

## **Investment Service**

Forms Booklet

Dated: 1 July 2021 Issuer: IOOF Investment Services Ltd | ABN 80 007 350 405 | AFSL 230703 Service Operator of the IOOF Pursuit Select Investment Service

# How to get started

This booklet contains the information and forms you need to set up your IOOF Pursuit Select Investment Service account.

#### Which forms to complete

Form name	Form letter	When to complete this form
Application for Investment Service	Form A	<ul> <li>You need to complete this form if you wish to set up a new account and to:</li> <li>indicate which investment option(s) you wish to invest in</li> <li>how you want to manage your income distributions</li> <li>your preferred top up cash option</li> <li>how you want to establish your Investment Instructions.</li> </ul>
Family Fee Aggregation Application	Form B	You need to complete this form if you wish to apply for Family Fee Aggregation.
Direct Debit Request (DDR)	Form C	You need to complete this form if you wish to set up a Regular Savings Plan.

Before you complete any forms, please ensure you have read the Offer Document. 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 Offer Document 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 (Form A) and all other forms that are relevant to you.
Step 2	Deposits can be made via BPay, direct debit or transfers.
	If you would like to make a deposit by cheque, make your cheque payable to:
	IPS – IOOF Pursuit – [your full name or account number]
	For example, if your name is Robert Brown, your cheque should be made payable as follows:
	IPS – IOOF Pursuit – Robert Brown
Step 3	Attach your cheque to your Application, and post the Application and all other completed forms to the following address:
	IOOF Pursuit Reply Paid 264 Melbourne VIC 8060

We will send you an Investor Schedule, normally within seven business days of joining, confirming your personal details and Investment Instructions.

#### **B**PAY<sup>®</sup> details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	Enter the biller code: 172312
Step 3	Enter the Customer Reference Number (CRN) for your account and the deposit amount. A CRN will be allocated to you upon you joining the Service and will be communicated to you in your Investor Schedule.
Step 4	Record the receipt number provided for your transaction. Please keep this for your personal records.

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# 100F **pursuit** SELECT – FORM A



1 July 2021

## Application for Investment Service

Before you sign this application form, the Service Operator or your licensed financial adviser is obliged to give you an Offer Document, which is a summary of important information relating to the Investment Service. The Offer Document will help you to understand the product and decide if it is appropriate to your needs.

Please note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)*, the Service Operator must obtain proof of identity documents prior to opening this account. It is important for the Service Operator to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

#### Please complete these instructions in BLACK INK using CAPITAL LETTERS (excluding the email address) and 🗸 boxes where provided.

If you are an existing investor, please provide your client number.

Client number

#### Step 1: Applicant details

You will need to complete certain sections of this Application depending on your investor type.

#### What part of Step 1 do I need to complete?

Complete Part A if you are:	Complete Part B	Complete Part C if you are a	Complete Part B (a), (b) and (i) only if you are an
an Individual Investor <sup>1</sup> ; or	if you are a	Trust (including a Family or	'Other <sup>2</sup> investor' such as a Partnership, Associate
	<b>Company</b> <sup>2</sup>	Charitable Trust, Deceased	(such as Incorporated/ Unincorporated club/
Joint Investors		Estate, or an account set up	body), Registered Co-operative or Government
		for a Minor Child) <sup>2</sup>	Entity then go straight to Step 2

1 Individual Investors include individuals acting for themselves or as sole traders.

2 In addition to this Application form, new applicants from this category that have a financial adviser will also need to complete separate client identification forms (ie a FSC/FPA Identification Form). If you do not have a financial adviser you will need to complete an Additional Tax Information Form. For a copy of the applicable form, please contact ClientFirst on 1800 913 118 or visit our website (www.ioof.com.au).

#### Part A – Individual or Joint Investors

(a) Investor 1 (all notices and correspondence will be forwarded to the address of Investor 1)

Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnam	ne l																	
Given name(s)																										
This section must be comple	eted.	Note	e: PC	) Box	car	n onl	y be	prov	/ide	d be	low	und	ler 'N	1ailii	ng a	ddre	ss'.									
Residential address																										
Suburb																Sta	te			Pos	stco	de [				
Country																										
Mailing address (if different from above)																										
Suburb																Sta	te			Pos	stco	de [				
Phone (mobile)														Pho horr	-											
Phone (work)																										
Email																										
Date of birth			/			/											C	Gend	ler	Ma	ale		F	ema	le [	
If you are residing overseas, y	/ou r	nust	con	nplet	te ar	nd su	ıbmi	t																		
An Overseas Investor for	rm (i	oof.c	om.	au)																						

#### Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) requirements

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)*, please advise the following: (Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF Pursuit's compliance with AML/CTF legislation).

#### **Politically Exposed Person**

Politically Exposed Persons are individuals who occupy or have occupied a 'prominent public position or function' either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

No

Yes	
-----	--

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

a Politically Exposed Persons form (www.ioof.com.au)

original certified copies of your identification documents

Are you a tax resident of Australia?

Are you a tax resident of any other Country?

Please answer both tax residency questions as you can be a tax resident of more than one country. **If you are only a tax resident of Australia and no other country please proceed to the 'For Sole Traders only' section below.** 

Yes

#### Foreign Residents only - Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. Refer to Step 17: Applicant declaration and signature(s).

For all countries where you are a tax resident other than Australia, please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Country	TIN	Reason for no TIN

If there are more countries, provide details on a separate sheet and tick this box igsqcup

#### Reasons for not providing a TIN - please select one reason below (if applicable)

Reason A – The country of tax residency does not issue TINs to tax residents, OR

Reason B - You have not been issued with a TIN, OR

Reason C – The country of tax residency does not require the TIN to be disclosed.

Note: It is important that we hold up to date records, so please call Client Services Team on 1800 913 118 if the details you have provided change at any time.

#### For Sole Traders only

Please also complete this section if you are an Individual Investor applying as a sole trader:

Business name (if applicable)																				
Australian Business Number (ABN)			] –				_			] –										
If different from residential ac	dre	ss ab	oove	. PO	Box	not	acce	epteo	d.											
Business address																				J
Suburb													Sta	ate		Po	stco	de		
																			[ ]	
Country																				

#### (b) Investor 2 (for Joint Investors only)

	_														
Title (Dr/Mr/Mrs/Ms/Miss)				Su	ırnar	ne									
Given name(s)															

This section must be completed. Note: PO Box can only be provided below under 'Mailing address'.

Residential address																		
Suburb								Sta	te			P	ostco	ode				
Country																		
Mailing address (if different from above)																		
Suburb								Sta	te			Р	ostco	ode				
Phone							Pho nobi											
Email																		
Date of birth	/	/	] / [						G	iende	r	Ν	Лаle		Fe	ma	le [	
Occupation																		

If you are residing overseas, you must complete and submit

An Overseas Investor form (ioof.com.au)

Original certified copies of your identification documents

Politically Exposed Persons are individuals who occupy or have occupied a 'prominent public position or function' either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

No

Yes

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

a Politically Exposed Persons form (www.ioof.com.au)

\_\_\_\_ original certified copies of your identification documents

Are you a tax resident of Australia?

Are you a tax resident of any other Country?

Please answer both tax residency questions as you can be a tax resident of more than one country. If you are only a tax resident of Australia and no other country please proceed to Step 2.

No

No

Yes

Yes

#### Foreign Residents only – Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. Refer to Step 17: Applicant declaration and signature(s).

For all countries where you are a tax resident other than Australia, please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Country	TIN	Reason for no TIN

If there are more countries, provide details on a separate sheet and tick this box igsqcup

#### Reasons for not providing a TIN - please select one reason below (if applicable)

Reason A - The country of tax residency does not issue TINs to tax residents, OR

Reason B - You have not been issued with a TIN, OR

Reason C – The country of tax residency does not require the TIN to be disclosed.

Note: It is important that we hold up to date records, so please call Client Services Team on 1800 913 118 if the details you have provided change at any time.

#### Operating your account

If either Investor is able to operate the account and bind the other Joint Investor for future transactions (including additional investments, switches and withdrawals) please tick this box.

