



## Change of Details

- **IOOF Employer Super**
- **IOOF Personal Super**
- **IOOF Pension**

**Note:** If you wish to update your address to an overseas address, renew or change your binding death nomination, change your investment strategy, insurance or direct debit instructions, please use the appropriate form available from our website. For further information please contact ClientFirst or your Financial adviser.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided.

### Section 1: Member details

Member type  Employer  Personal  Pension Account number\*

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

Given name(s)\*

Date of birth\*  /  /  Tax File Number  -  -

Email

Employer name (if applicable)

\* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

If you are residing overseas you must complete and submit

- an Overseas Investor form ([www.ioof.com.au](http://www.ioof.com.au))
- Certified copies of your identification documents

## Section 2: Change of name

Only complete this section if your name has changed.

We require supporting documentation to action your request.

### New name

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		

Please enclose one of the following proof of change of name documents (please tick appropriate box(es)):

- A **certified** copy of your marriage certificate
- A **certified** copy of your change of name certificate
- A **certified** copy of your marriage certificate and Decree Nisi (Divorce Papers)

And one of the following primary identification documents issued in your new name:

- A **certified** copy of your driver's licence issued under State or Territory law
- A **certified** copy of your passport

For name changes, a certified copy of the original documents will need to be provided. Please refer to the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au) for a list of persons authorised to certify copies of original documents.

## Section 3: Change of residential address and other details

**Note:** you cannot update your address to an overseas address using this form. Please complete the 'Overseas Investor Form' available under 'AML forms' on our website.

For a fast and convenient way to change your residential address simply log into IOOF Online ([www.ioofonline.com.au/public/login](http://www.ioofonline.com.au/public/login)) and enter your user ID and password. If you have not registered for IOOF Online, please click on the 'not registered?' link and follow the instructions to gain access.

Alternatively, please contact ClientFirst on 1800 913 118. Please note that you will need to satisfy an identification check of the mandatory fields in Section 1, to change your details.

If you are unable to change your residential address using the above two methods please complete the details below.

Address	<input type="text"/>														
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>	
Phone (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>														

## Section 4: Change of postal address

Is your postal address the same as your residential address provided above?  Yes  No

Postal address if different from the residential address above:

Address	<input type="text"/>														
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>	
Phone (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Section 5: Change to Pension payments (IOOF Pension only)

### A. Please change my pension payment to:

#### Frequency

Fortnightly
  Monthly
  Quarterly
  Half-yearly
  Yearly

Pension payments will be made on the first day and date available after the pension has been established. If you select fortnightly pension payments they will be scheduled every second Tuesday based on a start date of 6 July 2021.

For monthly, quarterly, half yearly and yearly payment dates you may select to have your pension payment paid on the 6th, 10th, 14th, 20th, 25th and 28th of each month.

I would like to select a specified start date.

Where you have elected to select a specific start date please select the date and month below:

6th
  10th
  14th
  20th
  25th or
  28th of

Note: where no month is selected it will default to the next month available.

### B. Please select the level of annual pension required:

Select the level of annual pension required.

Minimum\*

OR

Maximum limit\*\* (Transition to retirement pension only)

Full maximum (10%)

OR

Pro-rata maximum

OR

Nominated amount \$  per payment<sup>†</sup>  Net  Gross Indexation rate  %

\* If you commence your pension other than on 1 July, this amount will be pro-rated.

\*\* If you select a transition to retirement pension and do not complete this step, the full maximum (10%) pension payment will apply.

† This is a whole payment amount.

**Please note:** We require five business days to action your request. If we have not received your request in time to alter your next scheduled payment, please be assured your alteration will take effect from the following payment.

If you are receiving pension payments and your bank details have changed, please complete the details below:

Name of financial institution																																
Branch address																																
Suburb																State				Postcode												
Account name																																
BSB				-				Account number																								

#### Please note:

- Ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.
- The nominated account must be in your own name or in one jointly owned by you.

## Section 6a): Add or change financial institution details for pension payments (IOOF Pension only)

If your Financial institution details for regular pension payments have changed, please complete the details below:

Name of financial institution

Branch

Account name

BSB  -  Account number

## Section 6b): Add or change financial institution details for ad hoc withdrawals

Financial institution

Branch

Account name

BSB  -  Account number

\* Please ensure your account details are correct as we will not be liable for mistaken payments based upon incorrect details. Please note that the account must be held either solely or jointly in your name.

## Section 7: Change of adviser

Licensee name

Adviser surname

Adviser given name(s)

Phone    Facsimile

AFS license number

Member Signature  Date  /  /

Adviser name

Licensee name

Contact name

AFS license number  Adviser code  Dealer code

Adviser signature  Date  /  /

## Section 8: Member declaration

**Important note:** The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the privacy policy at [www.ioof.com.au/privacy](http://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 consent to the collection and use of the above information by the Trustee for the purposes specified.
- I authorise the above changes to be made to my member details.
- I authorise provision of information regarding my membership and the payment of adviser remuneration to the above adviser (where a new adviser has been nominated).
- I consent to the alteration of my current fee structure, where applicable, as noted in Section 8 of this form.

Signature of member/Power of Attorney or Guardian		Date							
Previous signature (where name has changed)		Date							

**Note:**

If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it).

**Please forward all correspondence and enquiries to**

**Post** GPO Box 264, Melbourne VIC 3001

**Email** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)

**Telephone** 1800 913 118

**Web** [www.ioof.com.au](http://www.ioof.com.au)