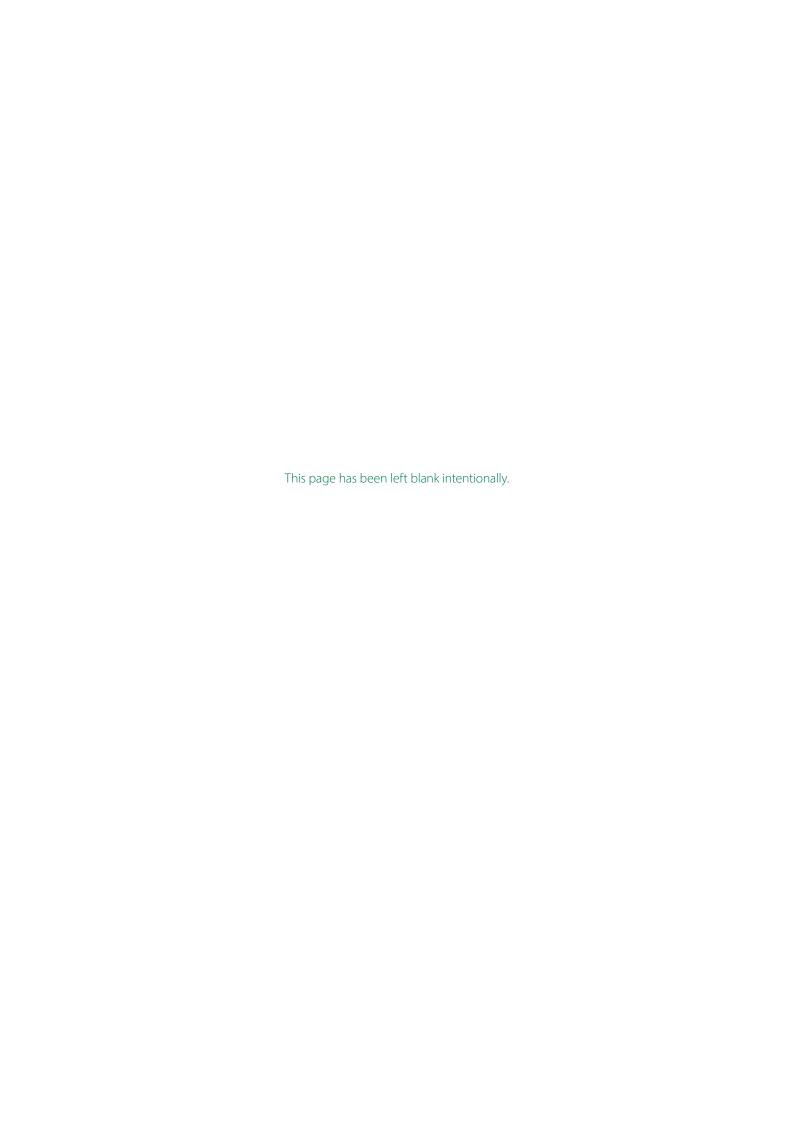
How to set up your account	
Step 1	Complete the Application (Form A) and all other forms that are relevant to you.
Step 2	Deposits can be made via BPay, direct debit or transfers.
	If you would like to make a deposit by cheque, make your cheque payable to:
	IPS – IOOF Pursuit – [your full name or account number]
	For example, if your name is Robert Brown, your cheque should be made payable as follows:
	IPS – IOOF Pursuit – Robert Brown
Step 3	Attach your cheque to your Application, and post the Application and all other completed forms to the following address:
	IOOF Pursuit Reply Paid 264 Melbourne VIC 8060

We will send you an Investor Schedule, normally within seven business days of joining, confirming your personal details and Investment Instructions.

BPAY® details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	Enter the biller code: 172312
Step 3	Enter the Customer Reference Number (CRN) for your account and the deposit amount. A CRN will be allocated to you upon you joining the Service and will be communicated to you in your Investor Schedule.
Step 4	Record the receipt number provided for your transaction. Please keep this for your personal records.





IOOF PURSUIT SELECT - FORM A

1 July 2021

Application for Investment Service

Original certified copies of your identification documents

Before you sign this application form, the Service Operator or your licensed financial adviser is obliged to give you an Offer Document, which is a summary of important information relating to the Investment Service. The Offer Document 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)*, the Service Operator must obtain proof of identity documents prior to opening this account. It is important for the Service Operator to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

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Client number																										
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Date of birth If you are residing overseas, you An Overseas Investor form				e an	/ [nd su	bmi	it									C	ienc	ler		Ма	le		F	ema	le	

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

In accordance with Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF), 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 ntation to facilitate IOOF Pursuit's compliance with AMI /CTE logislation

documentation to facilitate it	JUFF	urs	uits	com	piianc	e wi	in Ai	/IL/C	.	egisi	atioi	n).														
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Business address																										
Suburb															Sta	ate				Pos	stco	de				

Country

(b) Investor 2 (for Joint Ir	ıvest	ors c	nly)		_																					
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Given name(s)																										
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Are you a tax resident of any	othe	er Co	untr	y?			Y€	es		No																
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Please answer both tax residency questions as you can be a tax resident of more than one country. **If you are only a tax resident of Australia and no other country please proceed to Step 2.**

Foreign Residents only - Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. Refer to Step 17: Applicant declaration and signature(s).

For all countries where you are a tax resident other than Australia, please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

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(if unregistered in Australia)			<u> </u>			L																			
Country of incorporation																				T					
or formation																									

Registered business address																											
Suburb																St	ate				Pc	ostco	ode_		<u></u>		
Country (if applicable) Principal business address (if different from above)																											
Suburb																St	ate				Po	ostco	ode				
Country (if applicable) Industry in which company operates																											
(b) Please list Directo	rs/O	offic	eho	olde	ers/	Par	rtne	ers f	full	na	me	s (a	s a _l	opli	ical	ble)											
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Given name(s)																											
Director/Officeholder/Par	tner	2			1																						
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Director/Officeholder/Par	tner	4																									
Title (Dr/Mr/Mrs/Ms/Miss)							Su	ırnar	ne																		
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Regulator																											
Licence number																											
No																											
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No																											

(e) Is the company a r	majo	orit	y o	wne	ed s	sub	sidi	ary	of	a lis	ste	d co	omp	an	ıy?												
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(f) Company type																											
Public																											
Private/Proprietary	lf a	prop	orieta	ary co	omp	oany,	com	ple	te su	ıb-se	ectio	n (g) bel	OW.													
(g) For proprietary co	mp	ani	es -	- ple	ase	list f	ull na	me	s an	d ad	dres	ses	of sha	areh	nolde	ers v	vho	owr	า 259	% or	mor	e of	the o	com	pany	/	
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Title (Dr/Mr/Mrs/Ms/Miss)							Sui	rnar	me																		
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Given name(s) Residential address																									_		П
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^{*} 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. If you have nominated yourself as a Politically Exposed Person, you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

Shareholder 4																										
Title (Dr/Mr/Mrs/Ms/Miss)						(Surn	iame																		
Given name(s)				<u> </u>	+		+		<u> </u>																	
Residential address Note: PO Box not accepted																										
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(h) Other beneficial o	wn	ers																								
To be completed if there are	no ir	ndivi	duals	who i	mee	et th	e re	quirer	ment	of s	ub-s	ecti	on (g)												
Please provide full details of	ndiv	idual	ls who	dire	ctly	or ir	ndire	ectly o	ontr	ol th	ie co	mpa	any.													
This includes exercising control arrangements, understanding most senior managing official	g and	d prac	ctices,	votin	g ri	ghts	of 2	.5% or	mor	e, or	pov	ver c	of ve	to. If	no s	uch	pers	on c	an b	e ide	entif	ied t	then	the		
Other beneficial owner	r_1_			_														1								
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(i) Contact Person					
A Contact Person must be r	nominated for the a	account.			
Title (Dr/Mr/Mrs/Ms/Miss)		Surname			
Given name(s) Mailing address					
(if different from above) Suburb				State	Postcode
Phone (bh)			Pho (mobi	ne l	
Email			(mosi		
Date of birth	/	/		Gender	Male Female
	st be one of the sig	natories on the acco uthority to transact o	ount on the account, on be		entity, Step 16: Representative d in the Offer Document.
Are any of the Beneficial Ow political exposure, such as, d		-			provide details about their e of a Politically Exposed Person*?
· ·	ompany, and have ndividuals who are a copy of the releva	a financial adviser, pl beneficial owners (a:	is applicable), or, an Ad	dditional Tax Informati	/FPA Identification form, ion form if you do not have a ntFirst on 1800 913 118 or visit
IOOF Portfolio Online r clicking on the login bu client number.	_	_	-		e Application form by after you have received a
Part C – Trusts (Tru a) Full name of the Tr		rporate Truste	ee or Individua	Trustees)	
			_		
(b) Full business nam	ne (if any) of th	e trustee in resp	pect of the Trust		
(c) Country of establi	snment of Tru	ST			

 $^{3\,}$ $\,$ The person(s) who settles the initial sum or assets to create the Trust.

