



1 April 2020

## Employer Application

Before you sign this Application form, the Trustee or your licensed financial adviser is obliged to give you a Product Disclosure Statement (PDS), which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

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

### Step 1: Employer details

Employer name

Trading name

ABN  -  -  -

Business address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

### Employer contact details

These details are for us to identify your primary administrator and IOOF Contribution Service contact.

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

Given name(s)

Position

Phone    Fax

Email

If your IOOF contribution service contact is different to your primary administrator above, please complete below.

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

Given name(s)

Position

Phone    Fax

Email

### Step 2: Nomination of default fund

Do you wish to appoint the Fund as your employer-nominated default fund under the Choice of Fund legislation?  Yes

Upon initial establishment of the Employer Plan, how many employees will be joining the Fund?

### Step 3: Insurance cover

**Note: You cannot nominate your insurance basis if you have not nominated IOOF Employer Super as your default fund in Step 2.**

Complete this section if you wish to nominate an insurance basis for each category (must be greater than the default). If you do not complete this section, the MySuper default premium will apply. For full details on insurance benefits and eligibility, please refer to the PDS.

	<input type="checkbox"/> <b>Category 1</b>	<input type="checkbox"/> <b>Category 2</b>	<input type="checkbox"/> <b>Category 3</b>
Category description	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Type of cover</b>			
	<input type="checkbox"/> Death & TPD	<input type="checkbox"/> Death & TPD	<input type="checkbox"/> Death & TPD
	<input type="checkbox"/> Income protection	<input type="checkbox"/> Income protection	<input type="checkbox"/> Income protection
<b>Insurance basis</b>			
Nominated cover*	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Nominated premium*	\$ <input type="text"/> . <input type="text"/> per week	\$ <input type="text"/> . <input type="text"/> per week	\$ <input type="text"/> . <input type="text"/> per week
Formula basis* (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Subject to Trustee approval.

#### Income protection cover

Waiting period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> 30 days
	<input type="checkbox"/> 60 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 60 days
	<input type="checkbox"/> 90 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 90 days
Benefit period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years
	<input type="checkbox"/> 5 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 5 years
	<input type="checkbox"/> to age 65	<input type="checkbox"/> to age 65	<input type="checkbox"/> to age 65
Percentage of salary insured	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

**Maximum insurable benefit is 75% plus 10% contributions**

### Step 4: Authorised signatories

Name	<input type="text"/>
Position	<input type="text"/>
Contact phone number	<input type="text"/>
Signature	<input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Contact phone number	<input type="text"/>
Signature	<input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>

## Step 5: Financial adviser details (financial adviser to complete, if applicable)

IOOF will only register a financial adviser who

- holds a current Australian Financial Services Licence; or
- is a representative of an appropriate Australian Financial Services Licensee.

### Financial adviser details

Dealer group	
Licence name	
Financial adviser name	
AFS Licence number	
Financial adviser number*	

**If you are a new financial adviser\*, please also complete the following details:**

Business name																	
Registered address																	
Suburb											State			Postcode			
Mailing address (if different from above)																	
Suburb											State			Postcode			
Phone										Fax							
Mobile																	
Email																	

\* An email notifying you of your new financial adviser number will be forwarded to you shortly.

### Dealer stamp

## Step 6: IOOF Contribution Service (Transact)

Do you want to register for the IOOF Contribution Service via Transact?

Yes     No

**If yes, please complete all of Step 7.**

**If no, please continue to Step 8.**

## Step 7: Register for the IOOF Contribution Service (Transact) (only complete the following section if you want to use Transact)

Transact provides you with a secure and easy to use website for administering your superannuation contributions.

This registration form should only be completed once you have read and agreed to the terms and conditions available in the IOOF Contribution Service PDS. Once you have completed the registration form, please print and sign both the User and Employer Declarations. Then send the forms to the **Transact Helpdesk (Post: Transact Helpdesk, GPO Box 264, Melbourne VIC 3001 or email [transactsupport@ioof.com.au](mailto:transactsupport@ioof.com.au))**

Please note: In order to use this service, your company must have an Employer Sponsored Plan within IOOF Employer Super. If you do not have this, please contact ClientFirst on 1800 913 118 to arrange an alternative payment method.

### Step 7a: Employer details

Employer code

NB: if you have more than one Employer Sponsored Plan within IOOF Employer Super under a group arrangement, please provide a separate registration form for each associated employer/company you want to register for Transact.

Do you want an Employer Group Login facility?  Yes  No

\* The Employer Group Login facility allows you to have a single User ID and Password to administer each associated employer

### Step 7b: Payment frequency

Please select your preferred payment frequency:

Frequency  Fortnightly  Four weekly  Monthly  Quarterly

Do you want to use the payroll upload facility?  Yes  No

(Please note: This function is dependent on your payroll system generating a file in a CSV or .txt format).

### Step 7c: Account details (registered bank account to be credited)

Please note: This bank account will be credited if a contribution is returned by a choice superannuation fund or if we are not able to reconcile a payment that is intended to be made to a choice superannuation fund.