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the home page of our website. You can only register for this service after you have received a client number.

#### Part B – Companies or Other Investors

If you are investing as a:

Domestic Company, all investors please complete applicable sections below including the relevant FSC/FPA Identification form and an individual FSC/FPA form for beneficial owners (if you have a financial adviser), or, an Additional Tax Information form (if you do not have a financial adviser) as applicable.

Foreign Company (domiciled in Australia), please complete subsection (a) only (below) including the relevant FSC/FPA Identification form and an individual FSC/FPA form for beneficial owners (if you have a financial adviser), or, an Additional Tax Information form (if you do not have a financial adviser) as applicable.

'Other Investor' as described in Step 1, please complete subsections (a), (b) and (i) only (below). You will also need to complete the relevant FSC/FPA Identification form(s) (if you have a financial adviser), or, an Additional Tax Information form (if you do not have an adviser).

For a copy of the relevant form, please contact ClientFirst on 1800 913 118 or visit our website.

#### (a) Company/Entity details

Registered name of company/entity														
Australian Company														
Number (ACN)						OI	R							
Australian Registered Body				_										
Number (ARBN) (if applicable)				_										
Foreign registration number														
(if unregistered in Australia)		 - L		-										
Country of incorporation														
or formation														

			State	_	Pos	tcode	
			State	2	Pos	tcode _	
					Image: State     Image: State       Image: State		

#### (b) Please list Directors/Officeholders/Partners full names (as applicable)

Director/Officeholder/Par	tner 1																			
Title (Dr/Mr/Mrs/Ms/Miss)				Surnai	ne															
				Junia																٦
Given name(s)																				
Director/Officeholder/Par	tner 2																			
Title (Dr/Mr/Mrs/Ms/Miss)				Surnai	me															
				Junia																٦
Given name(s)																				
Director/Officeholder/Par	tner 3																			
Title (Dr/Mr/Mrs/Ms/Miss)				Surnai	me															
Given name(s)																				
Director/Officeholder/Par	tner 4																			 
Title (Dr/Mr/Mrs/Ms/Miss)				Surnai	me															
Given name(s)																				
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Are any of the Directors/Offic	Lenoiders/	rai uners ils	sted ab	ove a P	JIIICo	ану ехр	used	reiso	II ( II	i so, p	lease	provi	uetr	IEILI	Iuilí	ante	es di	um	đ	

#### (c) Is the company regulated?

No

Politically Exposed Person\* role held here:

	Yes	lf ye	es, ple	ease s	spec	ify re	egu	lato	r (su	ch a	s AS	IC, A	APRA	)							
	Regulator																				
[	Licence number																				
	No																				
(d)	Is the company list	ted	wit	h th	e A	SX	?														
	Yes																				

#### (e) Is the company a majority owned subsidiary of a listed company?

Yes	lf ye	s, ple	ase	provid	de nar	ne d	ofthe	liste	ed co	mp	any															
No (go to sub-section (f	)																									
(f) Company type																										
Public																										
Private/Proprietary	lf a p	oropr	ieta	ry con	npany	/, CO	mple	te su	ıb-se	ctic	on (g	g) be	low.													
(g) For proprietary co	mpa	anie	es –	pleas	e list f	<sup>f</sup> ull r	name	s an	d ado	dres	ses	of sh	areh	nold	ers v	vho	own	259	6 or 1	more	e of	the d	com	pany	y	
Shareholder 1																										
Title (Dr/Mr/Mrs/Ms/Miss)						ς	urnar	ne																		
Given name(s) Residential address																										
Note: PO Box not accepted																										
Suburb														]	Sta	ate				Po	stco	de				
Country of residence																										
Are you a Politically Exposed	Pers	on*?				Y	'es		N	0																
Shareholder 2																										
Title (Dr/Mr/Mrs/Ms/Miss)						S	urnar	me																		
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb															Sta	ate				Po	stco	de				
Country of residence								Г					1			1						1				
Are you a Politically Exposed	Pers	on*?				Y	'es	L	N	0																
Shareholder 3																										
Title (Dr/Mr/Mrs/Ms/Miss)						S	urnar	ne																		
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb															Sta	ate				Po	stco	de				
Country of residence								·			L	1	1	L		1		1	1			I			1	
Are you a Politically Exposed	Pers	on*?				Y	'es		N	0																

\* Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. If you have nominated yourself as a Politically Exposed Person, you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

#### Shareholder 4

Title (Dr/Mr/Mrs/Ms/Miss)		Surname				
Given name(s)						
Residential address Note: PO Box not accepted						
Suburb				State	Postcode	
Country of residence						
Are you a Politically Exposed	Person*?	Yes	No			

#### (h) Other beneficial owners

To be completed if there are no individuals who meet the requirement of sub-section (g)

Please provide full details of individuals who directly or indirectly control the company.

This includes exercising control through the capacity to determine decisions about financial or operating policies, or by means of trusts, agreements, arrangements, understanding and practices, voting rights of 25% or more, or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

#### Other beneficial owner 1

Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnam	e 🗌										
Given name(s)																	
Residential address (Note: PO Box not accepted)																	
Suburb										Sta	ite _		Po	stco	de		
Country																	
Are you a Politically Exposed	Pers	on*?		Y	'es		No										
Other beneficial owner	2		 _									 				 	
Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnam	e 🗋										
Given name(s)																	
Residential address (Note: PO Box not accepted)																Ť	
Residential address (Note: PO Box not accepted) Suburb										Sta	ite [		Po	stco	de		

Are you a Politically Exposed Person\*?

Yes No

\* Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. If you have nominated yourself as a Politically Exposed Person, you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

#### (i) Contact Person

A Contact Person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss)				Sur	name														
Given name(s)																			
Mailing address (if different from above)																			
Suburb									Stat	te 🗌			Pc	ostco	de				
Phone (bh)								Phor 10bil											
Email																			
Date of birth	/		/			1	1				ende			ale			ema		
		L	IL							Ge	ende	1	IV	aie		F	eind	ie L	

- All future notices and correspondence will be forwarded to the Contact Person
- The Contact Person must be one of the signatories on the account
- If the Contact Person is intended to have authority to transact on the account, on behalf of the company/entity, Step 16: Representative appointment must be completed. Conditions applying to the appointment of a representative are detailed in the Offer Document.

Are any of the Beneficial Owners under section (g) and (h) considered a Politically Exposed Person\*? If so, please provide details about their political exposure, such as, do they hold a prominent public position or are they a family member/close associate of a Politically Exposed Person\*?

#### Identification and tax residency requirements

If you are applying as a company, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, and a separate form for individuals who are beneficial owners (as applicable), or, an Additional Tax Information form if you do not have a financial adviser. To get a copy of the relevant form or if your details change at any time please contact ClientFirst on 1800 913 118 or visit our website (www.ioof.com.au).

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the homepage of our website. You can only register for this service after you have received a client number.