^{*} Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or $outside\ Australia.\ This\ definition\ also\ extends\ to\ their\ immediate\ family\ members\ and\ close\ associates.\ If\ you\ have\ nominated\ yourself\ as\ a\ Politically\ Exposed\ Person,$ you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

(d) Type of Trust																								
Managed Investment Schen	ne																							
Registered (provide AR	SN if	regi	ister	ed)																				
ARSN																								
OR																								
Unregistered																								
Regulated Trust (such as a Se	elf M	anaç	ged :	Supe	eranı	nuat	ion	Fund	d)															
Name of regulator																								
(such as ASIC, APRA, ATO)																								
Registration number																								
Government superannuatio	n fur	nd																						
Legislation under which fund is established																								
Other Trust type (such as far	nily,	char	itabl	le, de	ecea	sed	esta	te o	r mir	nor c	hild))												
Please specify																								
Full name of settlors(s) ³																								
Note for Trustees:																								
 For Trusts with a Corporate For Trusts with Individual Trusts 																			-abl	_				
 For Trusts with Individual Tr All trustees must sign the A 									1011 ((e)-II	Deic)VV al	IU S	uDSt	ECTIO	11 (1)	, II a	opiid	_aDI	đ.				
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i – Corporate Trustee																								
Company name																								
Contact Person				_																				
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³ The person(s) who settles the initial sum or assets to create the Trust.

ii – Individual Trustee(s)

Please list all trustee(s), including name(s) and address(es):

Trustee 1 ³			ı																							
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne															<u>_</u>		
Given name(s)																										
This section must be comple	ted.	Note	e: PC	Box	car	only	/ be	pro	vide	d ur	nder	'Mai	iling	add	ress'											
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Date of birth			/			/ [Senc	ler	Mā	ale		F	ema	le	
Occupation																								=		
Country of residence																										
Trustee 2		I		I																						
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne															<u>_</u>		
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb																Sta	ate			Po	stco	de				
Country of residence																										
Trustee 3																										
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne																	
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb																C+-	+-			Do	stco	40		T		$\overline{\Box}$
Country of residence																Sta	ile i			PO	sico	ue i				
·																										
Trustee 4		I	I	I																						
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne																	
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb																Sta	ate			Po	stco	de [
Country of residence																										

Trustee 5														1					1								
Title (Dr/Mr/Mrs/Ms/Miss)							Sı	ırnar	me																		
Given name(s) Residential address																									_		\equiv
Note: PO Box not accepted		<u> </u>													<u> </u>]						_
Suburb																Sta	ite				Po	stco	de				
Country of residence																											
(f) Beneficiary details	s – t	o be	con	nplet	ted o	only	if 'O	ther	Tru	st ty _l	pe' v	vas s	selec	ted	in su	ubse	ctioı	n (d)	abo	ove							
Do the terms of the Trust ide	ntify	the the	ben	eficia	aries	by i	refer	ence	e to	men	nber	ship	of a	clas	ss?												
Yes																o cla	ss/e:	s (su	ch a	s un	it hc	older	s, far	mily	mer	nber	S
		of na	ame	d pe	rsor	or	char	itabl	е ри	ırpo:	se).			1					1								
Class of membership																											
Class of membership																											
Class of membership																											
No		If nc	, ple	ase į	orov	ide 1	the 1	follo	wing	g bei	nefic	iary	deta	ails													
Class of membership Class of membership																											
Title (Dr/Mr/Mrs/Ms/Miss)							Ç,	ırnar	ma																		
TILLE (DI/WII/WIIS/WIS/WIISS)							عد	IIIIai	ne																		\exists
Given name(s)																											
Note: PO Box not accepted																											
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Suburb		<u></u>														Sta	ite				Ро	stco	de				
Country of residence			1 1								1																
Date of birth			/			/																					
Beneficiary 2																											
Title (Dr/Mr/Mrs/Ms/Miss)							Sı	ırnar	ne																		
Given name(s)																											
Note: PO Box not accepted																											
Residential address																											
Suburb																Sta	ite				Po	stco	de				
Country of residence											1																
Date of birth			/			/																					

^{*} 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. If you have nominated yourself as a Politically Exposed Person, you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

Beneficiary 3				_																						
Title (Dr/Mr/Mrs/Ms/Miss)						Su	ırnar	me																		
Given name(s)																										
Note: PO Box not accepted																										
Residential address																										
Suburb															Sta	ate				Ро	stco	de				
Country of residence		1								1																
Date of birth		/			/																					
Beneficiary 4				,																						
Title (Dr/Mr/Mrs/Ms/Miss)						Su	ırnar	me																		
Given name(s)																										
Note: PO Box not accepted																										
Residential address																										
Suburb															Sta	ate				Ро	stco	de				
Country of residence																										
Date of birth		/			/																					
Are any of the trustees or ber Exposed Person* roles held h	aries	liste	ed ak	oove	con	side	red a	a Pol	itica	ılly Ex	kpos	ed P	erso	n* If	so, p	oleas	e pr	ovid	e the	eir fu	ll na	mes	and	Polit	ticall	у

Identification and tax residency requirements

If you are applying as a trust, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, including a separate form for individuals who are trustees or beneficiaries (as applicable), or, an Additional Tax Information form if you do not have a financial adviser. To get a copy of the relevant form or if your details change at any time please contact ClientFirst on 1800 913 118 or visit our website (www.ioof.com.au).

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the homepage of our website. You can only register for this service after you have received a client number.

Step 2: Margin le	endi	ng																							
Is any of your investment am	nount b	eing	provi	ded b	y a m	argir	n len	der?																	
No (go to Step 3)		Yes	5																						
For details of margin lenders	s please	call C	Clientl	First o	n 180	00 913	3 118	3.																	
Loan account number]												
Margin lender authorised signatory 1														С	ate [/			/				
Full name																									
Margin lender authorised signatory 2														٢	ate [/			/				
Full name															ate										
Margin lender's stamp Step 3: Initial de	posi	t d	eta	ils																					
The minimum initial do deposit is made by che by transfer from an exi	eque ar isting lo s equal Transac	nd/or OOF i to or tion f	Direction of the Direct	tmen than (www	oit Re t serv \$2 m	eque vice a villior .com	st (o acco n you .au)	one- ount u mu	off).	Plea	ise c	omp	olete	Par	t B b						-			ide	
Part A – Initial depo	osit n	nad	e by	y ch	equ	ie a	nd	/or	Di	rec	t D	ebi	it R	eq	ues	st (e	one	5-0	ff)						
Total initial deposit \$	<u> </u>																								
Please make cheque payable completed Direct Debit Req					t – [y	our f	ull r	nam	e or	acc	oun	t nur	mber	r] an	d/or	incl	lude	with	ı yol	ur Ap	oplic	atio	n a		

Part B – Transfer from an existing IOOF investment service account

Please complete this section if you are transferring from any of these IOOF investment service accounts: • IOOF Pursuit Select Investment Service • IOOF Pursuit Core Investment Service • IOOF Portfolio Service Investments • IOOF Portfolio Service Wholesale Investments Bendigo Financial Solutions Personal Investments • Financial Partnership Portfolio Service Investments Account number (if known) By providing your account number and by signing the Applicant declaration in Step 17, you authorise the transfer of the balance (in full or in part) from your existing IOOF investment service account into your new IOOF Pursuit Select Investment Service account. Amount to be transferred to IOOF Pursuit Select Investment Service: Entire balance OR Partial transfer of Partial transfer details If you are making a partial transfer:

- please ensure you have met the relevant remaining minimum balance requirements of the existing account.
- you may choose to transfer selected investment options (nominated below). The transferred amount will be the market value of these investment options as at the date of the transfer. If you do not specify the investment options, your funds will be transferred to your IOOF Pursuit Select Investment Service account on a pro-rata basis. If you are transferring listed investments, you must transfer all of your holdings in that investment.

