## IOOF Portfolio Service Superannuation Fund Financial Adviser Authority



Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.  Step 1: Your personal details						DO NOT use this form to APPOINT or CHANGE your existing Financial Adviser.	
Account number	- D						
Title (Dr/Mr/Mrs/Ms/Miss)	Surname						
Given name(s)							
Address							
Suburb				State		Postcode	
Date of birth	/ / / /						
Step 2: Financial Advi	ser details						
Dealer name							
Financial Adviser name							
Contact name							
AFS Licence number							
Financial Adviser number							
Step 3: Financial Advi	ser Authority						
I authorise my financial adviser, whose my behalf. I acknowledge that my finar my managed funds and/or provide Inv I accept the terms outlined below: • I release and indemnify the Trustee ar	ncial adviser should provide me estment Instructions under this and any member of the IOOF Gro	with all necessar authority withou oup from and aga	y information ut my prior wri ninst all deman	regarding the inv tten approval. ds, action, proce	vestment option	ons and shoul	d not switch
directly or indirectly out of or in conne							
I authorise the Trustee to continue to authority.	ioliow iristructions given under	i tilis authority ur	iui the trustee	receives notice if	i writing signe	eu by me to ca	incer the
Signature							
Date							

Post to: IOOF Portfolio Service, Reply Paid 264, Melbourne VIC 8060

Enquiries: 1800 062 963 Facsimile: 1800 558 539

Trustee: IOOF Investment Management Limited (IOOF), ABN 53 006 695 021, AFS Licence No. 230524