IOOF Investment Management Limited (IOOF), ABN 53 006 695 021, AFS Licence No. 230524, Trustee of the IOOF Portfolio Service Superannuation Fund, ABN 70 815 369 818

IOOF Portfolio Service Superannuation Fund Individual Contribution Form



Please complete this form if you want to make a contribution into your superannuation account or on a member's behalf.

Please complete these instructions in BLACK INK using CAPITAL LETTERS.

Step 1: Member details

Account number	- D 2 -
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
Date of birth	
Tax File Number*	

*Your Member statement will show if your Tax File Number (TFN) has been supplied. As there may be tax consequences for not providing your TFN we may not accept contributions without a TFN. See the taxation section in the Product Disclosure Statement for further details.

Step 2: Details of the type of Contribution (please insert the amounts in the appropriate boxes)

PERSONAL CONTRIBUTION AND/OR SPOUSE CONTRIBUTION

Member Personal (Non-concessional*)	\$		
Spouse Contribution	\$		
EMPLOYER CONTRIBUTION(S)			
Employer Contribution – SGC/Award	\$		
Employer Contribution – Salary Sacrifice	\$		
Employer Contribution – Other	\$		

\$

Total amount of Contribution(s)

We will invest this contribution(s) in accordance with the current Standing Investment Instruction unless this form is accompanied by a Specific Investment Instruction signed by the member.

*If you wish to claim a tax deduction for some or all of the above personal contribution(s), you will need to complete a Tax Deduction Notice under Section 290-170 ITAA which can be obtained from our web site at **www.ioof.com.au** or by contacting a **Client Services Officer** on **1800 062 963**.

Each year, IOOF provides you with a Tax Deduction Notice in respect of personal contributions you made during the previous financial year.

Step 3: Additional comments (if applicable)

Step 4: Signature(s)	
Member's signature (if applicable)	Date / / /
AND/OR Employer signature (if applicable)	Date / /

When you have completed this form, please return it with cheque(s) made payable to:

IOOF – IPS – (applicant's full name and/or account number)

IOOF Portfolio Service

Reply Paid 264, Melbourne VIC 8060