Investment options not available in your IOOF Pursuit Select Investment Service will be redeemed and invested in the Cash Account until you provide us with Investment Instructions.

APIR code	Name of investment option	% or \$ amount
Re-weighting allows you to rebalance y	our investments within your account. Please indicate below if you want to re-weight	t your portfolio:
Re-weight my portfolio as per my l	Primary Instruction. Complete Step 7.	
Re-weight my portfolio as per my S	Specific Instruction. Complete Step 7.	
If no selection is made, your investmen	ts will remain unchanged.	

Step 4: Regular Withdrawal Plan (optional)

Do you wish to set up a	Regular Wi	thdrawa	al Plan?															
Yes	Pleas	e compl	lete the	financ	ial inst	titutio	n deta	ails in	Sten	5								
103		ilise this									withd	rawal	of \$20	0.				
Commence regular withdrawals from		/[/														
		Monthly																
Regular withdrawal amount required	\$	Quarterly	У															
Regular withdraw according to the f Cash Account to n	requency y neet the re	you sele gular w	ected. I	Regula wal an	nr with	ndrav	vals m	ay n	ot be	paid	if the	re is i	nsuffi			-	afte	·
Financial institution																		
FINANCIAI INSULULION																\pm		
Branch																		
Account name																<u></u>		
BSB			-			Ac	count	num	ber L									
Please note that t	he account	t must b	e held	l eithe	r solel	y or j	ointly	in y	our n	ame.								

Step 6: Australian Tax File Number (TFN) or Australian Business Number (ABN) notification

Before providing your TFN/ABN please ensure you read the 'Tax Office notifications' section in the Offer Document, which outlines important information regarding the collection of your TFN/ABN. An ABN may be used as an alternative to a TFN if your investment is undertaken by a business.

Part A – Individual/Joint Applicants/Companies/Trusts or Other Investors

Applicant 1																						
TFN OR ABN																						
OR																						
I authorise the Service C)per	ator	to us	se th	e TF	N or	ABI	N alr	eady	hel	d or	ı file.										
OR																						
I choose not to disclose	my	TFN	or AE	BN.																		
OR																						
I am not an Australian re	eside	ent fo	or tax	k pui	rpos	es.																
OR																						
I claim an exemption fro	m c	μoti	ng m	ny TF	-N o	r ABI	N.															
Reason for exemption																						
Applicant 2 (for joint app	olica	ants c	only)																			
. , , , , ,		T	m															Т	Т			
TFN OR ABN																						
OR																						
I authorise the Service C)per	ator	to us	se th	e IF	N or	ABI	N alr	eady	hel	d or	file.										
OR																						
I choose not to disclose	my ·	TFN	or AE	BN.																		
OR																						
I am not an Australian re	eside	ent fo	or tax	k pui	rpos	es.																
OR																						
I claim an exemption fro	om c	uoti	ng m	ny TF	-N o	r ABI	N.															
		T													Τ	Т	Τ	Τ	Т			
Reason for exemption	L	\perp																	\perp			

Step 7: Investment Instructions – Primary and Specific

Please note:

- Please ensure that the Primary Instruction or the Specific Instruction (if applicable) 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%.
- If I have omitted to insert an amount against the Cash Account in my Investment Instruction, I authorise the Service Operator to deduct the amount necessary from the investment option with the highest percentage allocation to satisfy the required minimum allocation to the Cash Account.
- If there are two or more investment options that share the highest percentage allocation, I authorise the Service Operator to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.
- For a full list of investment options available for selection within IOOF Pursuit Select go to our website and select from the IOOF Pursuit Select investment guide (PSI.01) and list your selections in the space provided below.
- To ensure your investment option selections are processed correctly please add the correct APIR code along with the name of the investment option.
- Where you supply a Specific Instruction in Step 7(b), this Instruction only applies to a contribution made by cheque and Direct Debit Request (DDR) (one-off) attached to this form (excluding Step 3; Part B).

APIR code	Name of investment option	Step 7(a)	Ste	p 7(b)
		Primary Instruction	(if different to Pr	nstruction imary Instruction) contributions only)
_	Cash Account (mandatory minimum 1%)	MANDATORY %	\$ MANDATORY	OR MANDATORY%
	ure that the Primary Instruction does not include listed investments, annui	ty funds or term d	eposits.	
Please ens	ure that the Specific Instruction does not include listed investments.			
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
		%	\$	OR %
Total		%		OR %

Step 8: Income distributions

I/We direct the Service Operator to manage any income distributions that I/we receive from my/our investment opt	ion(s) as follows:
Re-invest (default option)	
Re-invest 100% of the income distributions back into the same managed investment that made the income dis	stribution. This is the
default option, which means it will apply automatically even if a selection is not made.	
OR	
Retain in Cash Account	
Leave all income distributions to accumulate in my/our Cash Account.	
OR Distribution Instruction	
Income distributions are to be invested in accordance with my/our Primary Instruction in Step 7(a), or	
Income distributions are to be invested in accordance with my/our Distribution Instruction specified in the table	le below.
If you have selected the Distribution Instruction option, please specify which managed investments are to be used a	
allocations. Please ensure that the Distribution Instruction does not include listed investments, annuity funds or terr	n deposits.
APIR code Name of investment option	% allocation
Cash Account	
	otal
Must add up to 100% includi	ing the Cash Account allocation
If you select the 'Distribution Instruction' as your re-investment/distribution method but do not provid Instruction in the above table, income distributions will be invested in accordance with your Primary Ir	
missiaction in the above table, income also is also is a line steam accordance than you i i illiary in	
OR	
Automatic Distribution Facility (Please complete Step 5: Financial Institution details)	
Pay all accumulated income distributions to my/our nominated bank account provided in Step 5.	
Please transfer accumulated income distributions to my/our nominated bank account:	
Quarterly	
Half-yearly	
The Automatic Distribution Facility will run on the 20th day of the month (or next business day) follows	-
relevant quarter or half-year and distributions will remain the Cash Account until date of payment and than \$200 will be held in your Cash Account until the next payment period.	any amounts less

Step 9: Cash Account top-up

The default Cash Account minimum is 1%.

,	· · · · · · · · · · · · · · · · · · ·	o in the next seven days, you authorise the Service Operator to top up the balance count balance and amounts expected to fall due in the next seven days.
If you would like to	o set a higher minimum Cash Account rec	quirement, please specify the percentage amount here:
	ur Cash Account balance by redeeming then the option you have selected below:	e necessary amount from your managed investments (without prior notice to you)
Highest bala	ance (default option)	
	ds from the managed investment with the fault option, which means it will apply au	e highest balance. tomatically even if a selection is not made.
Pro-rata		
Redeem fund	ds across all managed investments accord	ling to the proportion invested in each managed investment.
OR		
Pecking ord		
Redeem fund	ds from my managed investment(s) accord	ling to a prioritised list specified below.
•	deemed, one at a time. Please note, you ca	ich managed investments are to be used and the pecking order in which the an not include listed investments, annuity funds, term deposits or investments
Pecking order	APIR code	Name of investment option
1		
2		
3		
4		
5		
6		
7		
Step 10: A	utomatic Re-weight Faci	ility (optional)
-	-weight Facility allows managed investme	ents to be automatically rebalanced to the Primary Instruction or a nominated
The re-weight pro	cess will run on the 20th day of the mont	h (or the nearest business day after) according to the frequency selected.
I direct the Service	e Operator to manage my portfolio as follo	DWS:
Re-weight frequer	ncy:	
Quarterly	Half-yearly Yearly	
Preferred re-weigh	nt commencement date:	
If the preferred re-v	weight commencement date is not provided	d, the Automatic Re-weight Facility will commence on the next 20th day of the month.
listed investi will be applic	ments, term investments or investmen ed to the remaining investment option	nt options which cannot be selected as part of a Re-weight (for example at options which cannot be sold), the Re-weight preference submitted as within the portfolio. des at least the default minimum allocation to the Cash Account.

