

(g) For Proprietary Companies only – please list full names and addresses of shareholders who own more than 25% of the company:

Shareholder 1	Given Name(s)	<input type="text"/>																														
	Surname	<input type="text"/>																														
	Residential address	PO Box not accepted	<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Suburb		<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Country of residence	<input type="text"/>																														
Shareholder 2	Given Name(s)	<input type="text"/>																														
	Surname	<input type="text"/>																														
	Residential address	PO Box not accepted	<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Suburb		<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Country of residence	<input type="text"/>																														
Shareholder 3	Given Name(s)	<input type="text"/>																														
	Surname	<input type="text"/>																														
	Residential address	PO Box not accepted	<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Suburb		<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Country of residence	<input type="text"/>																														
Shareholder 4	Given Name(s)	<input type="text"/>																														
	Surname	<input type="text"/>																														
	Residential address	PO Box not accepted	<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Suburb		<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>	
	Country of residence	<input type="text"/>																														

(h) Contact Person

A contact person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>				Surname	<input type="text"/>																											
Given name(s)	<input type="text"/>																																
Mailing address	<input type="text"/>																																
Suburb	<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>				
Phone (AH)	<input type="text"/>				Phone (BH)	<input type="text"/>																											
Mobile	<input type="text"/>				Fax	<input type="text"/>																											
Email	<input type="text"/>																																
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							

Please Note:

- All future notices and correspondence will be forwarded to the **contact person**;
- The contact person must be one of the signatories on the account; and
- If the contact person is intended to have authority to transact on the account, on behalf of the Company/Entity, **Step 6** 'Representative Facility' must be completed. Conditions applying to the appointment of a representative are detailed in the IOOF WealthBuilder Product Disclosure Statement.

Security Password

For security purposes and easier access to your account information via the telephone, please provide a password:

Please note: When an investor is not an individual (e.g. a company or a trust) or when a representative is nominated, no account information will be provided via the telephone unless this password is quoted.

PART C – Trusts (Trust with a Corporate Trustee or Individual Trustees)

(a) Full name of the Trust

(b) Full business name (if any) of the Trustee in respect of the Trust

(c) Country of establishment of Trust

(d) Type of Trust: **Other Trust Type** (e.g. family, charitable, deceased estate)
 Please specify
 Managed Investment Scheme
 Either: **Registered** (provide ARSN if registered) ARSN
 OR **Unregistered**

Note for Trustees:

- For **Trusts with a Corporate Trustee**, complete subsection (e)-i below and subsection (f), if applicable. Note, additional client identification is required under AML/CTF Law. To obtain a copy of 'Identification Form – Australian and Foreign Companies', please contact one of our Client Services Officers on 1800 002 217. Alternatively, you can download a copy from our website at www.ioof.com.au
- For **Trusts with Individual Trustees**, please complete subsection (e)-ii and subsection (f), if applicable.
- **All trustees must sign** the Applicant Declaration in **Step 8**.

(e) Details of Trustee(s) / Contact Person

i. Corporate Trustee

Company Name

Contact person⁵

Title (Dr/Mr/Mrs/Ms/Miss) Surname
 Given name(s)
 Mailing address
 Suburb State Postcode
 Phone (AH) Phone (BH)
 Mobile Fax
 Email
 Date of birth / /

⁵ All future notices and correspondence will be sent to the **contact person** (Corporate Trustee). The contact person must be a signatory on the account. If the contact person is intended to have authority to transact on the account on behalf of all signatories, **Step 6** 'Representative Facility', must be completed. Conditions applying to the appointment of a representative are located in the IOOF WealthBuilder PDS.

STEP 3 Change of Life Insured⁷ (for completion by new policy owner(s) if applicable)

This section must be completed to register a change to the Life Insured(s) details on the WealthBuilder account(s) listed in Step 1 upon transfer to the new policy owner(s).

Please note:

- Unless a new Life Insured(s) is nominated, the existing Life Insured(s) will remain registered on the account(s) listed.
- If the account(s) listed are set up as Child's Advancement Policies, the existing Life Insured (child) **cannot** be changed.

Please tick the applicable boxes depending on your type of instruction and complete the relevant Steps as indicated.

This is a request to:

replace the existing Life Insured(s) with the new Life Insured(s) detailed below;

OR

add the following additional Life Insured to the existing Life Insured(s) registered on the WealthBuilder account(s)⁸.

