



Pursuit

Core

## Allocated Pension

Dated 1 September 2009

Forms Booklet

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



# How can I get started?

In this guide you will find out about:

- the application forms included in this booklet;
- the three easy steps you need to follow to set up your Pursuit Core Allocated Pension.

## Which forms should I complete?

Form		When to complete this form
Pursuit Core Allocated Pension Application	Form A	You need to complete this form if you wish to set up a Pursuit Core Allocated Pension or Pursuit Core Allocated Pension – Transition to Retirement Pension option.
Investment Instructions	Form B	You need to complete this form to indicate: <ul style="list-style-type: none"> <li>• in which investment option(s) you wish to invest; and</li> <li>• how you want to establish your Investment Instructions.</li> </ul> After account set up, you may also need to complete this form if you wish to: <ul style="list-style-type: none"> <li>• switch from one investment option to another or to re-weight your portfolio;</li> <li>• switch cash from your Cash Account to one or more investment options; and</li> <li>• change your Investment Instructions.</li> </ul>
Request to transfer a superannuation benefit	Form C	You need to complete this form if you wish to transfer monies from another super fund or income stream. Please ensure you also complete the 'Completing proof of identity' requirements.
Death Benefit Nomination – Binding Nomination	Form D	You need to complete this form if you wish to make a Binding Death Benefit Nomination.
Death Benefit Nomination – Non-Binding Nomination	Form E	You need to complete this form if you wish to make a Non-Binding Death Benefit Nomination.

Before you complete any application forms, please ensure that you have read the PDS. If you require further information or any assistance in completing the forms, please contact a **Client Services Officer** on **1800 062 963** or your financial adviser. Please note that our Client Services Officers are not authorised to give you investment or financial product advice.



## Step-by-step guide to opening your Pursuit Core Allocated Pension 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 Pursuit Core Allocated Pension account.

### How to set up your account

<b>Step 1</b>	Complete the Application (Form A) and all other forms that are relevant to you.
<b>Step 2</b>	Make your cheque payable to: 'IOOF Pursuit – applicant's full name and/or account number' For example, if your name is Robert Brown, your cheque should be made payable as follows: IOOF Pursuit – Robert Brown If you have completed one or more Request to transfer a superannuation benefit form(s) (Form C), attach the signed original(s) and your certified proof of identity to the application.
<b>Step 3</b>	Attach your cheque to your Application (Form A), and post the Application and all other completed forms to the following address: Pursuit Reply Paid 264 Melbourne, VIC 8060

We will send you a Welcome Letter, normally within 7 business days of joining, confirming your personal details and Investment Instructions.



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### Step 3: Initial contribution details



The minimum initial contribution you can make into a Pursuit Core Allocated Pension is \$10,000.

Cheques should be made payable to: **IOOF Pursuit – applicant’s full name and/or account number**

#### PART A: TRANSFER(S) FROM OTHER SUPER FUNDS

Name of super 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"/>



If you complete this section, please include with your Application a completed 'Request to transfer a superannuation benefit' (Form C) for **each** super fund. Please ensure you provide certified documentation for **each** form completed. If you do not attach the completed form(s), you will be taken to have provided the required documentation direct to the other super fund(s).

#### PART B: NON-CONCESSIONAL CONTRIBUTION(S)

- (i) Personal contribution \$
- (ii) Spouse contribution \$
- (iii) Personal injury payment\* \$
- (iv) CGT small business contribution\* \$

\*Please complete and attach the appropriate Election Form which can be obtained from our web site at [www.ioof.com.au](http://www.ioof.com.au) or contact a Client Services Officer on 1800 062 963.

#### PART C: DIRECTED TERMINATION PAYMENTS

Amount \$



You cannot make additional contributions after your first pension payment has been made.

#### PART D: TRANSFER FROM AN EXISTING PRODUCT IN THE FUND

Account number  -  -

By providing your Account number and by signing the Applicant declaration at Step 14, you authorise the transfer of the balance (in full or in part) from your existing IOOF Portfolio Service Superannuation Fund account into your Pursuit Core Allocated Pension account.

Amount to be transferred to Pursuit Core Allocated Pension:

Entire balance

**OR**

Partial transfer of \$  \*

#### \*Partial Transfer Details

If you are making a partial transfer, you may choose to transfer selected investment options (nominated below). The transferred amount will be the market value of these investment options as at the date of the transfer. If you do not specify the investment options, your funds will be transferred to your Pursuit Core Allocated Pension account on a pro-rata basis.



Investment options not available in your Pursuit Core Allocated Pension will be redeemed and invested in the Cash Account until you provide IOOF with Investment Instructions. See the Investments Instructions form (Form B).

APIR code	Asset code	Name of Investment Option(s)	Amount % OR \$
<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"/>



**Important note:** Please ensure you complete the section on transferring IOOF accounts in Step 8.

## Step 3: Initial contribution details (continued)

### Tax Deduction Notice under Section 290-170 ITAA for full or partial transfers

If you have made personal contributions during the current financial year to your existing IOOF Portfolio Service Superannuation Fund account, please tick the box below and attach a completed Tax Deduction Notice with your application. This can be obtained from our web site at [www.ioof.com.au](http://www.ioof.com.au) or by contacting a Client Services Officer on 1800 062 963. We recommend that you speak to a financial adviser in relation to your eligibility to claim a personal tax deduction.

I wish to claim a tax deduction for some or all of the personal contributions(s) in the current financial year, and have attached a completed Tax Deduction Notice.