Re-weight preference: Primary Instruction Re-weight my portfolio in accordar	nce with my Primary Instruction in Step 7(a).	
OR Re-weight Instruction	nce with my Re-weight Instruction specified in the table below.	
	uction option, please specify which managed investments are to be used and the re eight Instruction does not include listed investments, annuity funds, or term deposit:	
APIR code	Name of investment option	% allocation
	Cash Account	
	Total	
	Must add up to 100% including the Ca	sh Account allocation
Step 11: Term deposit o	letails (optional)	
Please select the term deposit provider:		
Adelaide Bank OR Nati	ional Australia Bank OR ANZ Bank	
Please select the timeframe of the term	deposit to be opened:	
6 months OR 12 n	nonths	
Amount of term deposit \$	Note: A minimum of \$5,000 per term deposit applies	
product or service, this Investme	on for a term deposit is madethe at the same time as a new application for an I ent Instruction will be processed before any other Investment Instruction rela	
new account is processed.		

Step 12: Fees for financial advice

Section A: Fixed Term Arrangement (FTA)

Please complete this section if you wish to enter into a fixed term arrangement for the following fees:

Investor Advice Fee

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.

You cannot elect to have an Investor Advice Fee – Upfront if you have agreed to have FTA.

1	Please	provide	the	Start	date ar	nd End	date o	of the	FTA:
---	--------	---------	-----	-------	---------	--------	--------	--------	------

Start date	D	D	/	Μ	M	/	Υ	Υ	Υ	Υ
End date	D	D	/	M	M	/	Υ	Υ	Υ	Υ

2 Complete the relevant section in Section B that forms part of the FTA.

Section B: Investor advice fees

- IOOF Investment Services Limited (IISL), as service operator of your account, 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 IISL 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.
- The default value for each investor advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Where you agree to an investor advice fee, please ensure you sign the 'Investor advice fees' declaration in Step 16.
- Asset-based fees cannot be charged where geared or borrowed funds have been used to invest. This means a percentage-based investor advice fee cannot be charged where you have borrowed funds through a margin lending facility. This restriction also applies where any other borrowed funds have been used to invest, in any form.
- The investor advice fee(s) paid to your financial adviser are inclusive of GST. The actual amount deducted from your account may be less than the amount quoted. This is because IOOF Pursuit Select Investment Service (the Service) may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Service is able to claim an RITC the benefit is passed on to you which effectively reduces the fee. Note that the RITC legislation are subject to change and this may impact the RITC available in the future.

Consent End Date

If you are selecting a Advice F	ee –	Ong	goin	g, o	r Ad	vice	Fee	∋ – (Jpfr	ont	please provide your consent end date below:
Consent end date (required)	D	D	/	М	М	/	Υ	Υ	Υ	Υ	

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

(1) Investor Advice Fee - Upfront

Note: Please note this fee cannot be offered in conjunction with an FTA.

The Investor Advice Fee – Upfront does not apply to transfers of investments from an existing IOOF investment service account into IOOF Pursuit Select Investment Service.

 $The Investor\,Advice\,Fee-Up front\,will\,be\,applicable\,to\,all\,future\,monies\,received\,through\,these\,methods.$

You can ag	ree to nomi	nate a different	Investor Advice Fee – U _l	pfront fo	or each of the following types	of deposits:	
Up to a ma	ximum of 5.	5% (inclusive of	GST) of each deposit.				
Initial or ac	lditional (or	ne-off) deposits	received via cheque			%	(inclusive of GST)
	eceived via vings Plan)		quest (one-off and			%	(inclusive of GST)
]	. D	
		ated a fee of \$		nd anni	for the 12 months comm		be charged to your account as
	re received.	ited dailing the p	ercentage lee above a	па аррі	ied against your deposit am	Ourit aria wiii	be charged to your account as
(2) Inve	stor Ad	vice Fee (F	TA or Ongoing))			
The availa	ble fee opt	ions are:					
(a) Perce	entage ba	ased fee op	tions – flat percer	ntage	or tiered percentage		
Flat perce	ntage fee						
Up to a ma	aximum of	2.2% per annui	m (inclusive of GST) of	your ac	count balance.		% per annum (inclusive of GST)
OR .							
_	rcentage		······································			_ _ +:	
			must be less than the p		pplied to the amount for ea	ch tier.	
		-	mination is made.	Jievious	tier percentage.		
	maximum		acion is made.				
			Amount	%	per annum (inclusive of GS	T)	
Tier 1	Nil to	\$					
Tier 2	Next	\$					
Tier 3	Next	\$					
Tier 4	Next	\$					
Tier 5	Next	\$					
Your advise	er has estim	ated a fee of \$			for the 12 months comm	encing D	D / M M / Y Y Y
			the percentage fee abo ginning of each month.		lied against your daily acco	unt balance a	nd will be charged to your
AND/OR							
(b) Flat o	dollar fee	<u></u>					
Up to a m	aximum of	\$1,500 per mo	onth (inclusive of GST)	\$		per mo	nth (inclusive of GST)
(3) Inve	stor Ad	vice Fee –	One-Off				
			alance up to a fee of \$1				
(inclusive o	λτ (¬ΖΙ) ()Κ :	a mayımı im tee	of \$3,300 (inclusive of	(-51)			

per request (inclusive of GST)

where the fee is greater than 10% of the account balance

Step 13: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current AFSL
- is a representative of a current AFS Licensee.

Financial adviser details

number (if applicable)

Dealer name																									
Financial adviser name																									
Contact name																									
AFSL													Fina		l adv num										
If you are a new financial adv	∕iser⁴	to IC	DOF	Inve	stme	ent S	ervi	ces l	Ltd p	oleas	se als	50 C	omp	lete	the	follo	wing	g det	tails:						
-																									
Business name										<u> </u>															
Business address																									
Suburb																Sta	te			Ро	stco	de			
Mailing address (if different from above)																									
Suburb																Sta	te			Po	stco	ide			
Phone														Pho nobi		310				. 0	5.00				
THORE													(11)		ic)										
Email																									
Internal client reference				T	T	T	I																	T	

⁴ An email notifying you of your new financial adviser number will be forwarded to your office shortly.

Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFSL OR I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- 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 Service Operator to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Service Operator 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 online withdrawal 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 have been fully explained to the applicant.