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

#### a) Full name of the Trust

12

(b)	Full busi	ness n	ame	(if a	ny) (	of th	ne t	rust	tee	in r	esp	bect	t of	th	e Tr	ust							

#### (c) Country of establishment of Trust

	· ·															
1																

3 The person(s) who settles the initial sum or assets to create the Trust.

\* Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. If you have nominated yourself as a Politically Exposed Person, you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

#### (d) Type of Trust

Managed Investment Schem	ne																								
Registered (provide ARS	SN if	regis	stere	d)																					
ARSN																									
OR Unregistered																									
Regulated Trust (such as a Se	Regulated Trust (such as a Self Managed Superannuation Fund)       Name of regulator																								
Name of regulator (such as ASIC, APRA, ATO)	Regulated Trust (such as a Self Managed Superannuation Fund)         Name of regulator (such as ASIC, APRA, ATO)																								
Registration number																									
Government superannuation	n fun	ıd																							
Legislation under which fund is established																									
Other Trust type (such as fan	nily, d	chari	table	e, de	ecea	sed	esta	ite o	r mi	nor	chilc	)													
Please specify																									
Full name of settlors(s) <sup>3</sup>																									
Note for Trustees:																									
• For Trusts with a Corporate	Trus	tee,	com	ple	te su	ıbse	ctio	n (e)	-i be	elow	anc	l sub	sect	tion	(f), if	fapp	olica	ole.							
• For Trusts with Individual Tr	uste	ees, p	oleas	se co	omp	lete	sub	sect	ion	(e)-ii	bel	ow a	ind s	ubs	ectio	on (f	), if a	ippli	cabl	e.					
• All trustees must sign the Ap	pplic	ant o	decla	arati	ion i	n Ste	ep 1	7.																	
e) Details of Trustee(s)/Co	onta	ict F	Pers	son	) (co	mpl	ete	eithe	eri –	- Cor	pora	ate T	ruste	ee C	<b>R</b> ii	– Ind	divid	ual <sup>-</sup>	Frust	ee(s)	) onl	y)			

#### i – Corporate Trustee

Company name																						
Contact Person							_															
							ſ															
Title (Dr/Mr/Mrs/Ms/Miss)					Sur	nam	ne L															
Given name(s)																						
A.4.19. 1.1																						
Mailing address							_						[					[				
Suburb												Sta	to			Do	stco	da				
JUDUID						Ē					[	510		[		FU		ue i			_	
Phone (bh)									Pho	ne (a	ih)											
			[				Γ							[				[				
Phone (mobile)										Fa	ax											
Email																						
				/																		
Date of birth				, í									G	end	er	Ma	ale		F	ema	le L	

3 The person(s) who settles the initial sum or assets to create the Trust.

All future notices and correspondence will be sent to the **Identified Trustee** (Trustee #1 for Individual Trustees) or the **Contact Person** (Corporate Trustee). The Identified Trustee or the Contact Person must be a signatory on the account. If the Identified Trustee or the Contact Person is intended to have authority to transact on the account on behalf of all trustees/signatories, Step 16 'Representative appointment', must be completed. Conditions applying to the appointment of a representative are located in the Offer Document.

#### ii – Individual Trustee(s)

Please list all trustee(s), including name(s) and address(es):

#### Trustee 1<sup>3</sup>

ilustee i					1				ſ																	
Title (Dr/Mr/Mrs/Ms/Miss)							Su	irnar	me																	
Given name(s)																										
This section must be comple	ted.	Note	e: PC	) Box	k car	n on	y be	pro	vide	d ur	nder	'Mai	ling	add	ress'					 						
Residential address																										
Suburb Mailing address (if different from above)																Sta	ite			Po	stco	de				
Suburb															1	Sta	ite			Po	stco	de				
Phone (bh)													Pho	ne (a	ah)											
Phone (mobile)														F	ax											
Email						1																				
Date of birth			/			/											(	Genc	ler	Ma	ale		F	ema	ale	
Occupation																										
Country of residence																										
Trustee 2		I	1	T	1				,																	
Title (Dr/Mr/Mrs/Ms/Miss)						1	Su	irnar	ne																	
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb																Sta	ite			Po	stco	de				
Country of residence																										
Trustee 3					1				,											 						
Title (Dr/Mr/Mrs/Ms/Miss)							Su	irnar	ne																	
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb																Sta	ite			Po	stco	de				
Country of residence																										
Trustee 4																										
Title (Dr/Mr/Mrs/Ms/Miss)					]		Su	irnar	me (																	
Given name(s)																										
Residential address Note: PO Box not accepted																										
Suburb																Sta	ite			Po	stco	de				
Country of residence																										

Trustee 5					]						1										1	1		1			
Title (Dr/Mr/Mrs/Ms/Miss)							Su	irnar	ne																		
Given name(s)																											
Residential address Note: PO Box not accepted																											
Suburb																Sta	ate				Po	stcc	de				
Country of residence																											
(f) Beneficiary details	5 — t	o be	con	nple	ted (	only	if 'O	ther	Tru	st ty	pe' v	vas s	selec	ted	in su	ıbse	ctio	n (d)	) abc	ove							
Do the terms of the Trust ide	ntify	the	ben	efici	aries	by	refer	ence	e to	mer	nber	ship	o of a	ı clas	s?												
Yes												ciary	' mei	mbe	rship	o cla	ss/e	s (si	ich a	s un	it hc	lde	rs, fa	mily	mei	mber	rs
		of na	ame	d pe	rsor	n or (	char	itabl	e pi	urpo 	se).																
Class of membership																											
Class of membership																											
Class of membership																											
Class of membership																											
No		lf nc	, ple	ease	prov	ride '	the f	follo	wing	g be	nefic	iary	deta	ails													
Beneficiary 1		1	1	1	1						1							I		1	I	I	1	1			
Title (Dr/Mr/Mrs/Ms/Miss)							Su	irnar	ne																		
Given name(s)																											
Note: PO Box not accepted				1																1			1				
Residential address																											
Suburb																Sta	ate				Po	stcc	de				
Country of residence																											
Date of birth			/			/																					
Beneficiary 2																											
Title (Dr/Mr/Mrs/Ms/Miss)							Su	ırnar	ne																		
Given name(s)																											
Note: PO Box not accepted																											
Residential address																											
Suburb																Sta	ate				Po	stcc	de				
Country of residence																											
Date of birth			/			/																					

\* Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. If you have nominated yourself as a Politically Exposed Person, you must complete and attach a Politically Exposed Persons form (www.ioof.com.au) and original certified copies of your identification documents.

#### IOOF Pursuit Select | Application for Investment Service

Beneficiary 3																						
Title (Dr/Mr/Mrs/Ms/Miss)						Su	ırnar	ne														
Given name(s)																						
Note: PO Box not accepted	 										 				 							 
Residential address																						
Suburb													Sta	ate			Po	stcc	de	L		
Country of residence																						
Date of birth		/			/																	
Beneficiary 4	 I		1	1						I		1	1		1	1						
Title (Dr/Mr/Mrs/Ms/Miss)						Su	irnar	ne														
Given name(s)																				L		
Note: PO Box not accepted																						
Residential address																						
Residential address												1									<u> </u>	
Suburb													Sta	ate	1		Po	stco	de			
Country of residence																						
Date of birth		/			/																	

Are any of the trustees or beneficiaries listed above considered a Politically Exposed Person\* If so, please provide their full names and Politically Exposed Person\* roles held here:

#### Identification and tax residency requirements

If you are applying as a trust, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, including a separate form for individuals who are trustees or beneficiaries (as applicable), or, an Additional Tax Information form if you do not have a financial adviser. To get a copy of the relevant form or if your details change at any time please contact ClientFirst on 1800 913 118 or visit our website (www.ioof.com.au).

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the homepage of our website. You can only register for this service after you have received a client number.

#### Step 2: Margin lending

Is any of your investment amount being provided by a margin lender?

No (go to Step 3)	Yes	
For details of margin lenders	please call ClientFirst on 1800 913 118.	
Loan account number		
Margin lender authorised signatory 1		Date / / /
Full name		
Margin lender authorised signatory 2 Full name		Date / / /
Margin lender's stamp		

#### Step 3: Initial deposit details

The minimum initial deposit is \$10,000 OR \$2,500 with a Regular Savings Plan. Please complete Part A below if your initial deposit is made by cheque and/or Direct Debit Request (one-off). Please complete Part B below if your initial deposit is made by transfer from an existing IOOF investment service account.

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)

\$

original certified copies of your identification documents

#### Part A - Initial deposit made by cheque and/or Direct Debit Request (one-off)

Total initial deposit

Please make cheque payable to: **IPS – IOOF Pursuit – [your full name or account number]** and/or include with your Application a completed Direct Debit Request form (Form C).

#### Part B – Transfer from an existing IOOF investment service account

Please complete this section if you are transferring from any of these IOOF investment service accounts:

- IOOF Pursuit Select Investment Service
- IOOF Pursuit Core Investment Service
- IOOF Portfolio Service Investments
- IOOF Portfolio Service Wholesale Investments
- Bendigo Financial Solutions Personal Investments
- Financial Partnership Portfolio Service Investments

				_		_	
Account number (if known)							

By providing your account number and by signing the Applicant declaration in Step 17, you authorise the transfer of the balance (in full or in part) from your existing IOOF investment service account into your new IOOF Pursuit Select Investment Service account.

