



**IOOF PURSUIT**

# SELECT

## Term Allocated Pension

Forms Booklet

Dated: 1 July 2021

Issuer: IOOF Investment Management Limited | ABN 53 006 695 021 | AFSL 230524  
as Trustee of the IOOF Portfolio Service Superannuation Fund | ABN 70 815 369 818

# How to get started

This booklet contains the information and forms you need to set up your IOOF Pursuit Select Term Allocated Pension account.

## Which forms to complete

| Form name                              | Form letter | When to complete this form  |
|--|-------------|---|
| Application for Term Allocated Pension | Form A      | You need to complete this form if you wish to set up a new account and to indicate: <ul style="list-style-type: none"> <li>• which investment option(s) you wish to invest in</li> <li>• how you want to manage your income distributions</li> <li>• your preferred top up cash option</li> <li>• how you want to establish your Investment Instructions</li> </ul> |
| Request to Transfer                    | Form B      | You need to complete this form if you wish to transfer monies from another complying income stream or IOOF Term Allocated Pension.  |
| Beneficiary Nomination                 | Form C      | You need to complete this form if you wish to make a Beneficiary Nomination.Family  |
| Family Fee Aggregation Application     | Form D      | You need to complete this form if you wish to apply for 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 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 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 and all other forms that are relevant to you.  |
| Step 2                     | <p>If you are rolling over from a self managed super fund, make your cheque payable to:</p> <p><b>IPS – IOOF Pursuit – [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 Pursuit – Robert Brown</b></p> <p>If you have completed one or more Request to Transfer form(s), attach the signed original(s) and your certified proof of identity 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 Pursuit<br/>Reply Paid 264<br/>Melbourne, VIC 8060</b></p>   |

We will send you a Statement of Membership, normally within seven business days of joining, confirming your personal details and Investment Instructions.



# IOOF PURSUIT SELECT – FORM A

1 July 2021

## Application for Term Allocated Pension

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)*, 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 (excluding the email address) and ✓ boxes where provided.**

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)

If you are an existing member, please provide your client number

Client number

### Step 1: Applicant details

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

Given name(s)

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone (work)    Phone (home)

Phone (mobile)

Email

Date of birth  /  /  Gender Male  Female

If you are residing overseas, you must complete and submit:

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

### 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 documentation to facilitate IOOF Pursuit's compliance with AML/CTF legislation).

### Politically Exposed Person

Politically Exposed Persons are individuals who occupy or have occupied a 'prominent public position or function' 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))
- original certified copies of your identification documents

## Step 2: Initial rollover (not applicable if you are a Reversionary Beneficiary)

The minimum initial rollover is \$20,000. You cannot add further rollovers after your first pension payment has been made.

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))
- original certified copies of your identification documents

### Part A: Rollover(s) from other superannuation funds

| Name of superannuation fund | Approximate value       |
|-----------------------------|-------------------------|
| <input type="text"/>        | \$ <input type="text"/> |
| <input type="text"/>        | \$ <input type="text"/> |
| <input type="text"/>        | \$ <input type="text"/> |
| <input type="text"/>        | \$ <input type="text"/> |

Type of complying income stream you are rolling over from:

- Term Allocated Pension
- Other complying income stream

If you would like the Trustee to organise the transfer, please include with your Application a completed Request to Transfer form (Form B).

### Part B: Transfer from an existing IOOF Pursuit or IOOF Portfolio Service Term Allocated Pension

Account number  -  -

By providing your account number and by signing the applicant declaration at Step 17, you authorise the transfer of the balance from your existing IOOF Pursuit or IOOF Portfolio Service Term Allocated Pension account into your IOOF Pursuit Select Term Allocated Pension account.

Re-weighting allows you to rebalance your investments within your account. Please indicate below if you want to re-weight your portfolio:

- Re-weight my portfolio as per my Primary Instruction

If no selection is made, your investments will remain unchanged.

Investment options not available in IOOF Pursuit Select Term Allocated Pension will be redeemed and invested in the Cash Account until you provide us with Investment Instructions. See the Investment Instructions form.

### Step 3: Pension payment details

Your pension payments must commence in the financial year your Application is received by us (if received before 1 June). If the Application is received by us after 1 June but before 30 June, you may defer your first pension payment until the next financial year.