A completed Tax Deduction notice must be submitted and be carried out prior to the transfer to your Pursuit Core Allocated Pension account.

## Step 4: Pension payment details

Your pension payments must commence in the financial year your application is received by IOOF (if received before 1 June). If the application is received by IOOF 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 on the 28th (where relevant) on the next occurring payment date.

### (2) FREQUENCY OF PAYMENT

Select the frequency of payment.

Twice-monthly     Monthly     Quarterly     Half-yearly     Annually



Pension payments are made by the 28th day of each 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.

### (3) LEVEL OF ANNUAL PENSION REQUIRED

Select the level of annual pension required.

Minimum limit (go to Step 5)

OR

Maximum limit (TTR Pension only)

OR

Fixed dollar amount (please specify)    \$  p.a. before-tax

OR

Fixed dollar amount (please specify)    \$  p.a. after-tax

OR

Amount per payment    \$  (based on frequency of payment option chosen above)

If you leave this section blank, your annual pension will be based on the minimum limit and pro rated where it is not paid for a full financial year. Where tax is payable, you will be sent a Payment Summary at the end of the financial year.

### (4) AUTOMATIC INDEXATION OF PENSION PAYMENT



The automatic indexation option is not available if you have selected the minimum limit.

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

No (go to Step 5)

Yes (complete step below)

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

CPI

Other automatic increase amount     %



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

## Step 5: Financial institution details for pension payments

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Financial institution	<input type="text"/>
Branch	<input type="text"/>
BSB	<input type="text"/> – <input type="text"/> Account number <input type="text"/>
Account name	<input type="text"/>

## Step 6: Tax File Number

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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 Tax File Number Declaration form must be completed for each pension account opened. You do not have to provide your TFN by law, although your application will not be accepted if it is not provided.

## Step 7: Managing your pension account (for New Applicants only)

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### New Applicants

(If transferring from another product in the Fund, please go to Step 8)

To manage your allocated pension account you should provide us with instructions for your investment option selections. To provide these instructions you need to complete the Investment Instructions form (Form B), and attach it to this application.

Please specify one of the following options in relation to how you would like your contributions to be invested (you may select **one** option only):

- Invest the contributions in accordance with your attached Primary Instruction** in Step 3 (b) of the Investment Instructions form (Form B).

**Please note:** If you do not correctly complete the Investment Instructions form (Form B) and attach it to this application, your application will not be accepted.

OR

- Invest the contributions into your Cash Account**, you understand that your contributions will remain in your Cash Account until you provide a re-weight or switch instruction by completing the Investments Instructions form (Form B).

**!** If you do not select one of the above options, your application will be incomplete and will not be accepted.

## Step 8: Transferring from another product in the Fund

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### 1 Transferring from an Allocated Pension account

Your current IOOF Portfolio Service Allocated Pension will **automatically** continue in your new Pursuit Core 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.

#### 1a Commencement of a new Pursuit Core Allocated Pension account

A new Pursuit Core Allocated Pension will automatically commence if you are:

- making a partial transfer into this account; or
- transferring more than one pension into this account; or
- changing your nominated Reversionary Beneficiary; or
- adding further contributions.

If you would like to commence a new Pursuit Core Allocated Pension account, please tick the box below:

- I wish to commence a new Pursuit Core Allocated Pension.

## Step 8: Transferring from another product in the Fund (continued)

### 1b Investment Instructions

Please also complete the following additional forms as applicable:

- (i) If you are making **additional contributions** into this account, a Primary Instruction in Step 3 (b) of the Investment Instructions form (Form B).
- (ii) If you wish to provide a re-weight or switch existing investment options, establish new Investment Instructions, or utilise any other features of your new Pursuit Core Allocated Pension account, please complete the relevant parts of the Investment Instructions form (Form B).

Otherwise, your existing Allocated Pension, including all investment options which are available in the Pursuit Core Allocated Pension will be transferred to your new Pursuit Core Allocated Pension account. Cash from any investment options which had to be redeemed will remain in your Pursuit Core Allocated Pension Cash Account until you provide a re-weight or switch instruction by completing the Investment Instructions form (Form B).

### 2 Transferring from a super account

#### Investment Instructions

Please complete the following additional forms as applicable:

- (i) A Primary Instruction in Step 3 (b) of the Investment Instructions form (Form B)
- (ii) If you wish to provide a re-weight or switch existing investment options, establish new Investment Instructions, Distribution Instructions or utilise any other features of your new Pursuit Core Allocated Pension account, please complete the relevant parts of the Investment Instructions form (Form B).

Otherwise, your existing investment options which are available in the Pursuit Core Allocated Pension will be transferred to your new Pursuit Core Allocated Pension account. Cash from any investment options which had to be redeemed will be transferred to and remain in your Pursuit Core Allocated Pension Cash Account until you provide a re-weight or switch instruction by completing the Investment Instructions form (Form B).

## Step 9: 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 or Non-Binding Nomination.

In the event of your death, you wish the remaining balance of your pension account (if any) to continue to be paid as a Pursuit Core 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"/>
	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child* <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant

\*If you have nominated Child, please refer to the PDS for the restrictions that apply.

## Step 9: Estate planning options (continued)

### SECTION B: DEATH BENEFIT NOMINATION

**!** Do not complete this section if you have nominated a Reversionary Beneficiary in Section A on the previous page. If you are transferring your entire balance from another product in the Fund, any existing Death Benefit Nomination for that account will be transferred to your Pursuit Core Allocated Pension account unless you make a new Death Benefit Nomination.