	I agree that any investor advice fees will ce	ase to be charged for this account once the Servi	ice Operator is notified of the death of the applicant.
	I consent to provide the Service Operator (pursuant to the AML/CTF legislation Par	r access to all proof of identification records for t 7.2).	the purposes of this Application if requested
•	·		the obligations under the AML/CTF legislation and:
	I have attached original certified of (Please note: Compulsory where	copies of the applicant's identification documents:	nt(s) with this Application;
	• initial contributions equal to or	r more than \$2 million or	
	 the applicant is a Politically Exp 	posed Person or	
	• the applicant is not residing in	Australia	
	OR		
		relevant FSC/FPA Identification form(s), which is ne applicant's identification document(s));	s attached to this Application
	OR		
	9	ified copy of the applicant's identification docu Please complete the following table and de ndividual/Joint investors.	
	Record of proof of identity (ID) ⁵	ID document 1	ID document 2
	Verified from	Original Certified copy	Original Certified copy
	Document issuer		
	Issue date	/ / /	/ / /
	Expiry date	/ / /	
	Document number		

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5	For further information on the type: document on www.ioof.com.au. It a			,					- 1	to the 'Co	mpleting P	roof of Id	entity'	
Ιd	eclare that I have sighted and r	etained	certifie	d copies	of the	docum	ents reco	orded in	the Record	of proof o	of identity	/ table.		
Sig	gnature								Date	/ [/			
	me of financial adviser or SL holder representative													

Please tick this box if you Portfolio Online.	u agree	to red	ceive co	ommı	unicat	ions fr	om the	e Serv	ice O	perator	that are ava	ailable	electi	onically	y via		
Important notes:																	
Please ensure you have p not provided your email											n. If you ha	ve tick	ed the	e above	box	out ha	ve
The terms and condition	s for ele	ctron	iic com	ımuni	catio	ns are s	et out	in th	e Offe	er Docur	nent.						
You must register for Por communications from th							throug	gh the	e 100	F websit	e) if you ha	ve cor	nsente	ed to red	ceive		
If you do not complete	the ab	ove s	teps o	r pro	vide	your e	mail a	ddre	ss, yc	ou will r	eceive pap	er ba	sed c	ommur	nicati	ons.	
Step 15: Represe	ntati	ive	арр	oin	tm	ent	(opt	tior	nal)								
To appoint another person (s to Representative facility and Representative facility																	
I/We have read and agree to to act on your behalf. I/We ap										ocumer	nt entitled F	How to	арро	oint a re	prese	ntative	j
Title (Dr/Mr/Mrs/Ms/Miss)					Sur	name		<u> </u>									
Given name(s)																	
This section must be comple	ted. Not	te: PO	Box ca	an onl	y be	provide	ed und	er 'm	ailing	address	· .						
Residential address																	
Suburb											State			Postcoo	de _		
Mailing address (if different from above)																	
Suburb										Phone	State			Postcoo	de _		
Phone				<u> </u>				<u></u>	1)	mobile)		<u> </u>					
Email																	
Date of birth		/		/							Ge	nder		Male		Fem	ale _
Signature											Date _		/		/		

Proof of identity

In accordance with the AML/CTF legislation, we apply proof of identity procedures for representatives as they act as agents. Please provide the appropriate documents, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au. It also includes a list of persons authorised to certify copies of original documents.

If you complete the Representative appointment section of this form but do not provide the required identification documentation we will be unable to verify the information and your application may be delayed or refused.

Step 16: Applicant declaration and signature(s)

In signing this Application, I/we declare that:

- I/we have received, read, signed and understood all aspects of the Offer Document, accompanied by, or attached to this Application
 within Australia.
- I/we wish to apply to establish an account in the IOOF Pursuit Select Investment Service (the Service)
- all details in this Application are true and correct and I/we undertake to inform the Service Operator of any changes to the information supplied as and when they occur
- I/we am/are aware that information provided about me/us and my/our accounts will be provided to the Australian Taxation Office and any relevant international taxation authority
- I/we acknowledge that by investing through the Service, I/we do not have access to some of the rights and entitlements that would otherwise be available to me/us as a retail investor if I/we invested in the underlying investment options directly. I/We understand that this includes not having the same rights as direct retail investors or not having access to:
 - cooling-off rights (see the 'Cooling-off period' section of the Offer Document and the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of the IOOF Pursuit Select investment guide (PSI.01))
 - withdrawal rights (see the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of PSI.01)
 - voting rights (see the 'Voting policy' section of the Offer Document and the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of PSI.01)
 - corporate actions (see the paragraph entitled 'Corporate actions' in PSI.01)
- I/we are aware that if I/we invest in the Service without the assistance of a financial adviser, that we may not be fully aware of the risks and benefits of investing according to our personal circumstances and financial or tax position (see the 'What are the risks' section of the Offer Document).

Proof of identity

- I/We have provided either as part of this Application or to my financial adviser, the appropriate documents, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, that may be required for the purposes of the AML/CTF legislation.
- I/We confirm that I/we have correctly indicated our foreign residency or United States tax residency status in Part A of this Application form and during the Customer Identification process.
- If I/we are an applicant under Part B or Part C of this Application, I/we confirm that we have correctly indicated our identification and tax residency information in the accompanying FSC/FPA Identification forms (if I/we have a financial adviser), or, the Additional Tax Information Form (if I/we do not have a financial adviser).
- If I/we previously have opened an IOOF product and my/our adviser has not conducted the customer identification procedure under
 the AML/CTF legislation in conjunction with this application, I/we confirm that we are not a U.S. citizen(s) or resident(s) and/or any other
 foreign resident for tax purposes, or are not purchasing this product on behalf of another foreign resident and/or U.S. citizen or resident for tax
 purposes.

Privacy

Information (including my/our personal information) provided to the Service Operator is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing me/us with the products or services I/we have requested, the Service Operator may disclose my/our personal information to its related bodies corporate, a person with whom I/we have a joint investment, my/our financial adviser, professional advisers, businesses that have referred me/us to the Service Operator, banks and other financial institutions, or to provide me/us with information about other products or services that may be of interest to me/us.

The Service Operator is required to collect my/our personal information under the *Corporations Act 2001* and the AML/CTF legislation. If I/ we do not provide all of the requested information, the Service Operator may not be able to action my/our request. To verify my/our identity for Know Your Customer (KYC) purposes, the Service Operator may also solicit personal information about me/us from reliable identity verification service providers.

My/Our personal information will be handled in accordance with the Service Operator's privacy policy, which contains information about how I/we may access or correct my/our personal information and how I/we may complain about a breach of the Australian Privacy Principles. I/We may request a copy of the privacy policy by contacting ClientFirst on 1800 913 118 or by visiting www.ioof.com.au/privacy.

I/we understand that if I/we provided the personal information of other persons to the Service Operator, it is my/our responsibility to inform those persons and to refer them to the Service Operator's privacy policy.

Margin Lending

I/We acknowledge that I/we have read and understood the obligations under margin lending arrangements in respect of my/our account in the Service as detailed in the Offer Document.

Regular Savings Plan and Investment Instructions

- I/We acknowledge that at any time of purchase of the managed investments, I/we may not have been provided with the current product disclosure statements (or supplementary) for the applicable managed investments.
- I/We also acknowledge that these investments may continue to be purchased through the Service until I/we instruct otherwise or terminate the Service, the Regular Savings Plan or Investment Instruction.

Cash Account

If there are insufficient holdings in my/our Cash Account to meet future expenses, I/we direct the Service Operator to redeem all or part of my/our investment options in accordance with the Cash Account top-up instruction.

Electronic communications

If I/we have consented to receive any communications from the Service Operator electronically, then I/we do so on the terms and conditions as set out in the Offer Document.

Transferring from an existing IOOF Portfolio Service Investments account

If I/we am/are transferring from another IOOF Portfolio Service Investments account, then I/we do so on the terms and conditions set out in the Offer Document.

Representative Appointment (if applicable)

- I/We have read and agreed to the conditions applying to the appointment of a representative in the Offer Document.
- I/We release, discharge and agree to indemnify the Service Operator and any other related body corporate within the IOOF group from and against any actions, proceedings, claims, losses, liabilities or costs arising from this authority, or the exercise of powers by the representative under this authority.
- I/We authorise the Service Operator to continue to follow instructions regarding this authority until notice in writing to cancel the authority is received.