Amount to be transferred to IOOF Pursuit Select Investment Service:

Entire balance		
OR		
Partial transfer of	Ś	

#### Partial transfer details

If you are making a partial transfer:

- please ensure you have met the relevant remaining minimum balance requirements of the existing account.
- 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 IOOF Pursuit Select Investment Service account on a pro-rata basis. If you are transferring listed investments, you must transfer
  all of your holdings in that investment.

Investment options not available in your IOOF Pursuit Select Investment Service will be redeemed and invested in the Cash Account until you provide us with Investment Instructions.

% or \$ amount

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 7.

Re-weight my portfolio as per my Specific Instruction. Complete Step 7.

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

#### Step 4: Regular Withdrawal Plan (optional)

Do you wish to set up a Re	igular Withdrawal Plan?
Yes	Please complete the financial institution details in Step 5.
	To utilise this facility you must nominate a minimum regular withdrawal of \$200.
Commence regular withdrawals from	Monthly
	Quarterly
Regular withdrawal amount required	\$

Regular withdrawals will be paid out of your Cash Account on the 1st day of the month or the nearest business day after, according to the frequency you selected. Regular withdrawals may not be paid if there is insufficient cash in your Cash Account to meet the regular withdrawal amount.

#### Step 5: Financial institution details for withdrawals (optional)

Financial institution			
Branch			
Account name			
BSB	-	Account number	

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

# Step 6: Australian Tax File Number (TFN) or Australian Business Number (ABN) notification

Before providing your TFN/ABN please ensure you read the 'Tax Office notifications' section in the Offer Document, which outlines important information regarding the collection of your TFN/ABN. An ABN may be used as an alternative to a TFN if your investment is undertaken by a business.

#### Part A – Individual/Joint Applicants/Companies/Trusts or Other Investors

Applicant 1																					
TFN <b>OR</b> ABN																					
OR																 	 				
I authorise the Service O	pera	ator	to us	se th	ie TF	N or	AB	N alre	eady	, helo	d on	file.									
OR																					
I choose not to disclose	my <sup>-</sup>	TFN	or Al	BN.																	
OR																					
I am not an Australian re	side	nt fo	or tax	k pu	rpos	es.															
OR																					
I claim an exemption fro	m q	uoti	ng n	ny Tł	-N o	r AB	N.														
Reason for exemption																					
Applicant 2 (for joint app	olica	nts c	only)																		
TFN <b>OR</b> ABN																					
OR																					
I authorise the Service O	pera	ator	to us	se th	ie TF	N or	AB	N alre	eady	helo	d on	file.									
OR																					
I choose not to disclose	my⊺	TFN	or Al	BN.																	
OR																					
I am not an Australian re	side	nt fo	or tax	k pu	rpos	es.															
OR																					
I claim an exemption fro	m a	uoti	na n	nv Tf	-N o	r AB	N.														
	4																				
Reason for exemption																					

#### Step 7: Investment Instructions – Primary and Specific

#### Please note:

- Please ensure that the Primary Instruction or the Specific Instruction (if applicable) includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- If I have omitted to insert an amount against the Cash Account in my Investment Instruction, I authorise the Service Operator 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 Service Operator 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.
- For a full list of investment options available for selection within IOOF Pursuit Select go to our website and select from the IOOF Pursuit Select investment guide (PSI.01) and list your selections in the space provided below.
- To ensure your investment option selections are processed correctly please add the correct APIR code along with the name of the investment option.
- Where you supply a Specific Instruction in Step 7(b), this Instruction only applies to a contribution made by cheque and Direct Debit Request (DDR) (one-off) attached to this form (excluding Step 3; Part B).

APIR code	Name of investment option	Step 7(a)	Ste	p 7(	b)
		Primary Instruction	Specific (if different to P (cheque and DDR	rima	ary Instruction)
_	Cash Account (mandatory minimum 1%)	MANDATORY %	\$ MANDATORY	OR	MANDATORY %
	sure that the Primary Instruction does not include listed investments, annu	ity funds or term d	leposits.		
Please en	sure that the Specific Instruction does not include listed investments.				
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
		%	\$	OR	%
Total		%	\$	OR	%

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

#### **Step 8: Income distributions**

I/We direct the Service Operator to manage any income distributions that I/we receive from my/our investment option(s) as follows:

#### Re-invest (default option)

Re-invest 100% of the income distributions back into the same managed investment that made the income distribution. This is the default option, which means it will apply automatically even if a selection is not made.

#### Retain in Cash Account

OR

Leave all income distributions to accumulate in my/our Cash Account.

#### **OR** Distribution Instruction

Income distributions are to be invested in accordance with my/our Primary Instruction in Step 7(a), or

ot Income distributions are to be invested in accordance with my/our Distribution Instruction specified in the table below.

If you have selected the Distribution Instruction option, please specify which managed investments are to be used and the respective allocations. Please ensure that the Distribution Instruction does not include listed investments, annuity funds or term deposits.

APIR code	Name of investment option	% allocation
	Cash Account	

Total

Must add up to 100% including the Cash Account allocation

If you select the 'Distribution Instruction' as your re-investment/distribution method but do not provide a Distribution Instruction in the above table, income distributions will be invested in accordance with your Primary Instruction.

#### OR

#### Automatic Distribution Facility (Please complete Step 5: Financial Institution details)

Pay all accumulated income distributions to my/our nominated bank account provided in Step 5.

Please transfer accumulated income distributions to my/our nominated bank account:

\_\_\_\_Quarterly

Half-yearly

The Automatic Distribution Facility will run on the 20th day of the month (or next business day) following the end of the relevant quarter or half-year and distributions will remain the Cash Account until date of payment and any amounts less than \$200 will be held in your Cash Account until the next payment period.

%

#### Step 9: 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 Service Operator to top up the balance to the minimum Cash Account requirement of 1% of your account balance and amounts expected to fall due in 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 investments (without prior notice to you) in accordance with the option you have selected below:

#### Highest balance (default option)

Redeem funds from the managed investment with the highest balance.

This is the default option, which means it will apply automatically even if a selection is not made.

0	R	
	-	-

#### Pro-rata

Redeem funds across all managed investments according to the proportion invested in each managed investment.

0	R

#### Pecking order

Redeem funds from my managed investment(s) according to a prioritised list specified below.

If you selected the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time. Please note, you can not include listed investments, annuity funds, term deposits or investments with extended redemption periods.

Pecking order	APIR code	Name of investment option
1		
2		
3		
4		
5		
6		
7		

#### Step 10: 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 Service Operator to manage my portfolio as follows:

Re-weight frequency	/:	
Quarterly	Half-yearly	Yearly
Preferred re-weight of	commencement date	2:

|--|

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 listed investments, term investments or 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 1%.

#### IOOF Pursuit Select | Application for Investment Service

Re-weight preference:

Primary Instruction

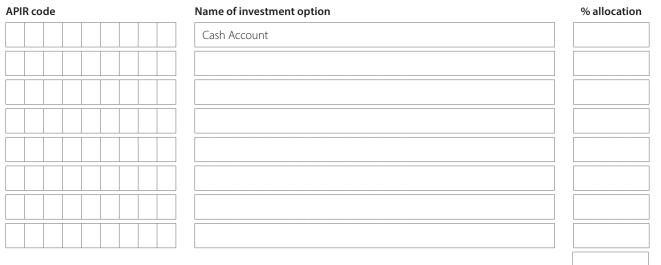
Re-weight my portfolio in accordance with my Primary Instruction in Step 7(a).

OR	

Re-weight Instruction

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

If you have selected the Re-weight Instruction option, please specify which managed investments are to be used and the respective allocations. Please ensure that the Re-weight Instruction does not include listed investments, annuity funds, or term deposits.