Life Insured 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>		
Phone (AH)	<input type="text"/>	Phone (BH)	<input type="text"/>
Email	<input type="text"/>		

Life Insured 2 (if applicable)

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>		
Phone (AH)	<input type="text"/>	Phone (BH)	<input type="text"/>
Email	<input type="text"/>		

⁷ This section is **not applicable** for accounts set up as a Child's Advancement Policy.

⁸ The new Life Insured(s) will be applied to all accounts listed in Step 1.

STEP 4 Proof of Identity Requirements (for completion by new policy owner(s) if applicable)

AML/CTF Law obligates IOOF to verify the identity of each of its investors before providing financial services to them.

Please note, generally existing investors within the IOOF Group, do not need to provide the proof of identity listed below.

New Individual Investors

If you will be the new policy owner(s) of the IOOF WealthBuilder account(s) listed in Step 1 and you are not an existing investor within the IOOF Group, you will need to provide **originals** or **original certified copies** of one or more of the following documents. The proof of identity documents are required to be submitted with your Transfer of Ownership Form.

Type of Investor (please ✓ appropriate box)	Proof of Identity – provide the relevant document(s).
<p>(a) <input type="checkbox"/> Individuals acting for themselves.</p> <p>Note, for joint investors, the necessary proof of identity is required for each investor.</p> <p>OR</p> <p><input type="checkbox"/> Individuals acting as a sole trader.</p>	<p>Either one of the following documents:</p> <ul style="list-style-type: none"> • Current driver's licence (issued under Australian State/Territory, containing a photograph of the individual). Please copy front and back of licence. • Passport (a passport that has expired within the preceding 2 years is acceptable). <p>OR</p> <p>One of the following documents:</p> <ul style="list-style-type: none"> • Birth certificate or birth extract. • Citizenship certificate issued by the Commonwealth. • Centrelink card issued by Centrelink that entitles the person to financial benefits. <p>AND</p> <ul style="list-style-type: none"> • A notice issued to an individual showing the current residential address (e.g. tax notice within last 12 months, utilities bill within last 3 months).
<p>(b) <input type="checkbox"/> Individuals who have been nominated as a Representative or Power of Attorney.</p>	<p>Either one of the following documents:</p> <ul style="list-style-type: none"> • Current driver's licence (issued under Australian State/Territory, containing a photograph of the individual). Please copy front and back of licence. • Passport (a passport that has expired within the preceding 2 years is acceptable). <p>OR</p> <p>One of the following documents:</p> <ul style="list-style-type: none"> • Birth certificate or birth extract. • Citizenship certificate issued by the Commonwealth. • Centrelink card issued by Centrelink that entitles the person to financial benefits. <p>AND</p> <ul style="list-style-type: none"> • A notice issued to an individual showing the current residential address (e.g. tax notice within last 12 months, utilities bill within last 3 months). <p>Please note:</p> <ul style="list-style-type: none"> • Nominated representatives must complete Step 6 'Representative Facility' of the Application Form (Step 6 is not required for Power of Attorney). • Nominations made under a Power of Attorney must provide an original certified copy of the Power of Attorney.

Please see the 'Completing Proof of Identity' document for a list of persons authorised to certify copies of original documents. To obtain a copy please contact one of our Client Services Officers on 1800 002 217. Alternatively, you can download a copy from our website at www.ioof.com.au

All New Non-Individual Investors (e.g. Companies, Trusts, Partnerships etc)

Additional proof of identity is also required.

The proof of identity requirements for non-individual investors are included on a separate document, titled 'Completing Proof of Identity'. To obtain a copy please contact one of our Client Services Officers on 1800 002 217. Alternatively you can download a copy from our website at www.ioof.com.au.

If you require any assistance completing this form please contact one of our Client Services Officers on 1800 002 217.

STEP 5 Financial Adviser Details (new Financial Adviser to complete, if applicable)

Please complete this if a new Financial Adviser is to be registered on the WealthBuilder account(s) listed in **Step 1** on transfer.

If this section is not completed, any existing Financial Adviser details registered on the account(s) will remain in place. Alternatively, if you do not have a Financial Adviser, please tick this box

We will only register a Financial Adviser who:

- holds a current AFS Licence; or
- is an authorised representative of an AFS Licensee.

