



IOOF PURSUIT

FOCUS

Allocated Pension

Forms Booklet

Dated: 1 December 2020

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 to get started

This booklet contains the information and forms you need to set up your IOOF Pursuit Focus Allocated Pension account.

Which forms to complete

Form name	Form letter	When to complete this form
Application for Allocated Pension	Form A	You need to complete this form if you wish to set up a new account.
Request to Transfer	Form B	You need to complete this form if you wish to transfer monies from another superannuation fund or income stream.
Beneficiary Nomination	Form C	You need to complete this form if you wish to make a Beneficiary Nomination.
Direct Debit Request (DDR)	Form D	You need to complete this form if you wish to make an initial one-off contribution by direct debit.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 913 118 or your financial adviser. Please note that ClientFirst is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your 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 account.

How to set up your account	
Step 1	Complete the Application and all other forms that are relevant to you.
Step 2	<p>Make your cheque payable to:</p> <p>IPS – IOOF Pursuit – [your full name or account number]</p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p>IPS – IOOF Pursuit – Robert Brown</p> <p>If you have completed one or more Request to Transfer forms, attach the signed original(s) and your certified proof of identity to the Application.</p>
Step 3	<p>Attach your cheque to your Application, and post the Application and all other completed forms to the following address:</p> <p>IOOF Pursuit Reply Paid 264 Melbourne VIC 8060</p>

We will send you a Statement of Membership, normally within seven business days of joining, confirming your personal details and Investment Instructions.

Step 2: Pension details

Please select the appropriate pension for you.

☐ I wish to commence a **retirement phase pension**. I am eligible to do so because:

(Please tick one box applicable to your circumstance)

☐ My existing benefits are unrestricted non-preserved.

☐ I have reached age 65.

☐ I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.

☐ I have left gainful employment on / / and was over age 60 at that time.

☐ I have terminated employment with an employer who has contributed to my existing super fund held with IOOF (applies to restricted non-preserved funds only).

☐ I wish to commence a **transition to retirement pension** as I have reached my preservation age but not met a condition of release.

☐ I wish to commence a **death benefit pension**. I am rolling over a death benefit and my relationship to the deceased is:

☐ Spouse.

☐ Child under the age of 18 or financially dependent child under 25.

☐ Child of any age and suffering from a disability (please attach evidence of disability).

☐ Financial dependant or interdependent and not a child (please attach evidence of relationship).

Step 3: Tax File Number

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 TFN declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more than you need to, and
- it will be easier to find different super and/or pension accounts in your name.

Step 4: Initial contribution details

The minimum initial contribution is \$10,000.

For initial contributions equal to or more than \$2 million you must also complete and attach:

☐ a High Threshold Transaction form (www.ioof.com.au)

☐ certified copies of your identification documents

1 You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website.

2 Please complete and attach the appropriate election form which can be obtained from our website or by contacting ClientFirst on 1800 913 118.

APIR code	Name of investment option	% or \$ amount
<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"/>

Re-weighting allows you to rebalance your investments within your account. Please indicate below if you want to re-weight your portfolio:

- ☐ Re-weight my portfolio as per my Primary Instruction. Complete Step 8
- ☐ Re-weight my portfolio as per my Specific Instruction. Complete Step 8

If no selection is made, your investments will remain unchanged.

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 Pursuit or IOOF Portfolio Service superannuation account, please tick the box below and attach a completed Tax Deduction Notice with your Application. This can be obtained from our website or by contacting ClientFirst on 1800 913 118. 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 IOOF Pursuit Focus Allocated Pension account.

Step 5: Pension payment details

Your pension payments must commence in the financial year your Application is received by us (if received before 1 June). If the Application is received by us 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 according to the information provided below, following receipt of all deposits and contributions.

(2) Frequency of payment

Select the frequency of payment.

- ☐ Twice-monthly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

(3) Pension payment day

Select the pension payment date (not applicable for twice-monthly pension payments).