OR

**Please specify the type of death benefit nomination you wish to make:**

Binding Nomination (Please complete Form D: Death Benefit Nomination – Binding Nomination)

OR

Non-Binding Nomination (Please complete Form E: Death Benefit Nomination – Non-Binding Nomination)

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

## Step 10: Electronic communications

Do you wish to receive communications from IOOF (as Trustee) electronically?

No (go to Step 11)

Yes

If you ticked 'Yes', you consent to receive the following communications from IOOF electronically via Portfolio Online which can be accessed through the IOOF web site at [www.ioof.com.au](http://www.ioof.com.au)

Please ensure you have provided your email address below:

Email

Select **one** of the following options in relation to the communications you consent to receive electronically:

All communications, including my Member Statement, confirmation of transactions required by law to be confirmed and notice of any change or event required by law to be given to members.

OR

Tick the box(es) to select the communication(s) you consent to receive electronically:

Member Statement;

Confirmation of transactions which are required by law to be confirmed;

Notice of any change or event required by law to be given to members;

All communications other than those listed above.

The terms and conditions are set out in the PDS.

You must register for Portfolio Online if you have consented to receive any communications from the Trustee electronically.

**!** If you wish to receive communications from IOOF electronically, but do not provide your email address, you will receive paper based communications.

### Portfolio Online registration

When your application is accepted you will receive a Client Number. Use this Client Number to register for Portfolio Online. Once you complete the online application form at [www.ioof.com.au](http://www.ioof.com.au) we will send you an email allowing you to create your own password.

## Step 11: Financial adviser remuneration

### Ongoing commission

The Administration Fee includes ongoing commission paid to a financial adviser. This portion of the Administration Fee can be negotiated between you and the financial adviser. See the PDS for more information.

Up to a maximum of 0.60% p.a. (inclusive of GST) (0.56% p.a. net of RITCs) of my account balance.

Please apply the ongoing commission of  % p.a. (inclusive of GST)



Where you do not use a financial adviser, the maximum Administration Fee of 1.30% p.a. will be applied and retained by IOOF. If there is no percentage amount nominated above for the ongoing commission, the maximum ongoing commission will apply.

The default value for each Adviser Service Fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with the financial adviser.

### (1) Adviser Service Fee – Upfront

Up to a maximum of 4.4% (inclusive of GST) (4.1% net of RITCs) of each contribution (including transfers and Directed Termination Payments).



The Adviser Service Fee – Upfront does not apply to transfers of investments from an existing IOOF Portfolio Service Superannuation Fund product into Pursuit Core Allocated Pension (including the Transition to Retirement Pension option).

You can agree to nominate a different Adviser Service Fee – Upfront for each of the following types of contributions:

- (i) Non-concessional contributions (personal/spouse) received  % (inclusive of GST)  
by cheque
- (ii) Transfers and Directed Termination Payments  % (inclusive of GST)

### (2) Adviser Service Fee – Ongoing

Up to a maximum of 2.1% p.a. (inclusive of GST) (1.96% p.a. net of RITCs) of your account balance.

Flat fee (percentage)  % p.a. (inclusive of GST)

**OR**

Up to maximum of \$1,500 per month (inclusive of GST) (\$1,397.73 net of RITCs).

Flat fee (dollar amount) \$  per month (inclusive of GST)

### (3) Adviser Service Fee – Once-off

Up to a maximum of \$10,000 (inclusive of GST) (\$9,318.18 net of RITCs).

\$  per request (inclusive of GST)

This fee can only be deducted once in any 12 month period.

## Step 12: Proof of identity requirements (mandatory)

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



Generally, existing members within the IOOF Group do not need to provide proof of identity. However, if you are a new Pursuit Core Allocated Pension member, you will need to provide originals or certified copies of one or more of the following documents with your Application Form.

Type of applicant (please tick <input type="checkbox"/> appropriate box)	Completing Proof of identity – please provide the relevant document(s)
<input type="checkbox"/> (a) Individual acting for themselves <input type="checkbox"/> (b) Individual who has been nominated as a Representative or Power of Attorney	<p><i>Either one of the following documents:</i></p> <ul style="list-style-type: none"> <li>• Current driver's licence (issued under an Australian State/Territory, containing a photograph of the individual) [please copy front and back of licence]</li> <li>• Passport (a passport that has expired within the preceding 2 years is acceptable)</li> </ul> <p><b>OR</b></p> <p><i>One of the following documents:</i></p> <ul style="list-style-type: none"> <li>• Birth certificate or birth extract</li> <li>• Citizenship certificate issued by the Commonwealth</li> <li>• Centrelink card issued by Centrelink that entitles the person to financial benefits</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• a notice issued to an individual (e.g. tax notice within the last 12 months, utilities bill issued within the last 3 months)</li> </ul> <p><b>Please note</b></p> <p>Where a Power of Attorney has been granted, a certified copy of the Power of Attorney must be provided.</p>

### Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

### Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

## Step 13: Financial adviser details (financial adviser to complete, if applicable)

IOOF will only register a financial adviser who:

- holds a current Australian Financial Services Licence; or
- is a representative of an Australian Financial Services Licensee.

### Financial adviser details

Dealer name	<input type="text"/>
Financial adviser name	<input type="text"/>
Contact name	<input type="text"/>
AFS Licence number	<input type="text"/> Financial adviser number <input type="text"/>

If you are a new financial adviser<sup>^</sup> please also complete the following details:

Business name	<input type="text"/>		
Business address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Phone (mobile)	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>		
Internal client reference number (if applicable)	<input type="text"/>		

<sup>^</sup>An email notifying you of your new financial adviser number will be forwarded to your office shortly.

