

Step 3: Frequency of payment

Select the frequency of payment.

Twice-monthly Monthly Quarterly Half-yearly Annually

Please insert the date you wish your pension payment to commence:

| | | | | | | |
|---|---|---|---|---|---|---|
| M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|

Step 4: Pension payment day

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

14th of the month 28th of the month

Pension payments are made by the 14th or 28th day of the month, unless you have selected the twice monthly option, whereby 24 payments per year will be payable by the 14th and 28th of each month.

Step 5: Automatic indexation of pension payment (if applicable)

If you have elected to always receive the minimum or maximum annual pension amount, you cannot nominate to have your annual pension payments indexed each year, please go to Step 5.

If you would like your annual pension amount to be automatically indexed each year (effective the following financial year) please specify as follows:

CPI

Other automatic increase %

Step 6: Member declaration

By signing below, I declare that:

- I have fully read this form and declare that the information completed is true and correct.
- I have fully read, understood and consent to the collection, use, storage and disclosure of my personal information as described in the relevant Product Disclosure Statement and in the IOOF Group Privacy Policy which is available on the IOOF web site www.ioof.com.au.

Signature

Date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
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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 Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

Please sign and return this form to

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

Email clientfirst@ioof.com.au

Facsimile 03 8614 4431

Enquiries 1800 913 118