- ☐ 14th of the month ☐ 28th of the month

Pension payments are made by the 14th or 28th day of the 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.

(4) Level of annual pension required

Select the level of annual pension required.

☐

Minimum limit (go to Step 6)

OR

Maximum limit **(Transition to retirement pension only)**

☐

Full maximum

OR

☐

Pro-rata maximum

OR

Fixed dollar amount **before tax**

\$ pa

OR

Fixed dollar amount **after tax**

\$ pa

OR

Amount per payment **before tax**

\$ (paid on frequency of payment option chosen)

OR

Amount per payment **after tax**

\$ (paid on frequency of payment option chosen)

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.

(5) 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 6)

☐

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 6: Financial institution details for pension payments and withdrawals

Financial institution

Branch

Account name

BSB

-

Account number

Please note that the account must be held either solely or jointly in your name.

Step 7: Transferring from another IOOF Pursuit or IOOF Portfolio Service account

Investment instructions

To manage your account you should provide us with instructions for your investment option selections, managing your income distributions and topping up your Cash Account. To provide these instructions you need to complete the relevant parts of the Application.

Your existing investment options which are available in IOOF Pursuit Focus Allocated Pension will be transferred to your new IOOF Pursuit Focus Allocated Pension account. Cash from any investment options which had to be redeemed will be transferred to and remain in your IOOF Pursuit Focus Allocated Pension Cash Account until you provide further instructions.

If you wish to provide a Re-weight or Switch Instruction of existing investment options, speak to your financial adviser about completing it on your behalf via Portfolio Online. Alternatively, you can complete the relevant parts of the Investment Instructions form which is available on www.ioof.com.au, or you can call ClientFirst on 1800 913 118 for a copy.

Commencement of a new Pursuit Focus Allocated Pension account

If you are transferring your benefit from another IOOF Pursuit or IOOF Portfolio Service pension account, your current pension will automatically continue in your new IOOF Pursuit Focus 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.

A new pension account will automatically commence if you are:

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

If you would like to commence a new IOOF Pursuit Focus Allocated Pension account, please tick the box below.

☐

I wish to commence a new IOOF Pursuit Focus Allocated Pension

Step 8: Investment Instructions – Primary and Specific

Please note:

- Please ensure that the Primary Instruction or the Specific Instruction (if applicable) include at least the default minimum allocation of 3% against the Cash Account. The percentage allocated to the Cash Account and your selected investment options(s) must add to 100%.
- If you omit to insert an amount against the Cash Account in your Investment Instruction, the Trustee is authorised 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, the Trustee is authorised to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.
- Where you supply a Specific Instruction in Step 8(b), this instruction only applies to contributions made by cheque and Direct Debit Request attached to this form.

APIR code	Asset code	Name of investment option	Step 8(a)	Step 8(b)		
			Primary Instruction	Specific Instruction (if different to Primary Instruction) (cheque and DDR contributions only)		
–	CA0001	Cash Account (mandatory minimum 3%)	MANDATORY %	\$ MANDATORY	OR	MANDATORY %
Easy Choice						
IOOF Diversified Multi – Conservative						
IOF0253AU	UU1651	IOOF MultiSeries 30	%	\$	OR	%
IOF0094AU	UU1154	IOOF MultiMix Capital Stable Trust	%	\$	OR	%
IOF0095AU	UU1148	IOOF MultiMix Conservative Trust	%	\$	OR	%
IOOF Diversified Multi – Balanced						
IOF0254AU	UU1650	IOOF MultiSeries 50	%	\$	OR	%
IOF0090AU	UU1105	IOOF MultiSeries 70	%	\$	OR	%
UFM0051AU	UU1417	IOOF MultiMix Moderate Trust	%	\$	OR	%
IOF0093AU	UU1149	IOOF MultiMix Balanced Growth Trust	%	\$	OR	%
IOOF Diversified Multi – Growth						
IOF0255AU	UU1649	IOOF MultiSeries 90	%	\$	OR	%
IOF0097AU	UU1147	IOOF MultiMix Growth Trust	%	\$	OR	%
IOOF Sectoral Multi – Cash						
AUX0021AU	UU1471	IOOF Cash Management Trust	%	\$	OR	%
IOF0091AU	UU1153	IOOF MultiMix Cash Enhanced Trust	%	\$	OR	%
IOOF Sectoral Multi – Fixed Interest						
IOF0096AU	UU1152	IOOF MultiMix Diversified Fixed Interest Trust	%	\$	OR	%
IOOF Sectoral Multi – Australian Shares						
IOF0092AU	UU1150	IOOF MultiMix Australian Shares Trust	%	\$	OR	%
IOOF Sectoral Multi – Global Shares						
IOF0098AU	UU1151	IOOF MultiMix International Shares Trust	%	\$	OR	%
You can include new investment option(s) added since this form was printed below						
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
Total			%	\$	OR	%