### Declaration by financial adviser

In submitting this Application 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 applicant with all the necessary information concerning their chosen investment, including the Product Disclosure Statement;
- I confirm that fees and commissions have been fully explained to the applicant; and
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law, and:
  - I have attached the necessary proof of identity documents with this application form; **OR**
  - I have sighted and retained copies of the necessary proof of identity documents as recorded below in the 'Completing Proof of Identity' table:

Record of proof of identity (ID) <sup>^</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	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Expiry date	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
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

<sup>^</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' section in Step 12. It also includes a list of persons authorised to certify copies of original documents.

Dealer stamp

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

## Step 14: Applicant declaration and signature

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In signing this Application Form, I declare that:

- I have received, read and understood the Product Disclosure Statement (PDS) for Pursuit Core Allocated Pension;
- all details in this Application Form are true and correct and I undertake to inform IOOF of any changes to the information supplied as and when they occur;
- I wish to apply for Pursuit Core 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 appropriate proof of identity documents required in 'Step 12: Proof of identity requirements' that may be required for the purposes of AML/CTF Law;

### Privacy

- I have read and understood the 'Your privacy' section in the PDS and consent to providing IOOF with my personal information pursuant to the Privacy Act 1988 for the purposes described in the PDS. I also acknowledge that the IOOF Group Privacy Policy is available on the IOOF web site ([www.ioof.com.au](http://www.ioof.com.au)) or can be obtained by calling a Client Services Officer on 1800 062 963;

### Eligibility

- I am eligible to commence a Pursuit Core Allocated Pension because:
  - I am at least 18 years of age and am commencing the pension with 'unrestricted non-preserved benefits' only; or
  - I have reached my preservation age and am no longer gainfully employed and never again intend to become gainfully employed on a full or a part-time basis; or
  - I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased; or
  - I am aged 65 or over; or
  - I have reached my preservation age but have not ceased gainful employment if I am commencing a Transition to Retirement Pension.

### Personal contributions/spouse contributions

- if I decide to either make a personal contribution(s) or have a spouse contribution(s) made on my behalf, that I meet the necessary conditions as set out in the PDS;

### 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 commencing with the investment option with the highest balance;

### 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 in the Fund

- if I am transferring from another product in 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 Pursuit Core 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 pension account and I also authorise the Trustee to charge the Adviser Service Fee(s) selected in Step 11 against my pension account;
- I hereby authorise my current or any future financial adviser and their respective staff (my financial adviser), as my agent, to operate my account and to give any instructions on my behalf in relation to my account to IOOF by any method acceptable to IOOF as set out in the PDS;
- 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.

## Step 14: Applicant declaration and signature (continued)

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### 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 tick this box.

### 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 required in 'Step 12: Proof of identity requirements' for both the Applicant and the Attorney with your Application form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Signature

Date

  /   /    

Please sign and return this form by post to:

**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

**Enquiries: 1800 062 963**

**Fax: 1800 558 539**

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

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## Step 3: Investment Instructions – Specific/Initial, Primary and Re-weight Instruction



Please ensure that the Primary Instruction and Re-weight Instruction (if applicable) include at least the default minimum allocation 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%.

The default Cash Account minimums are:

- 1% for Pursuit Core Personal Superannuation;
- 3% for Pursuit Core Allocated Pension and Pursuit Core Term Allocated Pension.

APIR code	Asset code	Name of Investment Option(s)	Step 3 (a)			Step 3 (b)	Step 3 (c)
			Specific/Initial Investment Instruction			Primary Instruction	Re-weight Instruction
–	CA0001	Cash Account (mandatory)	\$ MANDATORY	OR	MANDATORY %	MANDATORY %	MANDATORY %
<b>Easy Choice</b>							
<b>IOOF Diversified Multi – Conservative</b>							
IOF0095AU	UU1148	IOOF MultiMix Conservative Growth Trust	\$	OR	%	%	%
<b>IOOF Diversified Multi – Balanced</b>							
IOF0093AU	UU1149	IOOF MultiMix Balanced Growth Trust	\$	OR	%	%	%
<b>IOOF Diversified Multi – Growth</b>							
IOF0097AU	UU1147	IOOF MultiMix Hi Growth Trust	\$	OR	%	%	%
<b>IOOF Sectoral Multi – Australian Shares</b>							
IOF0092AU	UU1150	IOOF MultiMix Australian Shares Trust	\$	OR	%	%	%
<b>IOOF Sectoral Multi – Global Shares</b>							
IOF0098AU	UU1151	IOOF MultiMix International Shares Trust	\$	OR	%	%	%
<b>Investor Choice</b>							
<b>Cash</b>							
<b>Cash Management</b>							
IOF0141AU	UU1183	Perennial Cash Trust	\$	OR	%	%	%
IOF0143AU	UU1230	Perennial Protected Cash Trust	\$	OR	%	%	%
<b>Term Deposits</b>							
–	–	Adelaide Bank 6 month Term Deposit	\$	OR	%	Please ensure you also complete Step 8.	
–	–	Adelaide Bank 12 month Term Deposit	\$	OR	%		
<b>Cash Enhanced</b>							
IOF0047AU	UU0100	Perennial Cash Enhanced Wholesale Trust	\$	OR	%	%	%
<b>Australian Fixed Interest</b>							
<b>Mortgages</b>							
HOW0005AU	UU0086	Challenger Howard Wholesale Mortgage Fund**	\$	OR	%	%	%
<b>Bonds</b>							
IOF0046AU	UU0099	Perennial Fixed Interest Wholesale Trust	\$	OR	%	%	%
VAN0001AU	UU1127	Vanguard® Australian Fixed Interest Index Fund	\$	OR	%	%	%
<b>Enhanced Yields</b>							
AMP0685AU	UU1042	AMP Capital Enhanced Yield Fund Class A**	\$	OR	%	%	%
<b>Global Fixed Interest</b>							
<b>Diversified</b>							
MAL0012AU	UU1063	BlackRock Monthly Income Fund (Class D units)	\$	OR	%	%	%
MAQ0274AU	UU1053	Macquarie Master Diversified Fixed Interest Fund	\$	OR	%	%	%
VAN0103AU	UU1128	Vanguard® International Fixed Interest Index Fund (Hedged)	\$	OR	%	%	%

