

100F PURSUIT SELECT — FORM B

30 November 2019

Request to Transfer

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

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

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

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund.
 We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

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

This form, including the certificate of compliance, should be sent to us by post.

Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)						I	Su	ırnar	ne																	
Given name(s)																										
Residential address																										
Suburb																Stat	e [Post	tcod	de [
Date of birth			/			/											G	ende	er	Mal	le [F	ema	ale [
Please nominate the IOOF Pu	ırsuit	t Sel	ect p	orod	uct 1	that	will	rece	ive t	he tr	anst	er o	f sup	era	nnuat	tion	ben	efit:								
IOOF Pursuit Select Person	onal	Sup	erar	nnua	tion	(Uni	ique	Sup	erar	nnua	tion	Ider	ntifie	r (U	SI) IOI	F008	3AL	I)								
IOOF Pursuit Select Alloc		·																								
IOOF Pursuit Select Term	n Allo	ocat	ed P	ensid	on (l	Jniq	ue S	upe	ranr	uati	on lo	dent	ifier	(USI) IOFO	0085	AU)									
								_			_															
Account number (if known)			1				1								1											
ABN	7	0	_	8	1	5	_	3	6	9	_	8	1	8												

Step 2: Details required for transfer

Section A: Details of your FROM fund

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

Name of your FROM fund ¹																	
ABN¹		_			_		-										
Unique Superannuation Identifier (USI) ¹																	
Account/member number ¹																	
Member client identifier ¹ (if different from Account/member number)																	
Address																	
Suburb										Sta	ate		Pos	stco	de		
Phone																	
Name of previous employer (if applicable)																	
Date left employer (if applicable)		/		/													

Section B: Benefit to be transferred

Amo	ount to be transferred								
	Entire balance (account in the FROM fund will be closed). Approximate value \$								
	Please indicate if the following condition is met if you are making a transfer into an IOOF Pursuit Select Term Allocated Pension.								
	The existing pension receives at least a partial Centrelink assets test exemption.								
	Partial balance of \$ (not applicable for transfers into IOOF Pursuit Select Term Allocated Pension)								

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer (not applicable for transfers into IOOF Pursuit Select Term Allocated Pension).

We recommend that you seek taxation advice prior to authorising a transfer.

Payment instructions to FROM Fund (SMSF only):

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

Step 3: Member/Applicant declaration and signature

By signing this request form, I am making the following statements:

- I declare that I have fully read this form and declare that the information completed is true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF superannuation product.
- I discharge the trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- I authorise the trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my nominated IOOF account and I authorise the Trustee to act on my behalf in arranging and receiving
- . I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF superannuation product (subject to legislative restrictions).
- I understand that my personal information will be managed in accordance with the privacy policy (available at www.ioof.com.au/privacy), which contains information about how I may access and seek correction of my personal information and how I can make a complaint about a breach of my privacy.
- If I have provided my TFN, I consent to it being disclosed for the purpose of consolidating my account.
- I have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.

Member/Applicant	signature	
Signature		Date / / /
Please sign and return this for	rm by post to: IOOF Pursuit, Reply Paid 264, Melbourne	, VIC 8060

1800 913 118 Telephone

IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524 Trustee



Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

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

- IOOF Pursuit Select Personal Superannuation (Unique Superannuation Identifier (USI) IOF0083AU)
- IOOF Pursuit Select Allocated Pension (Unique Superannuation Identifier (USI) IOF0084AU)
- IOOF Pursuit Select Term Allocated Pension (Unique Superannuation Identifier (USI) IOF0085AU)

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

Frank Lombardo

Group General Manager Client & Process

On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited ABN 53 006 695 021 AFSL 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address Reply Paid 264, Melbourne, VIC 8060

Telephone 1800 913 118 **Facsimile** 03 8614 4431

Email clientfirst@ioof.com.au