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

Step 9: Income distributions

I direct the Trustee 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 investment option that made the income distribution. This is the default option, which means it will apply automatically even if a selection is not made.

OR

☐ **Retain in Cash Account**

Leave all income distributions to accumulate in my Cash Account.

Step 10: Cash Account top-up

If the balance in your Cash Account is likely to fall below zero in the next seven days, you authorise the Trustee to top up the balance to the minimum Cash Account requirement of 3% of your account balance and 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:

 %

We will top up your Cash Account balance by redeeming the necessary amount from your managed investment options (without prior notice to you) with the highest balance.

Step 11: Automatic Re-weight Facility (optional)

The Automatic Re-weight Facility allows managed investments to be automatically rebalanced to the Primary Instruction or a nominated Re-weight Instruction.

The re-weight process will run on the 20th day of the month (or the nearest business day after) according to the frequency selected.

I direct the Trustee to manage my portfolio as follows:

Re-weight frequency:

☐ Quarterly ☐ Half-yearly ☐ Yearly

Preferred re-weight commencement date:

 /

If the preferred re-weight commencement date is not provided, the Automatic Re-weight Facility will commence on the next 20th day of the month.

Please note that if the portfolio contains investment options which cannot be selected as part of a Re-weight (for example investment options which cannot be sold), the Re-weight preference submitted will be applied to the remaining investment options within the portfolio.

Please ensure that the Re-weight preference includes at least the default minimum allocation to the Cash Account. The default Cash Account minimum is 3%.

Re-weight preference:

☐ Primary Instruction

Re-weight my portfolio in accordance with my Primary Instruction in Step 8(a).

OR

☐ Re-weight Instruction

Re-weight my portfolio in accordance with my Re-weight Instruction specified in the following table.

If you have selected the Re-weight Instruction option, please specify which managed investments are to be used and the respective allocations.

APIR code	Name of investment option	% allocation
<input type="text"/>	Cash Account	<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"/>
<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"/>
Total		<input type="text"/>

Must add up to 100% including the Cash Account allocation

Step 12: Fees for financial advice

Section A: Fixed Term Arrangement (FTA)

Please complete this section if you wish to enter into a fixed term arrangement for the following fees:

- Member Advice Fee

An FTA requires a start date and end date. The end date cannot exceed 12 months from the start date. The start and end dates will apply to **all fees** in the FTA. This form must be signed within 90 days of the FTA start date.

Important note: An account can have only one FTA at any time.

You **cannot** elect to have an Member Advice Fee – Upfront if you have agreed to have an Member Advice Fee on an FTA.

1 Please provide the Start date and End date of the FTA:

Start date

End date

2 Complete the relevant section in Section B that forms part of the FTA.

Section B: Member advice fees

- Member advice fees can only be deducted from your super account if they relate to advice you receive about your super or pension benefits, insurance and investments.
- The default value for each member advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 15.
- The member advice fee(s) paid to your financial adviser are inclusive of GST. The actual amount deducted from your account may be less than the amount quoted. This is because the Fund may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Fund is able to claim an RITC, the benefit is passed on to you which effectively reduces the fee. Note that the RITC rules are subject to change and this may impact the RITC available in the future.