### Step 3: Investment Instructions – Specific/Initial, Primary and Re-weight Instruction

APIR code	Asset code	Name of Investment Option(s)	Step 3 (a)			Step 3 (b)	Step 3 (c)
			Specific/Initial Investment Instruction	Primary Instruction	Re-weight Instruction	Primary Instruction	Re-weight Instruction
<b>Australian Shares</b>							
<b>Large Companies</b>							
AMP0370AU	UU0012	AMP Capital Equity Fund Class A	\$	OR	%	%	%
PAM0001AU	UU1046	Challenger Wholesale Australian Share Fund	\$	OR	%	%	%
IOF0048AU	UU0101	Perennial Growth Shares Wholesale Trust	\$	OR	%	%	%
IOF0206AU	UU0112	Perennial Value Shares Wholesale Trust	\$	OR	%	%	%
SCH0101AU	UU1061	Schroder Wholesale Australian Equity Fund	\$	OR	%	%	%
<b>Small Companies</b>							
EGG0001AU	UU1050	Eley Griffiths Group Small Companies Fund	\$	OR	%	%	%
<b>Specialist</b>							
PPL0106AU	UU1055	Aviva Investors High Growth Shares Fund (Professional Selection)	\$	OR	%	%	%
LEF0043AU	UU1082	Optimix Wholesale Australian Share Trust – Class A Units	\$	OR	%	%	%
PER0046AU	UU0154	Perpetual Wholesale Industrial Fund	\$	OR	%	%	%
<b>Global Shares</b>							
<b>Large Companies (Unhedged/Active Hedged)</b>							
CRS0005AU	UU0034	Aberdeen Actively Hedged International Equities Fund	\$	OR	%	%	%
NML0348AU	UU1011	AXA Wholesale Global Equity – Value Fund	\$	OR	%	%	%
ZUR0061AU	UU0194	Zurich Investments Global Thematic Share Fund	\$	OR	%	%	%
<b>Small Companies</b>							
JBW0103AU	UU0118	Goldman Sachs JBWere Global Small Companies Wholesale Fund	\$	OR	%	%	%
VAN0022AU	UU1217	Vanguard® International Small Companies Index Fund (Hedged)	\$	OR	%	%	%
<b>Specialist</b>							
LEF0047AU	UU1080	Optimix Wholesale Global Share Trust – Class A Units	\$	OR	%	%	%
PLA0002AU	UU0159	Platinum International Fund	\$	OR	%	%	%
<b>Property</b>							
<b>Australian Property (Listed)</b>							
JBW0108AU	UU1009	Goldman Sachs JBWere Property Securities Wholesale Fund	\$	OR	%	%	%
IOF0044AU	UU0097	Perennial Australian Property Wholesale Trust	\$	OR	%	%	%
VAN0004AU	UU1126	Vanguard® Australian Property Securities Index Fund	\$	OR	%	%	%
<b>Australian Property (Hybrid/Direct)</b>							
MAL0008AU	UU1054	BlackRock Combined Property Income Fund (Class D)**	\$	OR	%	%	%
<b>Global Property (Listed)</b>							
IOF0081AU	UU1078	Perennial Global Property Wholesale Trust	\$	OR	%	%	%
<b>Diversified – Conservative</b>							
IOF0100AU	UU0107	Perennial Capital Stable Wholesale Trust	\$	OR	%	%	%
<b>Diversified – Balanced</b>							
LEF0044AU	UU1081	Optimix Wholesale Balanced Trust – Class A Units	\$	OR	%	%	%
IOF0104AU	UU0108	Perennial Balanced Wholesale Trust	\$	OR	%	%	%

### Step 3: Investment Instructions – Specific/Initial, Primary and Re-weight Instruction

APIR code	Asset code	Name of Investment Option(s)	Step 3 (a)		Step 3 (b)	Step 3 (c)
			Specific/Initial Investment Instruction		Primary Instruction	Re-weight Instruction
<b>Diversified – Growth</b>						
PER0063AU	UU0158	Perpetual Wholesale Balanced Growth Fund	\$	OR	%	%
You can include new investment option(s) added since this form was printed below:						
			\$	OR	%	%
			\$	OR	%	%
			\$	OR	%	%
			\$	OR	%	%
			\$	OR	%	%
			\$	OR	%	%
<b>TOTAL</b>			<b>\$</b>	<b>OR</b>	<b>%</b>	<b>%</b>

If % used, must add up to 100% including the Cash Account allocation     
 Must add up to 100% including the Cash Account allocation     
 Must add up to 100% including the Cash Account allocation

\* This investment option is classified as a 'restricted investment'. You are able to invest up to 70% of your account balance in restricted investments and no more than 30% of your account balance in any single restricted investment or restricted investments within the same sub-category of an investment category.