Financial Adviser Details

Financial Adviser Name	<input type="text"/>
Financial Adviser No.	<input type="text"/>
Licence Name	<input type="text"/>
AFS Licence No.	<input type="text"/>

Declaration by Financial Adviser

In submitting this form:

- I declare that I hold a current Australian Financial Services Licence OR I am a representative or an authorised representative nominated to act on behalf of a holder of a current Australian Financial Services Licence;
- I confirm that I have provided the new policy owner(s) with all necessary information concerning the policy(ies), including the Product Disclosure Statement;
- I confirm that I have conducted the relevant customer identification process in line with obligations under AML/CTF Law, and:
 - I have attached the necessary proof of identity documents with this Transfer of Ownership Form; **OR**
 - I have sighted and retained copies of the necessary proof of identity documents as recorded below in the 'Record of Proof of Identity' table:

RECORD OF PROOF OF IDENTITY (ID) ^	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	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

^ For further information on the types of proof of identity which can be attached or, verified and retained for each investor type, please refer to the 'Completing Proof of Identity', document which is located on our website at www.ioof.com.au. This document also includes a list of persons authorised to certify copies of the original documents.

	ID Document 3	ID Document 4
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Dealer Stamp

**For assistance, financial advisers can contact our
Adviser Services Team on 1800 659 634**

Adviser Service Fee (Optional) for completion by new policy owner and their adviser if applicable⁹.

Please complete this section if you have agreed with your financial adviser to have an Adviser Service Fee (ASF) deducted from the investment account(s) listed in Step 1[^]. Refer to the IOOF WealthBuilder PDS for further details.

<p>ASF – Ongoing (Optional)</p> <p>I/We confirm that I/we have agreed with my/our financial adviser to have an ongoing ASF of: either <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> % p.a. (inclusive of GST) OR \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (inclusive of GST) [Note, both % and \$ cannot be nominated].</p> <p>to be deducted from my/our account(s)[^]: <input type="checkbox"/> monthly; <input type="checkbox"/> quarterly; <input type="checkbox"/> half yearly; or <input type="checkbox"/> yearly commencing from: 01 / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *</p> <p><small>* The date from which the ASF will be calculated. ASFs will generally be deducted on the first day of the month following the end of the nominated frequency.</small></p>	<p>It is important to note, that the ASF will be deducted from your account by way of a withdrawal, which may have taxation implications.</p> <p>Please refer to the IOOF WealthBuilder PDS for further information on tax on withdrawals.</p> <p>You may alter or cancel the ASF at any time by writing to us.</p>
<p>ASF – Once-off (Optional)</p> <p>I/We confirm that I/we have agreed with my/our financial adviser to have a once-off ASF of: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (inclusive of GST) to be deducted from my/our account(s)[^] on 01 / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p>	

[^] The ASF detailed above will be applied to all account(s) listed in Step 1. If you would like the ASF to be deducted from certain accounts only, please specify below.
ASF to be applied/deducted for the following IOOF WealthBuilder account(s) **only**:

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

⁹ Any existing ASFs in place prior to the transfer of ownership will be revoked on transfer to the new policy owner. Existing upfront or ongoing commissions presently in place will continue to apply on transfer to the new policy owner, unless requested otherwise in writing.

STEP 7 Declaration and Signature of Current Policy Owner(s)

All current policy owner(s) of the account(s) listed in Step 1 must sign this section.

I/We the current registered policy owner(s) of the IOOF WealthBuilder account(s) listed in **Step 1** of this Transfer of Ownership Form, authorise and request IOOF to transfer the ownership of the policy(ies), including full investment rights regarding the IOOF WealthBuilder account(s) listed in **Step 1**, to the new policy owner(s) as detailed in **Step 2** of this form.

I/We confirm that:

- all details provided in this Transfer of Ownership Form are true and correct; and
- I/we have read the Transfer of Ownership section in the current IOOF WealthBuilder PDS and understand the implications of the transfer, including that, upon registration of the transfer by IOOF, I/we will have no further rights in relation to the policy(ies).

WHO NEEDS TO SIGN?

All original investors registered on the policy(ies)/account(s) must sign this section. Individual investors must sign in the presence of a witness, who must also sign this section overleaf.

Corporate Investors

This form must be signed either:

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

Power of Attorney

If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power. The attorney's signature must be witnessed and the witness must sign overleaf.

If this form is signed under a new Power of Attorney which has not been previously registered with IOOF, please complete the Power of Attorney section in **Step 1** of this form and attach a certified copy of the Power of Attorney and the required proof of identification documents in accordance with AML/CTF Law. For further information, please refer to the 'Completing Proof of Identity' on our website at www.ioof.com.au, or alternatively call one of our Client Services Officers on 1800 002 217.

> **Step 7** continued overleaf

If not signing under common seal, please state your title, eg. Director, Company Secretary or Sole Director and Company Secretary.