(1) Member Advice Fee – Upfront

Note: Please note this fee cannot be offered in conjunction with an FTA.

The Member Advice Fee – Upfront does not apply to transfers of investments from an existing IOOF Pursuit or IOOF Portfolio Service account product into IOOF Pursuit Select Allocated Pension (including the TTR pension option).

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

Up to a maximum of 5.5% (inclusive of GST) of each contribution (including transfers/rollovers).

Non-concessional contributions (personal/spouse) received via cheque	<input type="text"/>	%	(inclusive of GST)
Non-concessional contributions (personal/spouse) received via Direct Debit Request (one-off)	<input type="text"/>	%	(inclusive of GST)
Transfers from external superannuation funds	<input type="text"/>	%	(inclusive of GST)

(2) Member Advice Fee (FTA or Ongoing)

The available fee options are:

(a) Percentage based fee options – flat percentage **or** tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance. % per annum (inclusive of GST)

OR

Tiered percentage fee

- Up to a maximum of 2.2% per annum (inclusive of GST) can be applied to the amount for each tier.
- Each subsequent tier percentage must be less than the previous tier percentage.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 5 tiers.

		Amount	% per annum (inclusive of GST)
Tier 1	Nil to	\$ <input type="text"/>	<input type="text"/>
Tier 2	Next	\$ <input type="text"/>	<input type="text"/>
Tier 3	Next	\$ <input type="text"/>	<input type="text"/>
Tier 4	Next	\$ <input type="text"/>	<input type="text"/>
Tier 5	Next	\$ <input type="text"/>	<input type="text"/>

AND/OR

(b) Flat dollar fee

Up to a maximum of \$1,500 per month (inclusive of GST) \$ per month (inclusive of GST)

(3) Member Advice Fee – One-Off

A maximum of 10% of the account balance up to a fee of \$11,000 (inclusive of GST), OR a maximum fee of \$3,300 (inclusive of GST) where the fee is greater than 10% of the account balance

\$ per request (inclusive of GST)

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

We will only register a financial adviser who:

- holds a current Australian Financial Services (AFS) Licence
- is a representative of a current AFS Licensee.

Financial adviser details

[illegible]

If you are a new financial adviser³ to IOOF Investment Management Limited please also complete the following details:

[illegible]

Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence.
- I declare that the applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that the financial institution details specified in this form belong to the applicant and I am authorised to instruct the Trustee to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS.
- I confirm that fees have been fully explained to the applicant and that any member advice fees relate to advice about the applicant's superannuation or pension benefits, insurance and investments in the Fund..
- I consent to provide IOOF access to all proof of identification records for the purposes of this application if requested (pursuant to the AML/CTF Rules Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law and:

☐

I have attached a certified copy of the applicant's identification document(s) with this Application;

(Please note: Compulsory where:

- initial contributions equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

OR

☐

I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained a certified copy of the applicant's identification document(s));

OR

☐

I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following Record of proof of identity table **(Please complete the following table and declaration).**

Record of proof of identity (ID) ⁴	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		
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		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

4 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' document on www.ioof.com.au. It also includes a list of persons authorised to certify copies of original documents.

I declare that I have sighted and retained certified copies of the documents recorded in the Record of proof of identity table.

Signature

Date

 / /

Name of financial adviser or
AFSL holder representative

Step 14: 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, Non-lapsing Binding Nomination or Non-binding Nomination. You are unable to nominate a reversionary beneficiary if this is a death benefit pension.

In the event of your death, you wish the remaining balance of your pension account (if any) to continue to be paid as an IOOF Pursuit Focus 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"/> Postcode <input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member ⁵	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant	

⁵ If you have nominated Child, please refer to the PDS for the restrictions that apply.