Financial adviser (if applicable)

- If I/we have acquired the services of a financial adviser to obtain advice concerning my/our investment in IOOF Pursuit Select Investment Service, then I/we confirm that I/we have been fully informed of the nature and risks of the selected investment options and am/are satisfied these investments are suitable for my/our investment needs.
- The Service Operator will acquire the services of my/our financial adviser who will act on my/our behalf in relation to managing my/our account.
- I/We hereby authorise my/our current or any future financial adviser and their staff, to act as my/our agent to operate my/our account, to give any instructions on my/our behalf in relation to my/our account to the Service Operator by any methods as set out in the Offer Document and to withdraw any funds from my/our account and authorise payment of the withdrawal to the bank account nominated in this form (or any bank account I/we nominate in future).
- I/We release and indemnify the Service Operator 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 Service Operator acting or omitting to act on instructions given by my/our financial adviser and their staff under this authority.
- I/We authorise the Service Operator to continue to follow instructions given under this authority until the Service Operator receives notice in writing signed by me/us to cancel the authority.
- I/We acknowledge that I/we will promptly advise my/our financial adviser and/or Service Operator if any of my/our details change at any time.
- I/We understand this authority applies to my/our current or any future financial adviser and their staff, acting as my/our agent.

Investment Instructions

- The Service Operator, is directed to process the Investment Instructions specified on this form.
- The Investment Instructions provided in this form override any previous Investment Instructions.
- My/Our main Investment Instruction will be my/our Primary Instruction and will be used for my/our initial deposit and all additional deposits
 (less any Investor Advice Fee Upfront) and income distributions (if applicable), unless I/we provide the Service Operator with alternate
 instructions. I/We understand that this does not apply to the transfer of investments from any existing account within the IOOF Pursuit or
 IOOF Portfolio Service product suite.
- If I/we have omitted to insert an amount against the Cash Account in my/our Investment Instruction, I/we authorise the Service Operator to deduct the amount necessary from the investment option with the highest percentage allocation to satisfy the required minimum allocation to the Cash Account.
- If there are two or more investment options that share the highest percentage allocation, I/we authorise the Service Operator to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.

Investments with extended redemption periods

- I/We acknowledge that if I/we make an investment in an investment option that is designated as an investment option with an extended redemption period (in the investment menu as updated on my/our website), I/we have been informed that:
 - the Service Operator is not required to transfer the whole of my/our withdrawal amount (or a partial amount requested to be transferred) until after receiving all that is necessary to process my/our 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 which may be up to 365 days for some investment options with an extended redemption period.
- I/We understand and accept the conditions as outlined above when investing in an investment option with an extended redemption period because of the illiquid nature of the investment.

Product disclosure statements for managed investment options

- If I/we have acquired the services of a financial adviser to obtain advice concerning my/our investment in the Service, then I/we confirm that I/we have been fully informed of the nature and risks of the selected investment options and am/are satisfied these investments are suitable for my/our investment needs.
- The Service Operator will acquire the services of my/our financial adviser selected by me/us to provide financial advice and services in relation to my/our account in the Service.
- I/We have received, read and understood the current product disclosure statements for the relevant underlying managed investment(s). I/we have selected and I/we agree to be bound by the terms and conditions of those documents.
- The Service Operator has provided me/us with the product disclosure statement(s) for the managed investments I/we have selected via the IOOF website and I/we agree to receive these product disclosure statement(s) by obtaining them from the website.
- I/We 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 Service.

Investment options

- If I/we choose not to acquire the services of a financial adviser, I/we understand the risks and effects of this investment and take full responsibility for my/our choice of investment options.
- I/We acknowledge that certain investment options are only available if I/we am/are a client of a particular financial adviser or AFS Licensee, and if I/we cease to be a client of that financial adviser or AFS Licensee, I/we 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 Pursuit Select investment guide (PSI.01) for information on these exclusive investment options).

Direct Share Choice

I/We have read, understood and agree to be bound by the terms and conditions, investment limits, order rules, dividend reinvestment plan and corporate action requirements and other listed investments information set out in the IOOF Pursuit Select investment guide (PSI.01).

Term deposits

If I/we have invested in term deposits:

- I/we have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the Offer Document.
- the Service Operator provided me/us with the product guide for the underlying term deposit I/we have selected via the IOOF website and I/we agree to receive the product guide by obtaining it from the website.
- I/we 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 term deposit I/we have selected.
- I/we acknowledge that this Investment Instruction for a term deposit will be processed before any other Investment Instruction relating to my/our new account is processed.

Portfolio Management fee (applicable to clients when using the Managed Portfolio Service only)

- The amount of any Portfolio Management fee that is paid to the managed discretionary account operator, Managed Portfolio Services Limited, as agreed by me separately in the Managed Portfolio Service Investor Agreement, will be an additional cost to me and charged against my account.
- I authorise the Service Operator to charge the agreed Portfolio Management fee against my account.

Joint Investors

If the account is in joint names, then both applicants are required to sign overleaf.

Trustees or Applicants investing on behalf of another

- I/We acknowledge that if I/we are a trustee investing on behalf of another, the individual who is recorded in the Service as the investor (account holder) will be the only person recognised by the Service Operator as authorised to give instructions
- I/We warrant that I/we have full power and authority under the terms of the Trust to enter into and perform the terms and conditions as set out in the Offer Document, and I/we acknowledge and agree that these terms and conditions will bind me/us both personally and as a trustee
- I/We acknowledge that no beneficial interest holders will be recognised by the Service Operator.

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.

Marketing material
If you do not agree to the Service Operator or any related body corporate within the IOOF group using your personal information for the purposes of marketing the products and services of the IOOF group from time to time, then please tick this box.

Step 17: Applicant declaration and signature(s) continued

Applicant(s) signat	ure(s)	
Part A – Individual	Investor or Joint Investors	
Signatory 1		Date / / /
Full name		
Signatory 2 (if applicable)		Date / / /
Full name		
Corporate Investor	S	
This Application must be sig		
a under common seal; and	/or	
•	ector and the company secretary; or	
•	re applicable) who is also the sole company secretary.	
Part B – Companie	s or Other Investors	
Signatory 1		Date / / /
Title (such as Director/Sole Director/Company Secretary)		
Full name		
Signatory 2		Date / / /
Title (such as Director/Sole Director/Company Secretary)		
Full name		
Signatory 3 (for additional Trustees if applicable)		Date / / / /
Title (if applicable)		
Full name		
Signatory 4 (for additional		_
Trustees if applicable)		Date / / / / / / / / / / / / / / / / / / /
Title (if applicable)		
Full name		
Common seal		

Investor advice fees (if you completed Step 12)

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

'		
Applicant(s) signate Part A – Individual	ure(s) Investor or Joint Investors	
Signatory 1		Date / / /
Full name		
Signatory 2 (if applicable)		Date / / /
Full name		
Part B – Companies	or Other Investors	
Signatory 1		Date / / / /
Title (such as Director/Sole Director/Company Secretary)		
Full name		
Signatory 2		Date / / / /
Title (such as Director/Sole Director/Company Secretary)		
Full name		
Signatory 3 (for additional		
Trustees if applicable)		Date / / /
Title (if applicable)		
Full name		
Signatory 4 (for additional		
Trustees if applicable)		Date / / / /
Title (if applicable)		
Full name		
Common seal (of company) if required		

Please sign and return this form to:

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

Email PursuitApplications@ioof.com.au

Telephone 1800 913 118 **Facsimile** 03 8614 4431

IOOF Pursuit Select Investment Service options and important information

Regular Savings Plan (via completing the Direct Debit Request form (Form C))

To commence a Regular Savings Plan you must complete the Direct Debit Request form (Form C) attached, or you can download the Direct Debit Request form, available online, or call ClientFirst on 1800 913 118.

Transferring from an existing IOOF investment service account

To manage your account you should provide us with instructions for your investment option selections, managing your income distributions and topping up your Cash Account. To provide these instructions you need to complete the relevant parts of the Application.

Your existing investment options which are available in IOOF Pursuit Select Investment Service will be transferred to your new IOOF Pursuit Select Investment Service account. Cash from any investment options which has to be redeemed will be transferred to and remain in your IOOF Pursuit Select Investment Service Cash Account until you provide further instructions.

If you wish to provide a Re-weight or Switch Instruction for existing investment options, speak to your financial adviser about completing it on your behalf via Portfolio Online. Alternatively, you can complete the relevant parts of the Investment Instructions form which is available on www.ioof.com.au, or you can call ClientFirst on 1800 913 118 for a copy.