#### (1) Pension commencement date

Please insert the date you wish the first pension payment to commence:   /

**If you do not select a date for the pension payment to commence, we will automatically commence payment according to the information provided below, following receipt of all deposits and contributions.**

#### (2) Frequency of payment

Select the frequency of payment.

Twice-monthly    Monthly    Quarterly    Half-yearly    Annually

#### (3) Pension payment day

Select the pension payment date (not applicable for twice-monthly pension payments).

14th of the month    28th of the month

**Pension payments are made by the 14th or 28th day of the month, unless you have selected the twice monthly option, whereby 24 payments per year will be payable by the 14th and 28th of each month.**

#### (4) Level of annual pension required

Select the level of annual pension required.

Fixed pension (default)

**OR I would like to select a pension level of:**

45% (FY 21/22 only)/90% of the fixed annual pension payment (minimum)

**OR**

110% of the fixed annual pension payment (maximum)

Where tax is payable, you will be sent a Payment Summary at the end of the financial year.

#### (5) Automatic indexation of pension payment

**The automatic indexation option is not available if you have selected the minimum or maximum amount of annual pension.**

Would you like your annual pension to be automatically indexed each year?

No (go to Step 4)

Yes (complete step below)

Please specify how you would like your annual pension to be automatically indexed each year

CPI

Other automatic increase amount  % (up to a maximum of 5% per annum)

**If no instruction is received, the default will be 'no' and the automatic indexation will not be applied to your annual pension.**

## Step 4: Term of pension (not applicable if you are a Reversionary Beneficiary)

To nominate the term of your pension, please select from the terms available for your age. If your pension will revert to your spouse or de facto spouse, you can also choose from the terms applicable to your spouse or de facto spouse. You must also complete Step 15.

Term of pension  years

**Please note:** The annual pension payments for the first year are calculated by dividing your account balance on commencement of the pension by the pension payment factor that relates to the term you have selected. For pensions commencing after 1 July in a financial year, your pension payments for the first year will be reduced in proportion to the number of days between the date your pension account was established and the following 1 July. The annual pension payments for subsequent years are calculated by dividing your account balance on 1 July each year by the pension payment factor that relates to the remaining term of your pension.

## Step 5: Financial institution details for pension payments and withdrawals

Financial institution

Branch

Account name

BSB  -  Account number

**Please note that the account must be held either solely or jointly in your name.**

## Step 6: Tax File Number

Tick one of the following:

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 TFN 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 offense 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 than you need to, and
- it will be easier to find different super and/or pension accounts in your name.

## Step 7: Transferring from another IOOF Pursuit or IOOF Portfolio Service Term Allocated Pension account

### Investment instructions

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 Term Allocated Pension will be transferred to your new IOOF Pursuit Select Term Allocated Pension account. Cash from any investment options which had to be redeemed will be transferred to and remain in your IOOF Pursuit Select Term Allocated Pension Cash Account until you provide further instructions.

If you wish to provide a Re-weight or Switch Instruction of 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](http://www.ioof.com.au), or you can call ClientFirst on 1800 913 118 for a copy.

### Commencement of a new Pursuit Select Term Allocated Pension account

If you are transferring your benefit from another IOOF Pursuit or IOOF Portfolio Service Term Allocated Pension account, your current pension will automatically continue in your new IOOF Pursuit Select Term Allocated Pension account. All pension payment details will transfer unless you make any changes to those details on this application or the changes are required by law.

A new pension account will automatically commence if you are:

- transferring more than one term allocated pension into this account; or
- changing your nominated Reversionary Beneficiary.

If you would like to commence a new IOOF Pursuit Select Term Allocated Pension account, please tick the box below.

I wish to commence a new IOOF Pursuit Select Term Allocated Pension

## Step 8: Investment Instructions – Primary

**Please note:**

- Please ensure that the Primary Instruction include at least the default minimum allocation of 3% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must be whole numbers and add up to 100%.
- If you have omit to insert an amount against the Cash Account in your Investment Instruction, the Trustee is authorised 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, the Trustee is authorised 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.
- To ensure your investment option selections are processed correctly please add the correct APIR code along with the name of the investment option.

| APIR code  | Name of investment option                  | Step 8(a)   |   |
|--|--|---|---|
|  |  | Primary Instruction<br>(must be in whole numbers) |   |
| –  | Cash Account <b>(mandatory minimum 3%)</b> | MANDATORY   | % |
| <b>Please ensure that the Primary Instruction does not include listed investments, annuity funds or term deposits.</b> |  |   |   |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
|  |  |   | % |
| <b>Total</b>   |  |   | % |

Must add up to 100% including the Cash Account allocation



## Step 9: Income distributions (managed funds only)

I direct the Trustee to manage any income distributions that I receive from my investment option(s) as follows:

**Re-invest (default option)**

Re-invest 100% of the income distributions back into the same managed investment that made the income distribution. 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 Cash Account.

