



Appointment of representative and/or Financial Adviser Authority

Please complete these instructions in BLACK INK using CAPITAL LETTERS.

Important note:

To appoint and authorise a representative (other than your financial adviser) to operate your account please complete Step 2.

To authorise your financial adviser to operate your account please complete Step 3.

Do not use this form to APPOINT or CHANGE your existing financial adviser.

Step 1: Member details

Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Step 2: Appointment of a representative

I hereby appoint the following person as my representative for the purposes listed below.

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Date of birth / /

Signature of representative Date / /

I authorise my representative to do the following in relation to my account:

- make enquiries about my account
- direct the trustee to establish/change my investment strategy and/or future cashflow (excluding MySuper members)
- request a full or partial withdrawal (payable only to me)
- alter the amount of my pension payments.

Important note:

In accordance with AML/CTF, we have determined to carry our proof of identity procedures for representatives as they act as agents. Please refer to the 'Completing proof of identity' document on www.ioof.com.au and provide the appropriate identification documents for your representative listed above.

Step 3: Financial Adviser Authority

By providing this authority, you **authorise** your financial adviser to operate your account and authorise your financial adviser and/or their staff to give instructions in relation to your account.

Dealer name	<input type="text"/>																												
Financial adviser name	<input type="text"/>																												
Contact name	<input type="text"/>																												
AFS license number	<input type="text"/>										Financial Adviser number	<input type="text"/>																	
Adviser signature	<input type="text"/>																				Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby **authorise** my financial adviser and their staff, as my agent, to do the following:

- operate my account and to give instructions on my behalf in relation to my account to IOOF by any method acceptable to IOOF, including electronically
- submitting a switch or reweight instruction, establishing or changing investment instructions; and
- requesting withdrawals (where applicable) from my account to my nominated bank account.

This authority **does not authorise** my financial adviser to

- change the name on my account
- authorise any change in fees and charges
- sign any form on my behalf where the law or an external party requires my signature on the form
- or authorise any other person to operate my account.

Step 4: Prenominated bank account details

You can only nominate a bank account that is solely/jointly in your name in this Step. The nominated bank account below will be used for any withdrawals. Please note the account must be held either solely or jointly in your name.

Name of financial institution	<input type="text"/>																											
Account name	<input type="text"/>																											
BSB	<input type="text"/>	-	<input type="text"/>	Account number	<input type="text"/>																							

Step 5: Member declaration

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you.

The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

I accept the terms outlined below:

- I release and indemnify the Trustee and any member of the IOOF Group from and against all demands, action, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with the Trustee acting or omitting to act on instructions given by my financial adviser or by the appointed representative in 'Step 2' under this authority;
- I authorise the Trustee to continue to follow instructions given under this authority until the Trustee receives notice in writing signed by me to cancel the authority.

Member signature	<input type="text"/>																				Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------	----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

Please forward all correspondence and enquiries to

Post GPO Box 264 Melbourne VIC 3001
Email clientfirst@ioof.com.au
Telephone 1800 913 118
Web www.ioof.com.au