Section B: Beneficiary Nomination (Not applicable for Reversionary Beneficiary Nomination)

If you are transferring your entire balance from another IOOF Pursuit or IOOF Portfolio Service account, any existing Binding Nomination, Non-lapsing Binding Nomination, or Non-binding Nomination for that account will be transferred to your IOOF Pursuit Select Allocated Pension account unless you make a new Beneficiary Nomination.

If you wish to make a Beneficiary Nomination, please complete the Beneficiary Nomination Form.

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

Step 15: Electronic communications (optional)

☐

Please tick this box if you agree to receive communications from the Trustee that are available electronically via Portfolio Online.

Important notes:

Please ensure you have provided your email address on the first page of this Application. If you have ticked the above box but have not provided your email address, you will receive paper based communications.

The terms and conditions for electronic communications are set out in the PDS.

You must register for Portfolio Online (which can be accessed through the IOOF website) if you have consented to receive communications from the Trustee electronically.

If you do not complete the above steps or provide your email address, you will receive paper based communications.

Step 16: Applicant declaration and signature

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Pursuit Focus Allocated within Australia.
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for an IOOF Pursuit Focus 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 either as part of this application or to my financial adviser, the appropriate documents, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, that may be required for the purposes of the AML/CTF Law.

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me.

The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Trustee's privacy policy, which contains information about how I may access or correct my personal information held and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting ClientFirst on 1800 913 118 or by visiting www.ioof.com.au/privacy.

Eligibility

I am eligible to commence an IOOF Pursuit Focus 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-time or 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 age 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, downsizer and spouse contributions

If I decide to either make a personal contribution(s), Downsizer contribution(s) or have spouse contribution(s) made on my behalf, 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 within the Fund

If I am transferring from another product within 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 IOOF Pursuit Focus 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 account.
- I hereby authorise my current or any future financial adviser and their staff, to act as my agent to operate my account, to give any instructions on my behalf in relation to my account to the Trustee by any methods as set out in the PDS and to withdraw any funds from my account and authorise payment of the withdrawal benefit to the bank account nominated in this form (or any bank account I nominate in future).
- 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 and their staff 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.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

Investment Instructions⁶

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Investment Instructions specified on this form.
- The Investment Instructions provided in this form override any previous Investment Instructions.
- My main Investment Instruction will be my Primary Instruction and will be used for my initial contribution (less any Member Advice Fee – Upfront) unless I provide the Trustee with alternate instructions. I understand that this does not apply to the transfer of investments from any existing account within the IOOF Pursuit or IOOF Portfolio Service product suite.
- If I have omitted to insert an amount against the Cash Account in my Investment Instruction, I authorise the Trustee 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 the Trustee to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.

Restricted investments (where offered)

- 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 website, I have been informed that:
 - 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)
 - 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
 - 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 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 for managed investment options

- I have received (either from the IOOF website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the IOOF website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.

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, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, for both the Applicant and the Attorney with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Marketing material

- ☐ If you do not agree to the Trustee 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.

Member/Applicant signature

Member/Applicant
signature

Date / /

Member advice fees (if you completed Step 12)

- I authorise the Trustee to charge the member advice fee(s) selected against my account. These fees are for advice I have or will receive about my superannuation/pension benefits, insurance and investments.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee until I instruct the Trustee to cease payment or when I change my nominated financial adviser.

Member/Applicant
signature

Date / /

Please sign and return this Application to:

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
Email PursuitApplications@ioof.com.au
Telephone 1800 913 118
Facsimile 03 8614 4431
Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524



1 December 2020

Request to Transfer

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

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 superannuation fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another superannuation fund or income stream. Please photocopy this form or download it from our website if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should 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 ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

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

This form, including the certificate of compliance, should be sent 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"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Postcode	<input type="text"/>
		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Nominate the IOOF Pursuit Focus product that will receive the transfer of superannuation benefit:

☐ IOOF Pursuit Focus Personal Superannuation (Unique Superannuation Identifier (USI) IOF0186AU)