OR **Distribution Instruction**

Income distributions are to be invested in accordance with my Primary Instruction in Step 8(a), or

Income distributions are to be invested in accordance with my Distribution Instruction specified in the table below.

If you have selected the Distribution Instruction option, please specify which managed investments are to be used and the respective allocations. Please ensure that the Distribution Instruction does not include listed investments, annuity funds, or term deposits.

| APIR code            | Name of investment option | % allocation<br>(must be in<br>whole numbers) |
|----------------------|---------------------------|---|
| <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

**If you select the 'Distribution Instruction' as your re-investment/distribution method but do not provide a Distribution Instruction in the above table, income distributions will be invested in accordance with your Primary Instruction.**

## Step 10: Cash Account top-up

If the balance in your Cash Account is likely to fall below zero in the next seven days, you authorise the Trustee to top up the balance to the minimum Cash Account requirement of 3% of your account balance and amounts expected to fall due within the next seven days.

If you would like to set a higher minimum Cash Account requirement, please specify the percentage amount here:  %

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 option you have selected below:

**Highest balance (default option)**

Redeem funds from the managed investment with the highest balance.

This is the default option, which means it will apply automatically even if a selection is not made.

OR

**Pro-rata**

Redeem funds across all managed investments according to the proportion invested in each managed investment.

OR

**Pecking order**

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

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. Please note, you cannot include listed investments, annuity funds, term deposits or restricted investments.

| Pecking order                  | APIR code            | Name of investment option |
|--------------------------------|----------------------|---------------------------|
| <input type="text" value="1"/> | <input type="text"/> | <input type="text"/>      |
| <input type="text" value="2"/> | <input type="text"/> | <input type="text"/>      |
| <input type="text" value="3"/> | <input type="text"/> | <input type="text"/>      |
| <input type="text" value="4"/> | <input type="text"/> | <input type="text"/>      |
| <input type="text" value="5"/> | <input type="text"/> | <input type="text"/>      |
| <input type="text" value="6"/> | <input type="text"/> | <input type="text"/>      |
| <input type="text" value="7"/> | <input type="text"/> | <input type="text"/>      |

## Step 11: Automatic Re-weight Facility (optional)

The Automatic Re-weight Facility allows managed investments to be automatically rebalanced to the Primary Instruction or a nominated Re-weight Instruction.

The re-weight process will run on the 20th day of the month (or the nearest business day after) according to the frequency selected.

I direct the Trustee to manage my portfolio as follows:

Re-weight frequency:

Quarterly  Half-yearly  Yearly

Preferred re-weight commencement date:

/

If the preferred re-weight commencement date is not provided, the Automatic Re-weight Facility will commence on the next 20th day of the month.

**Please note that if the portfolio contains investment options which cannot be selected as part of a Re-weight (for example listed investment, term investment or investment options 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 3%.**

Re-weight preference:

Primary Instruction  
Re-weight my portfolio in accordance with my Primary Instruction in Step 8(a).

**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 ensure that the Re-weight Instruction does not include listed investments, annuity funds, or term deposits.

| APIR code            | Name of investment option | % allocation<br>(must be in whole numbers) |
|----------------------|---------------------------|--|
| <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 12: Term deposit details (optional)

Please select the term deposit provider:

Adelaide Bank **OR**  National Australia Bank **OR**  ANZ Bank

Please select the timeframe of the term deposit to be opened:

6 months **OR**  12 months

Amount of term deposit \$  Note: A minimum of \$5,000 per term deposit applies

**Where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product or service, this Investment Instruction will be processed before any other Investment Instruction relating to this new account is processed.**

## Step 13: 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:

- Member 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 a Member Advice Fee – Upfront if you have agreed to an FTA.