\*\* This investment option is not available for investment at the time of preparing this form. More up to date information on this investment option can be found on our web site at [www.ioof.com.au](http://www.ioof.com.au)

### Step 4: Changing your Primary Instruction (for Existing Members only)

I direct IOOF to change my Primary Instruction (my main Investment Instruction) in accordance with:

the instructions provided in the 'Primary Instruction' column in the table in Step 3 (b)

OR

the instructions provided in the 'Re-weight' column in the table in Step 3 (c)

### Step 5: Switching Instructions (for Existing Members only)

Please indicate which investment option(s) you wish to redeem units in and which investment option(s) you wish to purchase units in.

FROM				% of investment option OR \$ amount of investment option
Name of Investment Option(s)	APIR code	Asset code		

TO				% of redeemed funds to be invested
Name of Investment Option(s)	APIR code	Asset code		

Total\*

\*Total amount needs to equal 100%.

**!** Please ensure percentages are whole numbers.

## Step 6: Cash Account Top Up

If the balance in your Cash Account is likely to fall below zero in the next seven days, you authorise IOOF to 'top up' the balance to the minimum Cash Account requirement of:

- 1% of the account balance for Pursuit Core Personal Superannuation
- 3% of the account balance for Pursuit Core Allocated Pension

**PLUS** 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:  %

IOOF will 'top up' your Cash Account balance by redeeming the necessary amount from your existing managed funds (without prior notice to you) with the highest balance.

## Step 7: Income distributions

I direct IOOF 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 fund that made the income distribution where possible. (This is a default option, which means it will apply automatically even if you do not make a selection.)

**OR**

Retain in Cash Account  Leave all income distributions to accumulate in my Cash Account.

## Step 8: Term Deposit details

Please indicate how the Term Deposit is to be opened:

By transfer(s) from other superannuation funds (please ensure you complete and attach a 'Request to transfer a superannuation benefit form(s)' (Form C))

**OR**

By cheque attached to this form.

**AND/OR** one of the following options (for Existing Members only):

Amount \$

Redeem funds from my existing investment option with the highest balance.

**OR**

Redeem funds from all of my existing investment options proportionately.

**OR**

Redeem funds from my existing investment options or from the Cash Account as per the instructions in the table below.

**FROM**

APIR code	Asset code	Name of Investment Option(s)	Amount % OR \$
<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"/>

**!** Where you elect to redeem assets to open the Term Deposit, we will not purchase your Term Deposit until the proceeds from all redemptions necessary have been received into the Cash Account. Please ensure you have read Pursuit fact sheet 13: Investing in a term deposit (available at [www.ioof.com.au](http://www.ioof.com.au)).

## Step 9: Applicant/Member declaration and signature

In signing this Investment Instructions form, I declare that:

### Investment Instruction\*

- the Trustee, IOOF Investment Management Limited (**IOOF**), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Investment Instructions specified on this form;
- the Investment Instruction provided in this form overrides any previous Investment Instruction;
- my main Investment Instruction will be my Primary Instruction and will be used for my initial contribution and all additional contributions (less any Adviser Service Fee – Upfront) and income distributions (if applicable), unless I provide IOOF with alternate instructions. I understand that this does not apply to the transfer of investments from an existing IOOF Investment Service or an IOOF Portfolio Service Superannuation Fund product;
- if I have omitted to insert an amount against the Cash Account in my Investment Instruction, I authorise IOOF 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 IOOF to deduct the amount necessary from the first of such investment options that share the highest percentage allocation, and I authorise IOOF to deduct the amount necessary from the first of such investment options 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 our web site at [www.ioof.com.au](http://www.ioof.com.au)), I have been informed that:

- (a) 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);
- (b) 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;
- (c) 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 in (a) 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

- I have received (either from the IOOF web site or from a financial adviser), read and understood the current Product Disclosure Statement (**PDS**) and any Supplementary PDS for the relevant product or service, and the current product disclosure statements of the underlying managed funds I have selected;
- the Trustee provided me with the product disclosure statements for the underlying managed funds I have selected via the IOOF web site ([www.ioof.com.au](http://www.ioof.com.au)) and I agree to receive these product disclosure statements by obtaining them from the web site;
- I may not have the most current product disclosure statement and continuous disclosure information for a managed fund when switches and/or further investments are made into the fund;

### Investment Options

- if I have acquired the services of a licensed financial adviser concerning my choice of investment options, 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;
- if I choose not to acquire the services of a financial adviser, then I understand the risks and effects of this investment and take full responsibility for my choice of investment options;

### Switching Instruction

- if I have given IOOF a switching instruction, it:
  - must satisfy the minimum requirements as set out in the relevant PDS;
  - cannot be finalised until proceeds from all redeemed investment options have been deposited into my Cash Account;
  - will normally be finalised within 10 business days following the receipt of my switching request;
  - may give rise to a buy/sell spread or capital gains tax;

### 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 web site ([www.ioof.com.au](http://www.ioof.com.au)) and I agree to receive the product guide by obtaining it from the web site;
- I have received (either from the IOOF web site 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 or service, this Investment Instruction will be processed before any other Investment Instruction relating to your new account is processed;

### Privacy

I have read and understood the 'Your privacy' section in the PDS and consent to providing IOOF with my personal information pursuant to the Privacy Act 1988 for the purposes described in the PDS. I also acknowledge that the IOOF Group Privacy Policy is available on the IOOF web site ([www.ioof.com.au](http://www.ioof.com.au)) or can be obtained by calling a Client Services Officer on 1800 062 963;

\*Investment Instruction refers to your Primary Instruction, Re-weight Instruction and/or Specific Instruction as applicable.