(IOF)

SELECT – FORM B

1 July 2021

Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across IOOF Pursuit Select products.¹

Terms and conditions

Linked account 1

- Each person applying to link for the purpose of Family Fee Aggregation must be a member of the same immediate family (husband, wife, partner, son, daughter, father, mother, brother, sister, grandparent or grandchild) and in-laws of the immediate family. It also includes 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.
- Each linked account will be able to view information via Portfolio Online about the other accounts in the Family Fee Aggregation group, including names, account numbers, commencement dates and annual administration fee discounts for the year.

Any account(s) in the IOOF Pursuit Select Investment Service held in the name of a trust or company can be linked for the purposes of Family Fee Aggregation, provided that either a director or trustee has a linked account in their own name or the director or trustee is an immediate family member with another linked account.

The Trustee/Service Operator collects the information in this form for the purpose of processing the application. Any personal information provided in this form will be handled in accordance with the Trustee's/Service Operator's privacy policy at www.ioof.com.au/privacy

Please ensure that each linked account holder (including yourself) completes and signs this form, and that each account holder 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 \checkmark boxes where provided.

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Title (Dr/Mr/Mrs/Ms/Miss)				S	urna	me											
Given name(s)																	
Account number (if known)					-]_										
Date of birth		/	7				ĺ										
Relationship to group																	
(such as husband, wife)																	
Declaration: I have read the account(s) to be linked to oth											_		 _			,	
information I have disclosed i									7								
												7		7			
Signature										Date		/		/			

¹ IOOF Pursuit Select products include: IOOF Pursuit Select Personal Superannuation, IOOF Pursuit Select Allocated Pension, IOOF Pursuit Select Term Allocated Pension and the IOOF Pursuit Select Investment Service.

Linked	account	2
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Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	me															
Given name(s)														1										
Account number (if known)								_			_													
Date of birth Relationship to group (such as husband, wife)			/			/																		
account(s) to be linked to oth	claration: I have read the current PDS and/or Offer Document, and the terms and conditio ount(s) to be linked to other parties detailed on this form for the purpose of calculating the ormation I have disclosed in this form is true and correct.																		_	-	_		-	
Signature																С)ate		/			/		
Linked account 3																								
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	me															
Given name(s)								1						1										
Account number (if known)								_			_													
Date of birth Relationship to group (such as husband, wife)			/			/																		
account(s) to be linked to oth information I have disclosed	eclaration: I have read the current PDS and/or Offer Document, and the terms and condit count(s) to be linked to other parties detailed on this form for the purpose of calculating t formation I have disclosed in this form is true and correct.															he A			_	-	_		-	
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Linked account 4																								
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Account number (if known)					_			_													
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oignature l												Date			,						
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Linked account 6 Title (Dr/Mr/Mrs/Ms/Miss)				Su	ırnar	me						Date									
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Linked account 6 Title (Dr/Mr/Mrs/Ms/Miss) Given name(s) Account number (if known) Date of birth Relationship to group (such as husband, wife)		/ [/	Su]	me]-				Date									

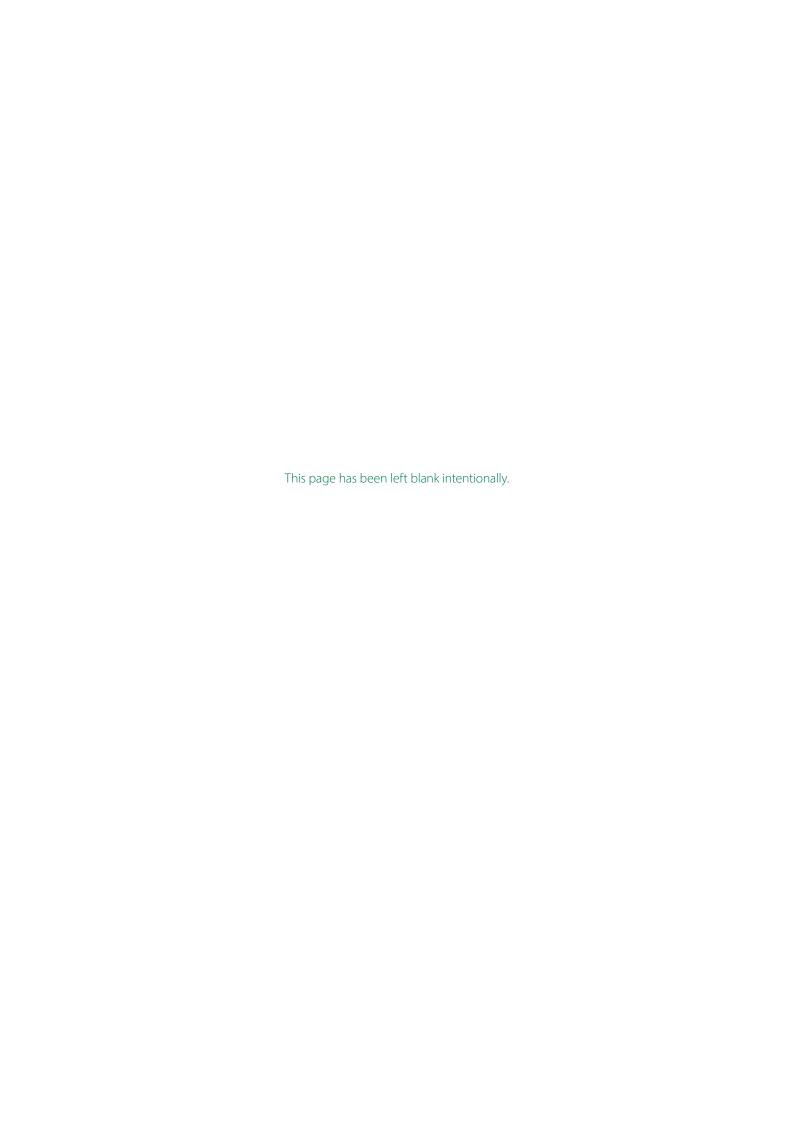
Please sign and return this form to:

Signature

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

Email PursuitApplications@ioof.com.au

Telephone 1800 913 118 **Facsimile** 03 8614 4431



IOF

SELECT – EORM C

1 July 2021

Date of birth

Direct Debit Request (DDR)

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided. **Step 1: Investor details** Account number (if known) Status of investor Individual Investor (complete Part A below) Joint Investors (complete Part A below) Corporate Investor (complete Part B below) Trust (complete Part B below) Incorporated/Unincorporated club/body (complete Part B below) Self-managed Superannuation Fund (complete Part B below) Deceased Estate (complete Part B below) Part A – Individual Investor or Joint Investors Applicant/Investor 1 Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Date of birth Applicant/Investor 2 (for joint investors only) Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Date of birth Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Self-managed Superannuation Fund, Incorporated/Unincorporated Club/Body or Deceased Estate Name of Entity/Company Name of Trust Name of Contact Person Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s)

Step 2: Type of instruction

Depending on the type of instruction(s) you wish to give, please \checkmark tick the applicable box(es) and follow the relevant steps in this form.

