IOOF Investment Management Limited (IOOF), ABN 53 006 695 021, AFS Licence No. 230524
Service Operator of IOOF Portfolio Service Investments

IOOF Portfolio Service Investments
Financial Adviser Authority

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

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DO NOT use this form to APPOINT or CHANGE your existing Financial Adviser.

Step 1: Your details

Account number M – D 5 –

Status of Investor:

- ☐ Individual Investor (complete Part A below)
- ☐ Joint Investors (complete Part A below)
- ☐ Corporate Investor (complete Part B below)
- ☐ Trust (complete Part B below)
- ☐ Incorporated/Unincorporated club/body (complete Part B below)
- ☐ Self Managed Superannuation Fund (complete Part B below)
- ☐ Deceased Estate (complete Part B below)

PART A – INDIVIDUAL or JOINT INVESTORS

Investor 1

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

Given name(s)

Investor 2 (for Joint Investors only)

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

Given name(s)

PART B – CORPORATE INVESTOR (INCLUDING CORPORATE TRUSTEE), TRUST (INDIVIDUAL TRUSTEE(S)), SELF MANAGED SUPERANNUATION FUND, UNINCORPORATED CLUB/BODY or DECEASED ESTATE

Name of entity/company/ corporate trustee

Name of trust

Name of contact person

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

Given name(s)

Step 2: Financial Adviser details

Dealer name

Financial Adviser name

Contact name

AFS Licence number

Financial Adviser number

Step 3: Financial Adviser Authority

I/We authorise my/our financial adviser, whose details are set out above, to provide IOOF with switch instructions and establish/change my/our Investment Instructions on my/our behalf. I/We acknowledge that my/our financial adviser should provide me/us with all necessary information regarding the investment options and should not switch my/our managed funds and/or provide Investment Instructions under this authority without my/our prior written approval.

I/We accept the terms outlined below:

- I/we release and indemnify the Service Operator and any member of the IOOF Group from and against all demands, action, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with the Service Operator acting or omitting to act on instructions given by my/our financial adviser under this authority;
- I/we authorise the Service Operator to continue to follow instructions given under this authority until the Service Operator receives notice in writing signed by me/us to cancel the authority.

PART A – INDIVIDUAL or JOINT INVESTORS

Signatory 1

✗

Full name

Date / /

Signatory 2 (if applicable)

✗

Full name

Date / /

PART B – CORPORATE INVESTOR (INCLUDING CORPORATE TRUSTEE), TRUST (INDIVIDUAL TRUSTEE(S)), SELF MANAGED SUPERANNUATION FUND, UNINCORPORATED CLUB/BODY or DECEASED ESTATE

Signatory 1

✗

Title e.g. Director/Sole Director/Company Secretary

Full name

Date / /

Signatory 2

✗

Title e.g. Director/Sole Director/Company Secretary

Full name

Date / /

Signatory 3 (for additional Trustees if applicable)

✗

Title (if applicable)

Full name

Date / /

Signatory 4 (for additional Trustees if applicable)

✗

Title (if applicable)

Full name

Date / /

Company Seal (of company) if required

Post to: **IOOF Portfolio Service, Reply Paid 264, Melbourne VIC 8060**
Enquiries: **1800 062 963**
Facsimile: **1800 558 539**
Service Operator: **IOOF Investment Management Limited (IOOF), ABN 53 006 695 021, AFS Licence No. 230524**

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