**1 Please provide the Start date and End date of the FTA:**

Start date

End date

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

### Section B: Member advice fees

- 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.
- The default value for each member advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Member advice fees can only be deducted from your pension account if they relate to advice you receive about your super/pension benefits, insurance and investments.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 17.
- The member 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 the Fund may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Fund is able to claim an RITC, the benefit is passed on to you which effectively reduces the fee. Note that the RITC rules are subject to change and this may impact the RITC available in the future.
- For further information on advice fees, please refer to the Product Disclosure Statement.

### Consent End Date

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

Consent end date (required)   /   /

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

### (1) Member Advice Fee – Upfront

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

**The Member Advice Fee – Upfront does not apply to transfers of investments from an existing IOOF Pursuit or IOOF Portfolio Service Term Allocated Pension into IOOF Pursuit Select Term Allocated Pension.**

Up to a maximum of 5.5% (inclusive of GST) of your initial rollover.  % (inclusive of GST)

Your adviser has estimated a fee of \$  for the rollover received.

This fee will be calculated using the percentage fee above and applied against your rollover amount.

**Please select the services being provided in relation to the upfront fee:**

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

**(2) Member Advice Fee (FTA or Ongoing)**

The available fee options are:

**(a) 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) can be applied to the amount for each tier.
- Each subsequent tier percentage must be less than the previous tier percentage.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 5 tiers.

|               |        | <b>Amount</b>           | <b>% per annum (inclusive of GST)</b> |
|---------------|--------|-------------------------|---------------------------------------|
| <b>Tier 1</b> | Nil to | \$ <input type="text"/> | <input type="text"/>                  |
| <b>Tier 2</b> | Next   | \$ <input type="text"/> | <input type="text"/>                  |
| <b>Tier 3</b> | Next   | \$ <input type="text"/> | <input type="text"/>                  |
| <b>Tier 4</b> | Next   | \$ <input type="text"/> | <input type="text"/>                  |
| <b>Tier 5</b> | Next   | \$ <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 applied against your daily account balance and will be charged to your account monthly in arrears at the beginning of each month. .

**AND/OR**

**(b) Flat dollar fee**

Up to a maximum of \$1,500 per month (inclusive of GST) \$  per month (inclusive of GST)

**Please select the services being provided if you have selected a FTA:**

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

**(3) 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)

## Step 14: 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

|                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Dealer name            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial adviser name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact name           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AFSL                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Financial adviser number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

If you are a new financial adviser<sup>1</sup> to IOOF Investment Management Limited, 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 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 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 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, the Trustee, access to all proof of identification records for the purposes of this application if requested (pursuant to the AML/CTF legislation Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation and:

I have attached original certified copies of the applicant’s identification document(s) with this Application;  
**(Please note: Compulsory where:**

- initial contributions equal to or more than \$2 million or
- 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                                    | □□ / □□ / □□□□  | □□ / □□ / □□□□  |
| Expiry date                                   | □□ / □□ / □□□□  | □□ / □□ / □□□□  |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |

<sup>2</sup> For further information on the types of proof of identity which can be attached or verified and retained, please refer to the ‘Completing Proof of Identity’ document on [www.ioof.com.au](http://www.ioof.com.au). It also includes a list of persons authorised to certify copies of original documents.

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

Signature  Date  /  /

Name of financial adviser or AFSL holder representative

## Step 15: Estate planning options (optional)

Please complete Section A **OR** Section B.

### Section A: Reversionary Beneficiary

**This nomination must be made before the commencement of your pension. Your nominated Reversionary Beneficiary cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Nomination, Non-lapsing Binding Nomination, or Non-binding Nomination. You are unable to nominate a reversionary beneficiary if this is a death benefit pension.**

In the event of your death, you wish the remaining balance of your pension account (if any) to continue to be paid as an IOOF Pursuit Select Term Allocated Pension to your nominated Reversionary Beneficiary.

|   |                          |                      |                          |                      |                          |                      |                          |                              |                          |                      |                          |                               |                                 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|------------------------------|--------------------------|----------------------|--------------------------|-------------------------------|---------------------------------|
| 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"/>     |                               |                                 |
| Mailing address (if different from above) | <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"/> | Phone (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"/>     |                      |                          |                              |                          |                      | Gender                   | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Relationship to member <sup>3</sup>       | <input type="checkbox"/> | Spouse               | <input type="checkbox"/> | De facto spouse      | <input type="checkbox"/> | Child                | <input type="checkbox"/> | Interdependency relationship | <input type="checkbox"/> | Financial dependant  | <input type="checkbox"/> |                               |                                 |

### Section B: Beneficiary Nomination (Not applicable for Reversionary Beneficiary Nomination)

**If you are transferring your entire balance from another IOOF Pursuit or IOOF Portfolio Service Term Allocated Pension, any existing Binding Nomination, Non-lapsing Binding Nomination, or Non-binding Nomination for that account will be transferred to your IOOF Pursuit Select Term Allocated Pension account unless you make a new Beneficiary Nomination.**

If you wish to make a Beneficiary Nomination, please complete the Beneficiary Nomination form.