Total

Must add up to 100% including the Cash Account allocation

#### Step 11: Term deposit details (optional)

Please select the term dep	posit provider:	
Adelaide Bank <b>OR</b>	National Australia Bank	OR ANZ Bank
Please select the timefran	ne of the term deposit to be opened:	
6 months OR	12 months	
Amount of term deposit	\$	Note: A minimum of \$5,000 per term deposit applies

Where this Investment Instruction for a term deposit is made the 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 this new account is processed.

#### 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:

Investor Advice Fee

Fixed Term Arrangement is for fees that cover a twelve month period or less. The form must be signed within 90 days of the start date. If the supplied start date is in the past, the date will default to the date the application is processed.

You cannot elect to have an Investor Advice Fee – Upfront if you have agreed to have 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: Investor advice fees

- IOOF Investment Services Limited (IISL), as service operator of your account, is required to obtain specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.
- You may revoke your consent at any time by contacting IISL via the options at the end of this form. Once your consent is revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent will not be automatically refunded.
- The default value for each investor advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Where you agree to an investor advice fee, please ensure you sign the 'Investor advice fees' declaration in Step 16.
- Asset-based fees cannot be charged where geared or borrowed funds have been used to invest. This means a percentage-based investor advice fee cannot be charged where you have borrowed funds through a margin lending facility. This restriction also applies where any other borrowed funds have been used to invest, in any form.
- The investor 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 IOOF Pursuit Select Investment Service (the Service) may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Service is able to claim an RITC the benefit is passed on to you which effectively reduces the fee. Note that the RITC legislation are subject to change and this may impact the RITC available in the future.

#### **Consent End Date**

If you are selecting a Advice Fee – Ongoing, or Advice Fee – Upfront please provide your consent end date below:

Consent end	date	(required)
CONSENT ENU	uale	(iequiieu)

/		/		Y	Y	

The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue. Your consent to an ongoing fee arrangement ends 150 days after the next anniversary date.

#### (1) Investor Advice Fee – Upfront

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

The Investor Advice Fee – Upfront does not apply to transfers of investments from an existing IOOF investment service account into IOOF Pursuit Select Investment Service. The Investor Advice Fee – Upfront will be applicable to all future monies received through these methods.					
You can agree to nominate a different Investor Advice Fee – Upfront for each of the following types of deposits:					
Up to a maximum of 5.5% (inclusive of GST) of each deposit.		1			
Initial or additional (one-off) deposits received via cheque		%	(inclusive of GST)		
Deposits received via Direct Debit Request (one-off and Regular Savings Plan) and BPAY		%	(inclusive of GST)		

Your adviser has estimated a fee of \$

This fee will be calculated using the percentage fee above and applied against your deposit amount and will be charged to your account as deposits are received.

for the 12 months commencing

#### (2) Investor 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	\$ 	
Tier 2	Next	\$ 	
Tier 3	Next	\$	
Tier 4	Next	\$ 	
Tier 5	Next	\$	
	er has estir		for the 12 months commencing $\Box$ $\Box$ $\Box$ $I$ $M$ $M$ $I$ $Y$ $Y$ $Y$

I his fee will be calculated daily using the percentage fee above applied against your daily account balance and will be charged to you account monthly in arrears at the beginning of each month.

#### AND/OR

#### (b) Flat dollar fee

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

\$ \_\_\_\_\_ per month (inclusive of GST)

#### (3) Investor 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

Ş	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 AFSL
- is a representative of a current AFS Licensee.

#### Financial adviser details

Dealer name																							
Financial adviser name																							
Contact name																							
AFSL												Fina		l adv num									
If you are a new financial ad	lviser <sup>4</sup>	to I(	DOF	Inves	men	it Serv	vices l	Ltd p	olease	e also	о со	ompl	ete	the	follo	wing	deta	ails:					
Business name																							
Business address																							
Suburb													_		Sta	to			Post	cod			_
Mailing address (if different from above)													_		510				rost				
Suburb															Sta	to			Post	cod			
Phone			]				1						Pho nobi										
Email														10)									_
Internal client reference number (if applicable)																							

4 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:

- I declare that I hold a current AFSL **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- 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 Service Operator to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Service Operator 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 online withdrawal 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.
- I agree that any investor advice fees will cease to be charged for this account once the Service Operator is notified of the death of the applicant.
- I consent to provide the Service Operator access to all proof of identification records for the purposes of this Application if requested (pursuant to the AML/CTF legislation Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation and:

I have attached original certified copies 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 the relevant FSC/FPA Identification form(s), 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)**. Note: This option applies only to Individual/Joint investors.

Record of proof of identity (ID) <sup>5</sup>	ID document 1	ID document 2
Verified from	Original Certified copy	Original Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	N/A Sighted	N/A Sighted
document on www.ioof.com.au. It also inclu	of of identity which can be attached or verified and retain udes a list of persons authorised to certify copies of origin	nal documents.
declare that I have signled and retaine	d certified copies of the documents recorded ir	n the Record of proof of identity table.
Signature		Date / / /
Name of financial adviser or		

#### Step 14: Electronic communications (optional)

Please tick this box if you agree to receive communications from the Service Operator 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 Offer Document.

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

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

#### Step 15: Representative appointment (optional)

To appoint another person (such as spouse, relative, accountant or solicitor) to operate your investment account, please tick the box next to Representative facility and fill in the section below it. Please provide the appropriate proof of identity documents for your representative.

Representative facility

I/We have read and agree to the conditions as detailed in the section of the Offer Document entitled How to appoint a representative to act on your behalf. I/We appoint the following person as my/our representative:

Title (Dr/Mr/Mrs/Ms/Miss)				Surname											
Given name(s)															
This section must be comple	ted. Note	e: PO Box	can onl	y be provid	ed under	'mai	ling add	ress'.							
Residential address															
Suburb									State			Postc	ode 🛓		
Mailing address (if different from above)															
Suburb									State			Posto	ode [		
Phone							Pho (mobi								
Email															
Date of birth		/	/							Gender		Male		Fem	ale 📃
Signature									Date		/		/		

#### **Proof of identity**

In accordance with the AML/CTF legislation, we apply proof of identity procedures for representatives as they act as agents. Please provide the appropriate documents, as outlined in 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.

If you complete the Representative appointment section of this form but do not provide the required identification documentation we will be unable to verify the information and your application may be delayed or refused.

#### Step 16: Applicant declaration and signature(s)

In signing this Application, I/we declare that:

- I/we have received, read, signed and understood all aspects of the Offer Document, accompanied by, or attached to this Application within Australia.
- I/we wish to apply to establish an account in the IOOF Pursuit Select Investment Service (the Service)
- all details in this Application are true and correct and I/we undertake to inform the Service Operator of any changes to the information supplied as and when they occur
- I/we am/are aware that information provided about me/us and my/our accounts will be provided to the Australian Taxation Office and any relevant international taxation authority
- I/we acknowledge that by investing through the Service, I/we do not have access to some of the rights and entitlements that would otherwise be available to me/us as a retail investor if I/we invested in the underlying investment options directly. I/We understand that this includes not having the same rights as direct retail investors or not having access to:
  - cooling-off rights (see the 'Cooling-off period' section of the Offer Document and the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of the IOOF Pursuit Select investment guide (PSI.01))
  - withdrawal rights (see the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of PSI.01)
  - voting rights (see the 'Voting policy' section of the Offer Document and the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of PSI.01)
  - corporate actions (see the paragraph entitled 'Corporate actions' in PSI.01)
- I/we are aware that if I/we invest in the Service without the assistance of a financial adviser, that we may not be fully aware of the risks and benefits of investing according to our personal circumstances and financial or tax position (see the 'What are the risks' section of the Offer Document).

