

Linked member/investor 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Account number (if known)	<input type="text"/>	-	<input type="text"/>
Date of birth	<input type="text"/>	/	<input type="text"/>
Relationship to group (such as husband, wife)	<input type="text"/>		

Declaration: I have read the current PDS and/or Offer Document, and the terms and conditions of 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	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Linked member/investor 3

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Linked member/investor 4

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Please sign and return this form to:

Post: IOOF Portfolio Service, Reply Paid 264, Melbourne, VIC 8060
Email: clientservices@ioof.com.au
Fax: 1800 558 539
Enquires: 1800 062 963