☐ IOOF Pursuit Focus Allocated Pension (Unique Superannuation Identifier (USI) IOF0185AU)

Account number (if known)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
ABN	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

Step 2: Details required for transfer

Section A: Details of your FROM fund

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

Name of your FROM fund¹	<input type="text"/>																																		
ABN¹	<input type="text"/>			-	<input type="text"/>			-	<input type="text"/>			-	<input type="text"/>																						
Unique Superannuation Identifier (USI)¹	<input type="text"/>																																		
Account/member number¹	<input type="text"/>																																		
Member client identifier¹ <small>(if different from Account/member number)</small>	<input type="text"/>																																		
Address	<input type="text"/>																																		
Suburb	<input type="text"/>															State	<input type="text"/>			Postcode	<input type="text"/>														
Phone	<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"/>																										

Section B: Benefit to be transferred

Amount to be transferred

<input type="checkbox"/>	Entire balance (account in the FROM fund will be closed). 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 instructions to FROM Fund (SMSF only):

Please forward a cheque made payable to IPS – IOOF Pursuit – [full member name and/or account number] with any related documentation and certified proof of identity to: **IOOF Pursuit, Reply Paid 264, Melbourne VIC 8060**

Step 3: Member/Applicant declaration and signature

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 have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF superannuation product.
- I discharge the trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- 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 (IIML) (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 superannuation product (subject to legislative restrictions).
- I understand that my personal information will be managed in accordance with the privacy policy (available at www.ioof.com.au/privacy), which contains information about how I may access and seek correction of my personal information and how I can make a complaint about a breach of my privacy.
- If I have provided my TFN, I consent to it being disclosed for the purpose of consolidating my account.

I understand it is my responsibility to inform my beneficiaries that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.

Member/Applicant signature

Signature

Date / /

Please sign and return this form by post to: **IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060**

Telephone 1800 913 118

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



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

Certificate of compliance

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

- IOOF Pursuit Focus Personal Superannuation (Unique Superannuation Identifier (USI) IOF0186AU)
- IOOF Pursuit Focus Allocated Pension (Unique Superannuation Identifier (USI) IOF0185AU)

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* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) 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
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

Frank Lombardo
Group General Manager Client & Process
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address Reply Paid 264, Melbourne, VIC 8060
Telephone 1800 913 118
Facsimile 03 8614 4431
Email clientfirst@ioof.com.au



1 December 2020

Beneficiary Nomination

Please complete this form to make a new beneficiary nomination, or to amend or revoke an existing beneficiary nomination. You should read the section 'Dependants – paying benefits if you die' in the PDS before completing this form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS 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"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Account number (if known)	<input type="text"/> - <input type="text"/> - <input type="text"/>		

Step 2: Nomination type

☐ Binding Nomination

Please ensure Step 4 is completed. We will not be able to accept this Binding Nomination instruction if Step 4 is not completed.

☐ Non-binding Nomination

Please complete Step 4 if you are replacing a Binding Nomination.

☐ Non-lapsing Binding Nomination

If you nominate a beneficiary other than your spouse, further details may be required before your nomination is accepted.

Please complete Step 4 if you are replacing a Binding Nomination.

☐ No Nomination (to cancel/revoke an existing Beneficiary Nomination)

Please complete Step 4 if you are cancelling/revoking a Binding Nomination.