Signature

Date

 /  / 

Please sign and return this form by post to:

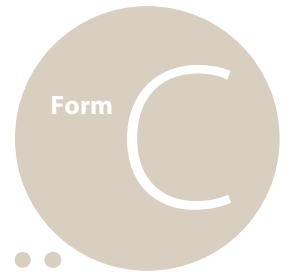
**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

**Enquiries: 1800 062 963**

**Fax: 1800 558 539**

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

Dated: 1 September 2009



# Request to transfer a superannuation benefit for Pursuit Core

Use this form when you wish to transfer monies from another superannuation fund or income stream into a superannuation or pension product available through Pursuit Core.

In this form a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your **FROM** fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for **each** transfer from another super fund or income stream. Please photocopy this form or download it from our web site, **www.ioof.com.au** if required. An original signature is required on each form.

## Important information:

- Before completing this form we recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should also ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your **FROM** fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should also ensure that you agree with your financial adviser on the amount of any Adviser Service Fee – Upfront (if any) that may be incurred on a transfer into a Pursuit Core super or pension product.
- Please provide your certified proof of identity. Refer to 'Completing proof of identity' for documentation you will need to provide.

**Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.**

This form including the Certificate of Compliance should be forwarded to us by post.

## Step 1: Your personal details

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"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please nominate the Pursuit Core super or pension product that will receive the transfer of super benefit:

- Pursuit Core Personal Superannuation  
 Pursuit Core Allocated Pension

each a product forming part of the IOOF Portfolio Service Superannuation Fund.

Account number (if known)  –  –

## Step 2: Details required for transfer

### SECTION A: DETAILS OF YOUR FROM FUND

I request and direct that the benefit held in my super fund or income stream as detailed below, be transferred to my account in the nominated super or pension product specified in Step 1.

Name of your <b>FROM</b> fund	<input type="text"/>				
ABN (if known)	<input type="text"/>				
Account/membership/ policy name	<input type="text"/>				
Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of previous employer (if applicable)	<input type="text"/>				
Date left employer (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION B: BENEFIT TO BE TRANSFERRED

Amount to be transferred	<input type="checkbox"/>	Entire balance (account in the <b>FROM</b> fund will be closed)
	<input type="checkbox"/>	Approximate value \$ <input type="text"/>
	<input type="checkbox"/>	Partial balance of \$ <input type="text"/>

You should be aware that a Capital Gains Tax ('CGT') liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Payment instruction to **FROM** fund:

Please forward cheque made payable to 'IOOF Pursuit – full member name and/or account number' with any related documentation to:

**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

## Step 3: Declaration

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 super product.
- 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 IOOF Investment Management Limited (IOOF) ('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 super product (subject to legislative restrictions).

Signature

Date

Please sign and return this form by post to:

**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

**Enquiries: 1800 062 963**

**Fax: 1800 558 539**

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

## Completing proof of identity

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You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

### Acceptable documents

The following documents may be used.

#### EITHER

One of the following documents only:

- driver's licence issued under State or Territory law
- passport

#### OR

One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

#### AND

One of the following documents:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address. For example:
  - Tax Office Notice of Assessment
  - Rates notice from local council

### Have you changed your name or are signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

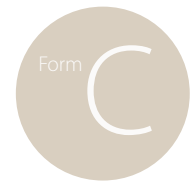
### Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a permanent employee of Australia Post with 5 or more years of continuous service
- a finance company officer with 5 or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having 5 or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.



# Certificate of compliance

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

Date: 1 September 2009

## CERTIFICATE OF COMPLIANCE

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

- Pursuit Core Personal Superannuation
- Pursuit Core Allocated Pension

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 (Act);
2. the Trustee is IOOF Investment Management Limited (IOOF) ABN 53 006 695 021, AFS Licence No. 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; and
4. the Trust Deed allows benefits to be transferred/rolled over to the Fund.

A handwritten signature in black ink that reads "Tim Anderson". The signature is fluid and cursive, with the first name "Tim" being larger and more prominent than the last name "Anderson".

Tim Anderson  
Head of Customer Management  
On behalf of IOOF Investment Management Limited

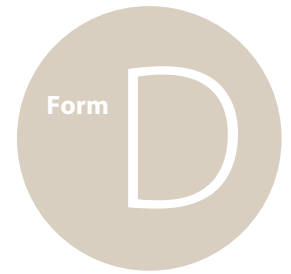
### Trustee

IOOF Investment Management Limited  
ABN 53 006 695 021  
AFS Licence No. 230524  
Registered Address: Level 29, 303 Collins Street, Melbourne, VIC 3000

### Client Services

Postal Address: Reply Paid 264, Melbourne, VIC 8060  
Phone: 1800 062 963  
Fax: 1800 558 539  
Email: [clientservices@ioof.com.au](mailto:clientservices@ioof.com.au)

Dated: 1 September 2009



# Death Benefit Nomination

## Binding Nomination for Pursuit Core Allocated Pension

If you wish to nominate a Reversionary Beneficiary to receive the remaining balance of your pension account (if any) in the event of your death, do not complete this form. Please complete Step 9 of the Application Form.