#### **Proof of identity**

- I/We 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 legislation.
- I/We confirm that I/we have correctly indicated our foreign residency or United States tax residency status in Part A of this Application form and during the Customer Identification process.
- If I/we are an applicant under Part B or Part C of this Application, I/we confirm that we have correctly indicated our identification and tax residency information in the accompanying FSC/FPA Identification forms (if I/we have a financial adviser), or, the Additional Tax Information Form (if I/we do not have a financial adviser).
- If I/we previously have opened an IOOF product and my/our adviser has not conducted the customer identification procedure under the AML/CTF legislation in conjunction with this application, I/we confirm that we are not a U.S. citizen(s) or resident(s) and/or any other foreign resident for tax purposes, or are not purchasing this product on behalf of another foreign resident and/or U.S. citizen or resident for tax purposes.

#### Privacy

Information (including my/our personal information) provided to the Service Operator is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing me/us with the products or services I/we have requested, the Service Operator may disclose my/our personal information to its related bodies corporate, a person with whom I/we have a joint investment, my/our financial adviser, professional advisers, businesses that have referred me/us to the Service Operator, banks and other financial institutions, or to provide me/us with information about other products or services that may be of interest to me/us.

The Service Operator is required to collect my/our personal information under the *Corporations Act 2001* and the AML/CTF legislation. If I/ we do not provide all of the requested information, the Service Operator may not be able to action my/our request. To verify my/our identity for Know Your Customer (KYC) purposes, the Service Operator may also solicit personal information about me/us from reliable identity verification service providers.

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

I/we understand that if I/we provided the personal information of other persons to the Service Operator, it is my/our responsibility to inform those persons and to refer them to the Service Operator's privacy policy.

#### **Margin Lending**

I/We acknowledge that I/we have read and understood the obligations under margin lending arrangements in respect of my/our account in the Service as detailed in the Offer Document.

#### **Regular Savings Plan and Investment Instructions**

- I/We acknowledge that at any time of purchase of the managed investments, I/we may not have been provided with the current product disclosure statements (or supplementary) for the applicable managed investments.
- I/We also acknowledge that these investments may continue to be purchased through the Service until I/we instruct otherwise or terminate the Service, the Regular Savings Plan or Investment Instruction.

#### **Cash Account**

If there are insufficient holdings in my/our Cash Account to meet future expenses, I/we direct the Service Operator to redeem all or part of my/our investment options in accordance with the Cash Account top-up instruction.

#### **Electronic communications**

If I/we have consented to receive any communications from the Service Operator electronically, then I/we do so on the terms and conditions as set out in the Offer Document.

#### Transferring from an existing IOOF Portfolio Service Investments account

If I/we am/are transferring from another IOOF Portfolio Service Investments account, then I/we do so on the terms and conditions set out in the Offer Document.

#### **Representative Appointment (if applicable)**

- I/We have read and agreed to the conditions applying to the appointment of a representative in the Offer Document.
- I/We release, discharge and agree to indemnify the Service Operator and any other related body corporate within the IOOF group from and against any actions, proceedings, claims, losses, liabilities or costs arising from this authority, or the exercise of powers by the representative under this authority.
- I/We authorise the Service Operator to continue to follow instructions regarding this authority until notice in writing to cancel the authority is received.

#### Financial adviser (if applicable)

- If I/we have acquired the services of a financial adviser to obtain advice concerning my/our investment in IOOF Pursuit Select Investment Service, then I/we confirm that I/we have been fully informed of the nature and risks of the selected investment options and am/are satisfied these investments are suitable for my/our investment needs.
- The Service Operator will acquire the services of my/our financial adviser who will act on my/our behalf in relation to managing my/our account.
- I/We hereby authorise my/our current or any future financial adviser and their staff, to act as my/our agent to operate my/our account, to give any instructions on my/our behalf in relation to my/our account to the Service Operator by any methods as set out in the Offer Document and to withdraw any funds from my/our account and authorise payment of the withdrawal to the bank account nominated in this form (or any bank account I/we nominate in future).
- I/We release and indemnify the Service Operator 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 Service Operator acting or omitting to act on instructions given by my/our financial adviser and their staff under this authority.
- I/We authorise the Service Operator to continue to follow instructions given under this authority until the Service Operator receives notice in writing signed by me/us to cancel the authority.
- I/We acknowledge that I/we will promptly advise my/our financial adviser and/or Service Operator if any of my/our details change at any time.
- I/We understand this authority applies to my/our current or any future financial adviser and their staff, acting as my/our agent.

#### **Investment Instructions**

- The Service Operator, is directed to process the Investment Instructions specified on this form.
- The Investment Instructions provided in this form override any previous Investment Instructions.
- My/Our main Investment Instruction will be my/our Primary Instruction and will be used for my/our initial deposit and all additional deposits (less any Investor Advice Fee Upfront) and income distributions (if applicable), unless I/we provide the Service Operator with alternate instructions. I/We 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/we have omitted to insert an amount against the Cash Account in my/our Investment Instruction, I/we authorise the Service Operator 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/we authorise the Service Operator 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.

#### Investments with extended redemption periods

- I/We acknowledge that if I/we make an investment in an investment option that is designated as an investment option with an extended redemption period (in the investment menu as updated on my/our website), I/we have been informed that:
  - the Service Operator is not required to transfer the whole of my/our withdrawal amount (or a partial amount requested to be transferred) until after receiving all that is necessary to process my/our 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 which may be up to 365 days for some investment options with an extended redemption period.
- I/We understand and accept the conditions as outlined above when investing in an investment option with an extended redemption period because of the illiquid nature of the investment.

#### Product disclosure statements for managed investment options

- If I/we have acquired the services of a financial adviser to obtain advice concerning my/our investment in the Service, then I/we confirm that I/we have been fully informed of the nature and risks of the selected investment options and am/are satisfied these investments are suitable for my/our investment needs.
- The Service Operator will acquire the services of my/our financial adviser selected by me/us to provide financial advice and services in relation to my/our account in the Service.
- I/We have received, read and understood the current product disclosure statements for the relevant underlying managed investment(s). I/we have selected and I/we agree to be bound by the terms and conditions of those documents.
- The Service Operator has provided me/us with the product disclosure statement(s) for the managed investments I/we have selected via the IOOF website and I/we agree to receive these product disclosure statement(s) by obtaining them from the website.
- I/We 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 Service.

#### **Investment options**

- If I/we choose not to acquire the services of a financial adviser, I/we understand the risks and effects of this investment and take full responsibility for my/our choice of investment options.
- I/We acknowledge that certain investment options are only available if I/we am/are a client of a particular financial adviser or AFS Licensee, and if I/we cease to be a client of that financial adviser or AFS Licensee, I/we will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the IOOF Pursuit Select investment guide (PSI.01) for information on these exclusive investment options).

#### **Direct Share Choice**

I/We have read, understood and agree to be bound by the terms and conditions, investment limits, order rules, dividend reinvestment plan and corporate action requirements and other listed investments information set out in the IOOF Pursuit Select investment guide (PSI.01).

#### Term deposits

If I/we have invested in term deposits:

- I/we have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the Offer Document.
- the Service Operator provided me/us with the product guide for the underlying term deposit I/we have selected via the IOOF website and I/we agree to receive the product guide by obtaining it from the website.
- I/we have received (either from the IOOF website 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/we have selected.
- I/we acknowledge that this Investment Instruction for a term deposit will be processed before any other Investment Instruction relating to my/our new account is processed.

#### Portfolio Management fee (applicable to clients when using the Managed Portfolio Service only)

- The amount of any Portfolio Management fee that is paid to the managed discretionary account operator, Managed Portfolio Services Limited, as agreed by me separately in the Managed Portfolio Service Investor Agreement, will be an additional cost to me and charged against my account.
- I authorise the Service Operator to charge the agreed Portfolio Management fee against my account.

#### Joint Investors

If the account is in joint names, then both applicants are required to sign overleaf.

#### Trustees or Applicants investing on behalf of another

- I/We acknowledge that if I/we are a trustee investing on behalf of another, the individual who is recorded in the Service as the investor (account holder) will be the only person recognised by the Service Operator as authorised to give instructions
- I/We warrant that I/we have full power and authority under the terms of the Trust to enter into and perform the terms and conditions as set out in the Offer Document, and I/we acknowledge and agree that these terms and conditions will bind me/us both personally and as a trustee
- I/We acknowledge that no beneficial interest holders will be recognised by the Service Operator.