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more 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 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"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<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"/>
Relationship to member	<input type="checkbox"/>	Spouse (including de facto)	<input type="checkbox"/>
	<input type="checkbox"/>	Child	<input type="checkbox"/>
	<input type="checkbox"/>	Interdependency relationship ¹	<input type="checkbox"/>
	<input type="checkbox"/>	Financial Dependant	<input type="checkbox"/>
Percentage of benefit	<input type="text"/>	•	<input type="text"/>
	<input type="text"/>	%	

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"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<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"/>
Relationship to member	<input type="checkbox"/>	Spouse (including de facto)	<input type="checkbox"/>
	<input type="checkbox"/>	Child	<input type="checkbox"/>
	<input type="checkbox"/>	Interdependency relationship ¹	<input type="checkbox"/>
	<input type="checkbox"/>	Financial Dependant	<input type="checkbox"/>
Percentage of benefit	<input type="text"/>	•	<input type="text"/>
	<input type="text"/>	%	

¹ An interdependency relationship may exist between two people if they live together in a close personal relationship and one or each of them provides the other with financial and domestic support and personal care. This may include a parent or sibling with whom you live. An interdependency relationship may still exist between two people if they have a close personal relationship but do not live together because either or both of them suffer from a physical, intellectual or psychiatric disability.

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"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹
Percentage of benefit	<input type="text"/> • <input type="text"/> %	<input type="checkbox"/> Financial Dependant	

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"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹
Percentage of benefit	<input type="text"/> • <input type="text"/> %	<input type="checkbox"/> Financial Dependant	

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 Dependents and your Legal Personal Representative adds up to 100%.

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

Step 3: Member/Applicant declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependants and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. The information provided in this form will be used in accordance with the privacy policy at www.ioof.com.au/privacy.
- it is my responsibility to inform my dependents that I have provided their personal information to the Trustee and to refer to the Trustee's privacy policy.
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- the revocation of my nomination will take effect when it has been received and accepted by the Trustee (applicable to revocation only).
- once my nomination is revoked, I will no longer have a valid Beneficiary Nomination unless I provide new Beneficiary Nomination Instructions (applicable to revocation only).
- if I do not have a valid Beneficiary Nomination in effect at the date of my death, the Trustee must pay my benefit in accordance with the rules set out in the Fund's Trust Deed (as amended from time to time). These rules are available in the current Pursuit disclosures and guides, which can be downloaded from the IOOF website (www.ioof.com.au) (applicable to revocation only).

Applicable to Binding Nomination only

- 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 nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit.
- my nomination will expire three years after the date it was first signed, or last confirmed or amended (Confirmation of Binding Nomination form available from our website).
- if my 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.

Applicable to Non-lapsing Binding Nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- if my nomination is not valid for any reason at the date of my death, it will be treated as a Non-binding Nomination.
- the Trustee must consider and agree with my nomination and may require additional information if I nominate beneficiaries other than my spouse.

Applicable to Non-binding Nomination only

- 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.

Member/Applicant signature

Signature

Surname

[illegible]

Date _____

--	--	--	--

Given Name

[illegible]

Please complete Step 4 if you are making or revoking a Binding Nomination.

Step 4: Witness declaration and signature (required for nomination and revocation of Binding

Nomination only)

Please ensure that you sign and date this Beneficiary Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Beneficiary Nomination form.

Each witness must sign and date the Beneficiary Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Nomination will not be valid.

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

Witness 1

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness signature 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date witnessed (must be same date the member/applicant signs)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness 2

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness signature 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date witnessed (must be same date the member/applicant signs)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please sign and return this form to:

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
Email PursuitApplications@ioof.com.au
Telephone 1800 913 118
Facsimile 03 8614 4431
Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

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Direct Debit Request (DDR)

Step 1: Your personal details

Step 2: Initial one-off contribution

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 /

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2	0		
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Please indicate the one-off amount to be debited from your nominated account and deposited into your Cash Account:

Please ensure you have completed Step 4: Initial contribution details in the Application (Form A).

Step 3: Financial institution details

Until further notice in writing, I/we, the holder(s) of the above account, authorise and request the Trustee via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032105) to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the financial institution identified above as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request service agreement as amended from time to time. This authority allows the debiting of amounts payable by the member under the agreement between the member and the Trustee.

Step 4: Member/Applicant declaration and signature

The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

I/We consent to the collection and use of the above information by the Trustee for the purposes specified. By signing this DDR, I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between myself/us and IOOF as set out in this request and in the DDR Service Agreement.