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



## Step 16: Electronic communications (optional)

Please tick this box if you agree to receive communications from the Trustee that are available electronically via Portfolio Online.

### Important notes:

**Please ensure you have provided your email address on the first page of this Application. If you have ticked the above box but have not provided your email address, you will receive paper based communications.**

**The terms and conditions for electronic communications are set out in the PDS.**

**You must register for Portfolio Online (which can be accessed through the IOOF website) if you have consented to receive communications from the Trustee electronically.**

## Step 17: Applicant declaration and signature

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Pursuit Select Term Allocated 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 Pursuit Select Term Allocated 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.

### Proof of identity

I 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](http://www.ioof.com.au), that may be required for the purposes of the AML/CTF legislation.

### 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 the purpose of providing me with the products or services I have requested, 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 legislation. 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, which contains information about how I may access or correct my personal information and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting ClientFirst on 1800 913 118 or by visiting [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

### Eligibility

I am eligible to commence an IOOF Pursuit Select Term Allocated Pension because I am rolling over from an existing term allocated pension or another type of complying pension.

### 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 10.

### Electronic communications

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

### Transferring from another product within the Fund

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

## Financial adviser (if applicable)

- If I have acquired the services of a financial adviser to obtain advice concerning my investment in IOOF Pursuit Select Term Allocated 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 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 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.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

## Investment Instructions<sup>4</sup>

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFSL 230524 is directed to process the Investment Instructions specified on this form.
- The Investment Instructions provided in this form override any previous Investment Instructions.
- My main Investment Instruction will be my Primary Instruction and will be used for my initial contribution (less any Member Advice Fee – Uprfront) and income distributions (if applicable), unless I provide the Trustee with alternate instructions. I 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 have omitted to insert an amount against the Cash Account in my Investment Instruction, I authorise the Trustee 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 Trustee 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.

## 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 Pursuit Select investment guide (PSI.01) for information on these exclusive investment options).

## Direct Share Choice

I 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 have invested in term deposits:

- I have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the PDS
- the Trustee provided me with the product guide for the underlying term deposit 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 term deposit I have selected
- I acknowledge that where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product.

## 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 Trustee to charge the agreed Portfolio Management fee against my account.

## Power of Attorney

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

## Marketing material

If you do not agree to the Trustee 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.

### Member/Applicant signature

Member/Applicant  
signature

Date   /   /

### Member advice fees (if you completed Step 13)

- 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.
- Where I have chosen Ongoing fees, I understand the consent for IIML to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid.
- I understand my consent for a fixed term arrangement, will last until the end date stated above.
- I understand I can withdraw my consent or vary the ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting ClientFirst.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the Trustee before the fee is paid

Member/Applicant  
signature

Date   /   /

Please sign and return this Application to:

**Post** IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060  
**Email** PursuitApplications@ioof.com.au  
**Telephone** 1800 913 118  
**Facsimile** 03 8614 4431  
**Trustee** IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524





### Step 3: Member/Applicant declaration and signature

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 superannuation product.
- 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 the Trustee 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 superannuation product (subject to legislative restrictions).
- I understand that my personal information will be managed in accordance with the privacy policy (available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy)), which contains information about how I may access and seek correction of my personal information and how I can make a complaint about a breach of my privacy.
- If I have provided my TFN, I consent to it being disclosed for the purpose of consolidating my account.
- I have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.