#### **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 form. 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 Service Operator 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.

### Step 17: Applicant declaration and signature(s) continued

Applicant(s) signate	ure(s)														
Part A – Individual	Investor or Joint Investors														
Signatory 1		Date / / / /													
Full name															
Signatory 2 (if applicable)		Date / / /													
Full name															
Corporate Investors	s														
This Application must be sign															
a under common seal; and,	/or														
<b>b</b> by two directors or a directors	ctor and the company secretary; or														
c by the sole director (when	re applicable) who is also the sole company secretary.														
Part B – Companies	nies or Other Investors														
Signatory 1		Date / / /													
Title (such as Director/Sole Director/Company Secretary)															
Full name															
		]													
Signatory 2		Date / / /													
Title (such as Director/Sole															
Director/Company Secretary)															
Full name		7													
Signatory 3 (for additional															
Trustees if applicable)															
Title (if applicable)															
Full name															
Signatory 4 (for additional Trustees if applicable)		Date / / /													
Title (if applicable)															
Full name															
		]													
Common seal (of company) if required															

#### Investor advice fees (if you completed Step 12)

- I/We authorise the Service Operator to charge the investor advice fee(s) selected against my/our account.
- The amount of any investor advice fee(s) that are paid to my/our financial adviser or their Australian Financial Services Licensee (Licensee) as agreed by me/us, will be an additional cost to me/us and charged against my/our account. An investor advice fee will not be charged unless I/we tell the Service Operator to do so.
- Any agreed investor advice fee(s) will be charged to my/our account and paid in full to the financial adviser, or their Licensee until I/we instruct the Service Operator to cease payment or when I/we change my/our nominated financial adviser.
- Where I have chosen Ongoing fees, I understand the consent for IISL to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid.
- I understand my consent for a fixed term arrangement, will last until the end date stated above.
- I understand I can withdraw my consent or vary the ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting ClientFirst.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the Service Operator before the fee is paid.

#### Applicant(s) signature(s)

Part A – Individual I	nvestor or Joint Investors	1			
				/	
Signatory 1		Date			
Full name					
Signatory 2 (if applicable)		Date	/	/	
Full name					
Part B – Companies	or Other Investors				
Signatory 1		Date	/	/	
Title (such as Director/Sole Director/Company Secretary)					
Full name					
Signatory 2		Date		/	
Signatory 2 Title (such as Director/Sole					
Director/Company Secretary)					
Full name					
Signatory 3 (for additional				/	
Trustees if applicable)		Date			
Title (if applicable)					
Full name					
Signatory 4 (for additional Trustees if applicable)		Date	/	/	
Title (if applicable)					
Full name					
-					
Common seal (of company) if required					

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

# IOOF Pursuit Select Investment Service options and important information

#### Regular Savings Plan (via completing the Direct Debit Request form (Form C))

To commence a Regular Savings Plan you must complete the Direct Debit Request form (Form C) attached, or you can download the Direct Debit Request form, available online, or call ClientFirst on 1800 913 118.

#### Transferring from an existing IOOF investment service account

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 Select Investment Service will be transferred to your new IOOF Pursuit Select Investment Service account. Cash from any investment options which has to be redeemed will be transferred to and remain in your IOOF Pursuit Select Investment Service Cash Account until you provide further instructions.

If you wish to provide a Re-weight or Switch Instruction for 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.

# 100F **PURSUIT** SELECT – FORM B



1 July 2021

## Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across IOOF Pursuit Select products.<sup>1</sup>

#### Terms and conditions

- Each person applying to link for the purpose of Family Fee Aggregation must be a member of the same immediate family (husband, wife, partner, son, daughter, father, mother, brother, sister, grandparent or grandchild) and in-laws of the immediate family. It also includes multiple accounts for the same person.
- Any new Family Fee Aggregation nomination will override any previous nomination.
- A maximum of six accounts are allowed to be linked together for Family Fee Aggregation purposes.
- Accounts nominated for Family Fee Aggregation within the same group must be associated with the same financial adviser.
- A Family Fee Aggregation request can be rejected and a linking can be cancelled at any time by us.
- Each linked account will be able to view information via Portfolio Online about the other accounts in the Family Fee Aggregation group, including names, account numbers, commencement dates and annual administration fee discounts for the year.

Any account(s) in the IOOF Pursuit Select Investment Service held in the name of a trust or company can be linked for the purposes of Family Fee Aggregation, provided that either a director or trustee has a linked account in their own name or the director or trustee is an immediate family member with another linked account.

The Trustee/Service Operator collects the information in this form for the purpose of processing the application. Any personal information provided in this form will be handled in accordance with the Trustee's/Service Operator's privacy policy at www.ioof.com.au/privacy

Please ensure that each linked account holder (including yourself) completes and signs this form, and that each account holder has read and understood the terms and conditions of this form and the information in the relevant PDS or Offer Document.

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

#### Linked account 1

Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnar	ne									
Given name(s)																
Account number (if known)						-		_								
Date of birth		/		/												
Relationship to group (such as husband, wife)																

**Declaration:** I have read the current PDS and/or Offer Document, and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Characteria	Dutu	] / [	/		
Signature	 Date	J	J		

#### IOOF **Pursuit Select** | Family Fee Aggregation Application

#### Linked account 2

Title (Dr/Mr/Mrs/Ms/Miss)																						
							Su	rnam	e													
Given name(s)																						
siven name(s)								_ [		1						 	I			I	 	L
Account number (if known)			1							] -												
Date of birth			/			/																
Relationship to group																						
such as husband, wife)																						
Declaration: I have read the ccount(s) to be linked to oth nformation I have disclosed	her p	artie	es de	taile	d or	n this	forr	m for										~ `	-		 -	
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inked account 3																						
itle (Dr/Mr/Mrs/Ms/Miss)							Su	rnam	e													
iiven name(s)																						
iiveit fiattie(s)								Γ		1												1
ccount number (if known)			1							] -												
Date of birth			/			/																
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uch as husband, wife)																 						
such as husband, wife) Declaration: I have read the ccount(s) to be linked to oth	her p	artie	es de	taile	d or	n this	forr	m for									-		-			
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such as husband, wife) Declaration: I have read the ccount(s) to be linked to oth nformation I have disclosed	her p	artie	es de	taile	d or	n this	forr	m for						he A			-		-			
such as husband, wife) Declaration: I have read the ccount(s) to be linked to oth nformation I have disclosed ignature	her p	artie	es de	taile	d or	n this	forr	m for						he A	dmii		-		-			
such as husband, wife) Declaration: I have read the ccount(s) to be linked to oth nformation I have disclosed ignature .inked account 4	her p	artie	es de	taile	d or	n this	forr	m for	the pu					he A	dmii		-		-			
such as husband, wife) <b>Declaration:</b> I have read the ccount(s) to be linked to oth iformation I have disclosed ignature <b>Linked account 4</b> itle (Dr/Mr/Mrs/Ms/Miss)	her p	artie	es de	taile	d or	n this	forr	m for	the pu					he A	dmii		-		-			
such as husband, wife) <b>Declaration:</b> I have read the ccount(s) to be linked to oth iformation I have disclosed ignature <b>Linked account 4</b> itle (Dr/Mr/Mrs/Ms/Miss)	her p	artie	es de	taile	d or	n this	forr	m for	the pu					he A	dmii		-		-			
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Relationship to group such as husband, wife) Declaration: I have read the account(s) to be linked to oth information I have disclosed Gignature Linked account 4 Title (Dr/Mr/Mrs/Ms/Miss) Given name(s) Account number (if known) Date of birth Relationship to group	her p	artie	es de	taile	d or	n this	forr	m for	the pu					he A	dmii		-		-			

		] ,			
Signature	 Date	] /	/		

#### Linked account 5

Title (Dr/Mr/Mrs/Ms/Miss)		Surname						
Given name(s)								
Account number (if known)		_						
	/							
Date of birth Relationship to group (such as husband, wife)								