Please complete this form if you have selected a Binding Nomination in the Application form. You should also read the section 'Dependants – paying benefits if you die' in the Product Disclosure Statement before completing this Binding Nomination form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

### Step 1: Applicant details

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Account number* (if known)	<input type="text"/>		

\*You must complete a separate Binding Nomination form for each account that you hold.

### Step 2: Nomination

In the event of my death, I direct the Trustee to pay my benefit (the remaining balance of my pension account (if any)) in accordance with the following direction:

- To nominate one or more of your Dependants complete Part A.
- To nominate a Legal Personal Representative complete Part B.
- To nominate both a Dependand(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 nomination form and clearly state that the second form is a continuation of the first.

#### PART A: DEPENDANTS

##### Dependant 1

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant	
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

### PART A: DEPENDANTS

#### Dependant 2

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

#### Dependant 3

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

#### Dependant 4

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

### 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 Dependants and your Legal Personal Representative adds up to 100%.**

Total of PART A and PART B  %

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

## Step 3: Member declaration and signature

I understand that:

- the nomination must be in favour of one or more of my Dependants or my Legal Personal Representatives;
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death;
- the allocation of my benefit must be clearly set out;
- 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 Binding Nomination in the presence of 2 witnesses both of whom are at least 18 years of age and not nominated to receive my benefit;
- my Binding Nomination will not be in effect until it has been received and accepted by the Trustee;
- my Binding Nomination will expire 3 years after the date it is first signed or last confirmed or amended;
- I can revoke my Binding Nomination at any time in accordance with the Trustee's procedures;
- if my Binding 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; and
- it is my responsibility to ensure my Binding Nomination remains valid and current.

### Member signature

Please ensure that you sign and date this Binding Nomination form in the presence of 2 witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a beneficiary in this Binding Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Nomination form at the same time as you do and in each others presence, otherwise your Binding Nomination will be invalid.

Signature

Date\*  /  /

Please complete Step 4: Witness declaration and signature below.

## Step 4: Witness declaration and signature

**Each witness must sign and date the Binding Nomination form in each others presence and at the same time as the member, otherwise the Binding Nomination will be invalid.**

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

### Witness 1

Signature of witness 1

Date\*  /  /

Witness 1 name

### Witness 2

Signature of witness 2

Date\*  /  /

Witness 2 name

\*Please ensure that all three dates are the same, otherwise the Binding Nomination will be invalid.

Please sign and return this form by post to:

**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

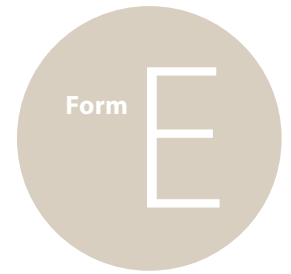
**Enquiries: 1800 062 963**

**Fax: 1800 558 539**

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

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Dated: 1 September 2009



# Death Benefit Nomination Non-Binding Nomination for Pursuit Core Allocated Pension

If you wish to nominate a Reversionary Beneficiary to receive the remaining balance of your pension account (if any) in the event of your death, do not complete this form. Please complete Step 9 of the Application Form.

Please complete this form if you have selected a Non-Binding Nomination in the Application form. You should also read the section 'Dependants – paying benefits if you die' in the Product Disclosure Statement before completing this Non-Binding Nomination form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

## Step 1: Applicant details

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Account number* (if known)	<input type="text"/>		

\*You must complete a separate Non-Binding Nomination form for each account that you hold.

## Step 2: Nomination

In the event of my death, please pay my benefit in accordance with the following direction:

- To nominate one or more of your 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 nomination form and clearly state that the second form is a continuation of the first.

### PART A: DEPENDANTS

#### Dependant 1

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant	
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

### PART A: DEPENDANTS

#### Dependant 2

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

#### Dependant 3

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

#### Dependant 4

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"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant
Percentage of benefit	<input type="text"/>	%	
My preferred form of payment is:	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Pension	

Please note your preferred form of payment is not binding on the Trustee.

## Step 2: Nomination (continued)

### 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 Dependants and your Legal Personal Representative adds up to 100%.**

Total of PART A and PART B  %

The percentages nominated in Step 2 must add up to 100%.

## Step 3: Member declaration and signature

I understand that:

- the persons nominated must be my Dependants at the date of nomination and at the date of my death;
- my Non-Binding Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee; and
- 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.

Signature

Date  /  /

Please sign and return this form by post to:

**Pursuit, Reply Paid 264, Melbourne, VIC 8060**

**Enquiries: 1800 062 963**

**Fax: 1800 558 539**

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

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# Contact us



We provide you with a number of access options to make it easy for you to contact us regarding your investment under Pursuit Core:

**Internet**      [www.ioof.com.au](http://www.ioof.com.au)  
**Telephone**    1800 062 963  
**Email**          [clientservices@ioof.com.au](mailto:clientservices@ioof.com.au)  
**Fax**             1800 558 539  
**Mail**            GPO Box 264  
                     Melbourne, VIC 3001

## **Registered Office of IOOF Investment Management Limited**

Level 29, 303 Collins Street, Melbourne, VIC 3000



## Contact us

### POSTAL ADDRESS

Client Services  
GPO Box 264  
Melbourne VIC 3001

### TELEPHONE

1800 062 963

### FAX

1800 558 539

### EMAIL

[clientservices@ioof.com.au](mailto:clientservices@ioof.com.au)

### WEB SITE

[www.ioof.com.au](http://www.ioof.com.au)

### TRUSTEE

IOOF Investment Management Limited  
Level 29, 303 Collins Street  
Melbourne VIC 3000