#### Member/Applicant signature

Signature

Date

 /  / 

Please sign and return this form by post to: **IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060**

**Telephone** 1800 913 118

**Trustee** IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524



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 Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818, incorporating:

- IOOF Pursuit Select Personal Superannuation (Unique Superannuation Identifier (USI) IOF0083AU)
- IOOF Pursuit Select Allocated Pension (Unique Superannuation Identifier (USI) IOF0084AU)
- IOOF Pursuit Select Term Allocated Pension (Unique Superannuation Identifier (USI) IOF0085AU)

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, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

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

Frank Lombardo  
Group General Manager Client & Process  
On behalf of IOOF Investment Management Limited

### Trustee

IOOF Investment Management Limited  
ABN 53 006 695 021  
AFSL 230524

### Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

### Client Services

**Postal Address** Reply Paid 264, Melbourne, VIC 8060  
**Telephone** 1800 913 118  
**Facsimile** 03 8614 4431  
**Email** clientfirsts@ioof.com.au





# IOOF PURSUIT SELECT – FORM C

1 July 2021

## Beneficiary Nomination

Please complete this form to make a new beneficiary nomination, or to amend or revoke an existing beneficiary nomination. You should read the section 'Dependants – paying benefits if you die' in the PDS before completing this form.

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

### Step 1: Applicant details

|  |  |                      |   |
|--|--|----------------------|---|
| Title<br>(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<br>(if different from above) | <input type="text"/>   |                      |   |
| Suburb                                       | <input type="text"/>   | State                | <input type="text"/>  |
| Phone  | <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"/> | Gender               | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Account number (if known)                    | <input type="text"/>   | -                    | <input type="text"/>  |

### Step 2: Nomination type

- Binding Nomination  
**Please ensure Step 4 is completed.** We will not be able to accept this Binding Nomination instruction if Step 4 is not completed.
- Non-binding Nomination  
**Please complete Step 4 if you are replacing a Binding Nomination.**
- Non-lapsing Binding Nomination  
If you nominate a beneficiary other than your spouse, further details may be required before your nomination is accepted.  
**Please complete Step 4 if you are replacing a Binding Nomination.**
- No Nomination (to cancel/revoke an existing Beneficiary Nomination)  
**Please complete Step 4 if you are cancelling/revoking a Binding Nomination.**

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more Dependants, complete Part A
- to nominate a Legal Personal Representative, complete Part B
- to nominate both a Dependant(s) and a Legal Personal Representative, complete Parts A and B and ensure that the total of Parts A and B add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.



### Dependant 3

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

Given name(s)

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone    Phone (mobile)

Email

Date of birth  /  /  Gender Male  Female

Relationship to member  Spouse (including de facto)  Child  Interdependency relationship<sup>1</sup>  Financial Dependant

Percentage of benefit  %

### Dependant 4

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

Given name(s)

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone    Phone (mobile)

Email

Date of birth  /  /  Gender Male  Female

Relationship to member  Spouse (including de facto)  Child  Interdependency relationship<sup>1</sup>  Financial Dependant

Percentage of benefit  %

### Part B: Legal Personal Representative

Legal Personal Representative

Percentage of benefit  %

If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependents and your Legal Personal Representative adds up to 100%.

**Please note:** The percentages nominated in Step 2 must add up to 100% or your Non-lapsing Binding Nomination or Binding Nomination will be invalid, and will be treated as a Non-binding Nomination.

### Step 3: Member/Applicant declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependents and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the privacy policy at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).
- it is my responsibility to inform my nominated Dependents that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- 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).
- 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 current Pursuit disclosures and guides, which can be downloaded from the IOOF website ([www.ioof.com.au](http://www.ioof.com.au)) (applicable to revocation only).

#### Applicable to 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

Surname

Date  /  /

Given Name

**Please complete Step 4 if you are making or revoking a Binding Nomination.**

## Step 4: Witness declaration and signature

### (required for nomination and revocation of Binding Nomination only)

Please ensure that you sign and date this Beneficiary Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Beneficiary Nomination form.

Each witness must sign and date the Beneficiary Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Beneficiary Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

#### Witness 1

Surname

Given name

Witness signature 1

Date witnessed (must be same date the member/applicant signs)

 /  / 

#### Witness 2

Surname

Given name

Witness signature 2

Date witnessed (must be same date the member/applicant signs)

 /  / 

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  
**Trustee** IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524

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# Contact us

**Postal address**

GPO Box 264  
Melbourne VIC 3001

**Telephone**

1800 913 118

**Facsimile**

1800 8614 4431

**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  
AFSL 230524

**Registered address**

Level 6, 161 Collins Street  
Melbourne VIC 3000