Current Investor/Signatory 1

X

Title (if applicable) e.g. Director/Sole Director/Company Secretary

Date / /

Current Investor/Signatory 2

(for Joint Investors or additional Trustees, if applicable)

X

Title (if applicable) e.g. Director/Sole Director/Company Secretary

Date / /

Current Investor/Signatory 3

(for Joint Investors or additional Trustees if applicable)

X

Title (if applicable) e.g. Director/Sole Director/Company Secretary

Date / /

Signatory 4

(for additional Trustees if applicable)

X

Title (if applicable) e.g. Director/Sole Director/Company Secretary

Date / /

Witness signature

X

Print Name

Date / /

Common Seal (if required)

STEP 8 Declaration and Signature of New Policy Owner(s)

All new policy owner(s) listed in Step 2 of this Transfer of Ownership Form must sign this section.

As the new policy owner(s) of the IOOF WealthBuilder account number(s) listed in Step 1 of this Transfer of Ownership Form, I/we accept transfer of the policy(ies) and acknowledge and agree that by signing this declaration, I/we:

- declare that all details provided in this Transfer of Ownership Form are true and correct and I/we undertake to inform IOOF of any changes to the information supplied as and when they occur;
- agree to assume policy ownership (including all investment rights) of the IOOF WealthBuilder account(s) detailed in Step 1 of this Transfer of Ownership Form;
- have received, read and understood the IOOF WealthBuilder Product Disclosure Statement (PDS) (including any Supplementary PDS);
- agree to be bound by the provisions of the PDS and the Benefit Fund Rules (as amended from time to time) that govern IOOF WealthBuilder;
- consent to the collection, use, storage and disclosure of my/our personal information by IOOF in accordance with the Privacy Act 1988 and acknowledge that a copy of the IOOF Group Privacy Policy is available from our website www.ioof.com.au or may be obtained by calling one of our Client Services Officers on 1800 002 217;
- have received and accepted this offer in Australia;
- agree to provide any information that may be required for the purposes of AML/CTF Law; and
- confirm that I/we understand:
 - an investment in IOOF WealthBuilder does not represent an investment in IOOF Ltd (IOOF), ABN 21 087 649 625, AFS Licence No. 230522, nor any related body corporate within the IOOF Group, nor any investment management company appointed to manage the investment assets of the IOOF WealthBuilder Funds (the Funds);
 - neither IOOF nor any related body corporate within the IOOF Group, nor any investment management company appointed to manage the investment assets of the Funds, guarantees the performance of any Fund or the return or repayment of capital or income (except the Capital Guaranteed Fund where the return of capital is guaranteed); and
 - investments in IOOF WealthBuilder are subject to investment risks including possible delays in repayment and loss of income and principal invested.

AML/CTF Law

I/We acknowledge that I/we have read and understood the client identification requirements in line with the AML/CTF Law as disclosed in the PDS, and confirm that I/we have provided either original or certified copies of the relevant proof of identity documentation* which accompanies this Transfer of Ownership Form.

* Proof of identity requirements are generally not required for existing investors within the IOOF Group. Please refer to the IOOF WealthBuilderPDS for further information.

Marketing material

If you do **not** agree to IOOF 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 ✓ this box:

Child's Advancement Policy

If any of the IOOF WealthBuilder accounts listed in Step 1 are Child's Advancement Policies, by signing this declaration I understand and acknowledge that:

- I will hold the Child's Advancement Policy in trust for the existing Life Insured (child), until they reach vesting age;
- the Child's Advancement Policy will be automatically transferred to the Life Insured when the vesting age is reached;
- until the vesting age is reached, I will have full control over the Child's Advancement Policy;
- I may apply the proceeds of the Child's Advancement Policy as I think fit for the maintenance or benefit of the Life Insured in accordance with section 220 of the Life Insurance Act 1995; and
- in the event of the death of the Life Insured before vesting age is reached, I will retain ownership of the Child's Advancement Policy.

Individual Investors

Individual investors must sign in the presence of a witness, who must also sign this section on page 19.

Power of Attorney

If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power. The attorney's signature must be witnessed and the witness must sign overleaf.

Please attach a certified copy of the Power of Attorney and the required proof of identification documents in accordance with AML/CTF Law. For further information, please refer to the 'Completing Proof of Identity' on our website at www.ioof.com.au, or alternatively call one of our Client Services Officers on 1800 002 217.

Corporate Investors

This Transfer of Ownership Form must be signed either:

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

Step 8 continued overleaf