One-off deposit New Regular Savings Plan Change to an existing regular savings amount Change to an existing debit frequency Change to your nominated account with a financial institution Cancellation of an existing direct debit request. Steps 3, 7 and 8 Steps 4, 5, 6, 7 and 8 Steps 5 and 8 Steps 6 and 8 Steps 7 and 8 Steps 7 and 8	
Change to an existing regular savings amount Change to an existing debit frequency Steps 6 and 8 Change to your nominated account with a financial institution Steps 7 and 8 Cancellation of an existing direct debit request. Step 8	
Change to an existing debit frequency Change to your nominated account with a financial institution Cancellation of an existing direct debit request. Steps 6 and 8 Steps 7 and 8 Steps 8	
Change to your nominated account with a financial institution Steps 7 and 8 Cancellation of an existing direct debit request. Step 8	
Cancellation of an existing direct debit request. Step 8	
Step 3: One-off deposit	
Please indicate the preferred date of the one-off payment	
Please note that applications to establish a one-off payment must be received at least five business days before the preferred date to that your deduction is processed. If an application is not received within this timeframe or no date is specified, the one-off payment be deducted on the next processing date possible.	
Please indicate the one-off amount to be debited from your nominated account and deposited into your Cash Account:	
\$	
Please ensure you have completed Step 3: Initial deposit details in the Application (Form A) (new applicants only).	
Step 4: Regular Savings Plan	
Please indicate the commencement date of the first payment	
Please note that applications to establish a direct debit must be received at least five business days before the 15th of the month to enthat your deduction is processed that month. If an application is not received within this timeframe, it will be processed either that nor the following month (and then continue regularly according to the frequency you select).	
Step 5: Regular savings amount	
Please indicate the regular amount to be debited from your nominated account with a financial institution and deposited into your Cash Account:	
Regular amount to be debited \$	
Please note:	
• For new applicants, a direct debit will not normally be established until an initial deposit of at least \$2,500 has been made.	
• The amount of regular savings will be debited from your nominated account with a financial institution on the 15th day of the rel month (or the nearest business day after the 15th).	evant
 You will need to complete an investment instructions form to provide us with an investment instruction specifying the managed investment(s) you wish to utilise for regular deposits. 	
 You will need to complete an Investment Instructions form to provide us with an Investment Instruction specifying the managed investment(s) you wish to utilise for regular deposits. If you do not provide an Investment Instruction, the regular deposits will remain in your Cash Account, until an instruction is provided. 	ded.
investment(s) you wish to utilise for regular deposits.	ded.

Step 7: Financial institution details

Name																			
Branch	_										_							_	
Address																			
Suburb												Sta	nte		Po	stco	de		
Account name																			
BSB			_			A	ccol	ınt r	iumk	oer									

Until further notice in writing, I/We, the holder(s) of the above account, authorise and request the Service Operator via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032105) to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the financial institution identified above as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request service agreement as amended from time to time. This authority allows the debiting of amounts payable by the investor under the agreement between the investor and the Service Operator.

Step 8: Applicant/Investor declaration and signature(s)

The Service Operator 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 privacy policy at www.ioof.com.au/privacy.

I/We consent to the collection and use of the above information by the Service Operator for the purposes specified. By signing this DDR, I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between myself/us and IOOF as set out in this request and in the DDR Service Agreement.

Note for joint investors

If the financial institution account in Step 7 is held in the names of joint investors, both investors must also sign under Part A.

Note for third parties

If the financial institution account in Step 7 is held in the name of the investor and a third party, or third party/ies only, the third party/ies must also sign under Part C on the next page.

A third party is a person/company/employer who is not the holder of the IOOF Pursuit Select Investment Service account that this direct debit arrangement relates to.

Note for Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney with this form. If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

Note for corporate investors

This Application must be signed either:

- under common seal; and/or
- by two directors or a director and the company secretary; or
- by the sole director (where applicable) who is also the sole company secretary.

I/We authorise that for any subsequent one-off deposits or to increase or decrease a deposit amount nominated under this
Direct Debit Request service agreement, I/we must provide valid instructions to the Service Operator by letter or via email either
directly to the Service Operator or via my/our adviser.

Part A - Individual Investor or Joint Investors

Signatory 1	Date / / /
Full name	
Signatory 2 (if applicable)	Date / / /
Full name	

Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Self-managed Superannuation Fund, Incorporated/Unincorporated Club/Body or Deceased Estate

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Signatory 2		_														D	ate								
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Full name																									
Signatory 3 (for addition	onal																			,] ,		
Trustees if applicable)																D	ate								
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Signatory 4 (for additional Trustees if applicable)	onal															D	ate			/			/		
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Email	PursuitApp		ions@	Dioc	f.co	m.au	I																		
Telephone	1800 913 11																								
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100F PURSUIT SELECT – FORM C



1 July 2021

Direct Debit Request (DDR) service agreement

Please retain this service agreement for your records.

Direct Debit Request facility

- In addition to making one-off deposits, investors in IOOF
 Pursuit Select Investment Service have the opportunity to
 make a one-off deposit or implement a Regular Savings Plan
 through a DDR arrangement.
- The DDR arrangement enables you to instruct the Service Operator – IOOF Investment Services Ltd (IISL)
 ABN 80 007 350 405, AFSL 230703 via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032 105) to make one or more deductions from an account with a financial institution such as a bank, building society or credit union and credit the amount to your Cash Account.
- The DDR arrangement may not be available on the full range
 of accounts provided by financial institutions. You are advised
 to check with your financial institution as to its availability
 before nominating an account. You should check your account
 details against a recent statement from the financial institution.

IISL's service commitment

This agreement outlines our service commitment to you in respect of the DDR arrangements made between you and the Service Operator.

It also sets out your rights and responsibilities.

By giving 14 days notice in writing to you, we may change the operation of your DDR facility.

Initial terms of the arrangement

Under the terms of the DDR arrangement entered into with you, we undertake to periodically debit from your nominated account with a financial institution, a specified amount or amounts for deposit into your Cash Account.

Drawing arrangements

One-off deposit

Deposits will be deducted from your financial institution account on or around the preferred date you have nominated. If the due date for the debit falls on a non-business day or no date is specified, the one-off payment will be deducted on the first processing date possible.

Regular Savings Plan

Deposits will be deducted from your financial institution account on the 15th day of each month, or nearest business day after the 15th day of the month, in accordance with the frequency you have nominated.

If you are uncertain as to when a deduction will be made, please contact us. We may, in our absolute discretion, at any time by notice in writing to you, suspend or terminate the drawing arrangement.

Your rights

You have the right to change the arrangement as follows:

 You may stop an individual debit or cancel or suspend your DDR arrangement by giving written instructions to us or the relevant financial institution. If you suspend your DDR arrangement you may restart it by giving written instructions to us.

We will endeavour to act upon your request within five business days of receipt.

Enquiries

If you have any enquiries about your DDR arrangement, or you believe a debit has been incorrectly made or processed, please call ClientFirst on 1800 913 118 or email: clientfirst@ioof.com.au

Complaints

If you have a complaint or dispute in relation to your DDR arrangement, please contact the Manager, Customer Care, IOOF Investment Services Ltd, Reply Paid 264, Melbourne VIC 8060. Phone: 1800 517 124.

Where possible, concerns will be resolved immediately. If further investigation is required, our Customer Care Team will acknowledge your complaint in writing and will consider and respond to your complaint as quickly as possible. We are required by law to respond to your complaint within 90 days.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au

Email: info@afca.org.au

Tel: 800 931 678 (Free call)

Mail: Australian Financial Complaints Authority, GPO Box 3,

Melbourne VIC 3001

Confidentiality

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

- such information is required to be provided to our financial institution to initiate, change or cancel your drawing arrangement
- disclosure is required or authorised by law
- you authorise or otherwise give your consent to the release
 of the information either directly or through a duly appointed
 agent or attorney.

Your obligations

It is your responsibility to ensure:

- your nominated account can accept direct debits
- there are sufficient cleared funds in the nominated account on the drawing date
- you advise us if the nominated account is altered, transferred or closed.

We will notify you if your debit is dishonoured or rejected. We may, without notice, cancel your DDR arrangement if there is insufficient funds in your account to honour the direct debit.

Should we be charged any dishonour fees as a result of insufficient funds in your nominated account, then we may deduct these charges from your Cash Account or charge these fees directly to you.

To avoid dishonour fees, you should always ensure that there are enough cleared funds in your account before your direct debit falls due.

Where the designated bank account is that of a third party, it is your responsibility to advise us to cease deductions on that account if payments from that account are to cease. No refund of over payments will be made if we are not advised to cease deduction of payments from a third party account.

Contact us

Postal address

GPO Box 264 Melbourne VIC 3001

Telephone

1800 913 118

Facsimile

03 8614 4431

Email

clientfirst@ioof.com.au

Website

www.ioof.com.au

Service Operator

OOF Investment Services Ltd _evel 6, 161 Collins Street Melbourne VIC 3000