**Declaration:** I have read the current PDS and/or Offer Document, and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

													1		1		
Signature										C	Date		] /		/		
Linked account 6																	
Title (Dr/Mr/Mrs/Ms/Miss)				Su	rnan	ne											
Given name(s)																	
Account number (if known)					- [		] –										
Date of birth	/		/														
Relationship to group (such as husband, wife)																	

**Declaration:** I have read the current PDS and/or Offer Document, and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature	Date	/	] /		
Signature	Date				_

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

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1 July 2021

## Direct Debit Request (DDR)

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

#### **Step 1: Investor details**

	1								
					_		_		
Account number (if known)	1								

#### Status of investor

Individual Investor (complete Part A below)

Joint Investors (complete Part A below)

Corporate Investor (complete Part B below)

Trust (complete Part B below)

 $\Box$  Incorporated/Unincorporated club/body (complete Part B below)

igsquirin Self-managed Superannuation Fund (complete Part B below)

Deceased Estate (complete Part B below)

#### Part A - Individual Investor or Joint Investors

#### Applicant/Investor 1

Title (Dr/Mr/Mrs/Ms/Miss)					Su	irnar	ne									
Given name(s)																
Date of birth		/		/												

#### Applicant/Investor 2 (for joint investors only)

Title (Dr/Mr/Mrs/Ms/Miss)					Su	ırnar	ne									
Given name(s)																
Date of hirth		/		/												

Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Self-managed Superannuation Fund, Incorporated/Unincorporated Club/Body or Deceased Estate

Name of Entity/Company														
Name of Trust														

#### Name of Contact Person

Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnam	ne [									
Given name(s)																
Date of birth		/		/												

#### Step 2: Type of instruction

Depending on the type of instruction(s) you wish to give, please  $\checkmark$  tick the applicable box(es) and follow the relevant steps in this form.

Ins	truction	Steps to complete
	One-off deposit	Steps 3, 7 and 8
	New Regular Savings Plan	Steps 4, 5, 6, 7 and 8
	Change to an existing regular savings amount	Steps 5 and 8
	Change to an existing debit frequency	Steps 6 and 8
	Change to your nominated account with a financial institution	Steps 7 and 8
	Cancellation of an existing direct debit request.	Step 8

#### Step 3: One-off deposit

	2	0	
	_		

Please indicate the preferred date of the one-off payment

Please note that applications to establish a one-off payment must be received at least five business days before the preferred date to ensure that your deduction is processed. If an application is not received within this timeframe or no date is specified, the one-off payment will be deducted on the next processing date possible.

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

Ċ.

Please ensure you have completed Step 3: Initial deposit details in the Application (Form A) (new applicants only).

#### Step 4: Regular Savings Plan

Please indicate the commencement date of the first payment

1	5	/			/	2	0		
---	---	---	--	--	---	---	---	--	--

Please note that applications to establish a direct debit must be received at least five business days before the 15th of the month to ensure that your deduction is processed that month. If an application is not received within this timeframe, it will be processed either that month or the following month (and then continue regularly according to the frequency you select).

#### Step 5: Regular savings amount

Please indicate the regular amount to be debited from your nominated account with a financial institution and deposited into your Cash Account:

Regular amount to be debited


#### Please note:

- For new applicants, a direct debit will not normally be established until an initial deposit of at least \$2,500 has been made.
- The amount of regular savings will be debited from your nominated account with a financial institution on the 15th day of the relevant month (or the nearest business day after the 15th).
- You will need to complete an Investment Instructions form to provide us with an Investment Instruction specifying the managed investment(s) you wish to utilise for regular deposits.
- If you do not provide an Investment Instruction, the regular deposits will remain in your Cash Account, until an instruction is provided.

#### **Step 6: Debit frequency**

\_\_\_\_ Monthly

Quarterly

Half-yearly

#### **Step 7: Financial institution details**

Name															
Branch															
Address															
Suburb								Sta	te		Po	stco	de		
Account name															
BSB	-		Acc	ount r	numł	oer L									

Until further notice in writing, I/We, the holder(s) of the above account, authorise and request the Service Operator 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 investor under the agreement between the investor and the Service Operator.

#### Step 8: Applicant/Investor declaration and signature(s)

The Service Operator collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled 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 Service Operator 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.

#### Note for joint investors

If the financial institution account in Step 7 is held in the names of joint investors, both investors must also sign under Part A.

#### Note for third parties

If the financial institution account in Step 7 is held in the name of the investor and a third party, or third party/ies only, the third party/ies must also sign under Part C on the next page.

A third party is a person/company/employer who is not the holder of the IOOF Pursuit Select Investment Service account that this direct debit arrangement relates to.

#### Note for Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney with this form. If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

#### Note for corporate investors

This Application must be signed either:

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

I/We authorise that for any subsequent one-off deposits or to increase or decrease a deposit amount nominated under this Direct Debit Request service agreement, I/we must provide valid instructions to the Service Operator by letter or via email either directly to the Service Operator or via my/our adviser.

#### Part A - Individual Investor or Joint Investors

Signatory 1 Full name	Date / /
Tuirname	
Signatory 2 (if applicable)	Date / / /
Full name	

#### Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Self-managed Superannuation Fund, Incorporated/Unincorporated Club/Body or Deceased Estate

Signatory 1								D	ate		/		/		
Title (such as Director/Sole Director/Company Secretary)															
Full name															
				 	 	 			ſ			 	ſ	 	 
Signatory 2		 	 	 	 	 		D	ate		/		/		
Title (such as Director/Sole Director/Company Secretary)															
Full name															
Signatory 3 (for additional Trustees if applicable)		 	 	 	 	 		D	ate		/		/		
Title (if applicable)															
Full name															
Signatory 4 (for additional Trustees if applicable)								D	ate		/		/		
Title (if applicable)															
Full name															
Common seal															

(of company) if required

#### Part C – Third party 1

Surname					-				
Given name	Given name								
Title (if appli	Title (if applicable)								
Signature									
Date									
Plassa sign and raturn this form to:									

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
Service Operator	IOOF Investment Services Ltd,
	ABN 80 007 350 405, AFSL 230703

#### Third party 2

Surname									
Given name									 
Title (if applic	able)								
Signature	Signature								
Date		/							

#### Common seal (of company) if required

# 100F **PURSUIT** SELECT – FORM C



1 July 2021

## Direct Debit Request (DDR) service agreement

#### Please retain this service agreement for your records. Direct Debit Request facility

- In addition to making one-off deposits, investors in IOOF Pursuit Select Investment Service have the opportunity to make a one-off deposit or implement a Regular Savings Plan through a DDR arrangement.
- The DDR arrangement enables you to instruct the Service Operator – IOOF Investment Services Ltd (IISL)
   ABN 80 007 350 405, AFSL 230703 via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032 105) to make one or more deductions 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.

#### IISL's service commitment

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

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 periodically debit from your nominated account with a financial institution, a specified amount or amounts for deposit into your Cash Account.

#### Drawing arrangements

#### One-off deposit

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.

#### **Regular Savings Plan**

Deposits will be deducted from your financial institution account on the 15th day of each month, or nearest business day after the 15th day of the month, in accordance with the frequency you have nominated.

If you are uncertain as to when a deduction will be made, please contact us. We may, in our absolute discretion, at any time by notice in writing to you, suspend or terminate the drawing arrangement.

#### 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 Services Ltd, Reply Paid 264, Melbourne VIC 8060. Phone: 1800 517 124.

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:	800 931 678 (Free call)
Mail:	Australian Financial Complaint

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.

Where the designated bank account is that of a third party, it is your responsibility to advise us to cease deductions on that account if payments from that account are to cease. No refund of over payments will be made if we are not advised to cease deduction of payments from a third party account.

# Contact us

**Postal address** GPO Box 264

Telephone

**Facsimile** 

**Email** clientfirst@ioof.com.au

Website www.ioof.com.au

#### **Service Operator**

IOOF Investment Services Ltc Level 6, 161 Collins Street Melbourne VIC 3000