Account holder signature 1

Surname

Given name

Title (if applicable)

Signature

Date
 / /

Account holder signature 2*

Surname

Given name

Title (if applicable)

Signature

Date
 / /

*If the bank account is held in a joint name, please ensure that both account holders sign here.

Please sign and return this form to:

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
Email PursuitApplications@ioof.com.au
Telephone 1800 913 118
Facsimile 03 8614 4431
Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524



1 December 2020

Direct Debit Request (DDR) service agreement

Please retain this service agreement for your records.

Direct Debit Request facility

- As a member of IOOF Pursuit Focus Allocated Pension you have the choice to make an initial one-off contribution through a DDR arrangement.
- The DDR arrangement enables you to instruct the Trustee – IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524, via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032 105), to make an initial one-off contribution by direct debit from an account with a financial institution such as a bank, building society or credit union and credit the amount to your Cash Account.
- The DDR arrangement may not be available on the full range of accounts provided by financial institutions. You are advised to check with your financial institution as to its availability before nominating an account. You should check your account details against a recent statement from the financial institution.

IIML's service commitment

This agreement outlines our service commitment to you in respect of the DDR arrangements made between you and the Trustee.

It also sets out your rights and responsibilities.

By giving 14 days notice in writing to you, we may change the operation of your DDR facility.

Initial terms of the arrangement

Under the terms of the DDR arrangement entered into with you, we undertake to debit from your nominated account with a financial institution, a specified amount for deposit into your Cash Account.

Drawing arrangements

Initial one-off contribution

Deposits will be deducted from your financial institution account on or around the preferred date you have nominated. If the due date for the debit falls on a non-business day or no date is specified, the one-off payment will be deducted on the first processing date possible.

Your rights

You have the right to change the arrangement as follows:

- You may stop an individual debit or cancel or suspend your DDR arrangement by giving written instructions to us or the relevant financial institution. If you suspend your DDR arrangement you may restart it by giving written instructions to us.

We will endeavour to act upon your request within five business days of receipt.

Enquiries

If you have any enquiries about your DDR arrangement, or you believe a debit has been incorrectly made or processed, please call ClientFirst on 1800 913 118 or email: clientfirst@ioof.com.au

Complaints

If you have a complaint or dispute in relation to your DDR arrangement, please contact the Manager, Customer Care, IOOF Investment Management Limited, Reply Paid 264, Melbourne VIC 8060. Phone: 1800 913 118.

Where possible, concerns will be resolved immediately. If further investigation is required, our Customer Care Team will acknowledge your complaint in writing and will consider and respond to your complaint as quickly as possible. We are required by law to respond to your complaint within 90 days.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au

Email: info@afca.org.au

Tel: 1800 931 678 (Free call)

Mail: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

Confidentiality

All information held by us in relation to your DDR arrangement will be kept confidential, except where:

- such information is required to be provided to our financial institution to initiate, change or cancel your drawing arrangement
- disclosure is required or authorised by law
- you authorise or otherwise give your consent to the release of the information either directly or through a duly appointed agent or attorney.

Your obligations

It is your responsibility to ensure:

- your nominated account can accept direct debits
- there are sufficient cleared funds in the nominated account on the drawing date
- you advise us if the nominated account is altered, transferred or closed.

We will notify you if your debit is dishonoured or rejected. We may, without notice, cancel your DDR arrangement if there is insufficient funds in your account to honour the direct debit.

Should we be charged any dishonour fees as a result of insufficient funds in your nominated account, then we may deduct these charges from your Cash Account or charge these fees directly to you. To avoid dishonour fees, you should always ensure that there are enough cleared funds in your account before your direct debit falls due.

Contact us

Postal address

GPO Box 264
Melbourne VIC 3001

Telephone

1800 913 118

Facsimile

03 8614 4431

Email

clientfirst@ioof.com.au

Website

www.ioof.com.au

Trustee

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ABN 53 006 695 021
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