Name of financial institution	<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"/> <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"/>				
Branch address	<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"/> <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"/>				
Suburb	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<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"/> <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"/>				
BSB	<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"/>	Account number	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Step 7d: User declaration and signature

This declaration must be signed by the person applying for access to Transact on behalf of the employer.

By submitting this application form:

- I/We acknowledge that I/we have received, read and understood the IOOF Contribution Service PDS and the terms and conditions within the PDS.
- I/We acknowledge that my/our access to Transact is governed by the terms and conditions in the IOOF Contribution Service PDS.
- I/We agree to be bound by the terms and conditions in the IOOF Contribution Service PDS.

Do you want dual authorisation?\*  Yes  No

\* Dual Authorisation allows you to have two users authorise a batch prior to submission (Please note: this is not available under Group Employer Login facility).

Primary applicant's name	<input type="text"/>	
Position	<input type="text"/>	
Email	<input type="text"/>	
Phone	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant 2 name	<input type="text"/>	
Position	<input type="text"/>	
Email	<input type="text"/>	
Phone	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant 3 name	<input type="text"/>	
Position	<input type="text"/>	
Email	<input type="text"/>	
Phone	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

## Step 8: Employer declaration and signature

I/We have read and understood the PDS, and hereby apply to be admitted as a participating employer in the Fund and agree to be bound by the provisions of the Trust Deed, as amended from time to time including any Participation Agreement entered into. I/We agree to the extent permitted by Commonwealth Government regulations to contribute to the Fund on a regular or singular basis. I/We agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.

### IOOF Contribution Service (Transact) (if you completed Step 7)

#### Privacy Notice

Information (including your personal information) provided to the Trustee is used for the purpose of registering for the IOOF Contribution Service (Transact) and for other related purposes detailed in the PDS and privacy policy, for example: to provide you with account statements. The Trustee will disclose your personal information to SuperChoice Services Pty Ltd ABN 78 109 509 739 to provide clearing services on Transact. For these purposes, the Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, professional advisers, businesses that may have referred you to the Trustee, medical professionals where you have applied for insurance cover, banks and other financial institutions, or to provide you with information about other products or services that may be of interest to you. If you do not provide all of the requested information, The Trustee may not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients, however, any overseas disclosure does not affect the Trustee’s commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient of personal information complies with the *Privacy Act 1988*. Your personal information will be used in accordance with the Trustee’s privacy policy. The privacy policy contains information about how you may access or correct your personal information held by the Trustee’s and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the privacy policy by contacting the Trustee on 1800 913 118 or at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

- I/We authorise the above named Applicant to access and use Transact on behalf of the Employer.
- I/We understand that the Applicant’s access to Transact is governed by the terms and conditions in the IOOF Contribution Service PDS.
- I/We acknowledge that I/we have received, read and understood the IOOF Contribution Service PDS and the terms and conditions within the PDS.
- I/We acknowledge that I have read and understood the Privacy Notice and that a copy of the Trustee’s privacy policy is available on the IOOF website ([www.ioof.com.au/privacy](http://www.ioof.com.au/privacy)).
- I/We agree to be bound by the terms and conditions in the IOOF Contribution Service PDS.

On acceptance of your application, we will send you an email with directions on how to confirm your registration and login to Transact.

If you have any queries or have not received confirmation or response within five working days of sending your registration form, please contact the Transact Helpdesk on 1800 125 566 or email at [transactsupport@ioof.com.au](mailto:transactsupport@ioof.com.au)

#### Two signatures required (unless sole director/sole trader).

Please indicate whether  Sole director/trader  Director  Sole company secretary

Name

Title

Signature\*

Date  /  /

\* If you are a Sole Director/Company Secretary only one signature is required. A director can sign jointly with another director or a company secretary.

Please indicate whether  Director  Company secretary

Name

Title

Signature\*\*

Date  /  /

\*\* If there is more than one director/company signatory a second signatory is required. A director can sign jointly with another director or a company secretary.

#### Please forward all correspondence and enquiries to

##### Applications and forms

**Post** IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060  
**Email** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)  
**Fax** 03 6215 5800

##### Enquiries

**Telephone enquiries** 1800 913 118  
**Email enquiries** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)

# Employer initiated direct debit request for the IOOF Contribution Service (DDR facility)

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS**.

## Step 1: Employer details

Employer/company name

Employer code

## Step 2: Account details (account to be debited)

Name of financial institution

Branch address

Suburb  State  Postcode

Account name

BSB  -  Account number

## Step 3: Declaration and signature

- Until further written notice, I/we authorise and request IOOF Investment Management Limited ABN 53 006 695 021 (IOOF) (APCA ID: 032105) to debit my/our nominated account (described in 2 above) for any Specified Amounts through the Bulk Electronic Clearing System (BECS). Specified Amounts include:
  - payment of superannuation contributions advised through Transact for my/our employer fund and/or any complying superannuation fund other than the employer fund
  - any fees payable to IOOF for superannuation contributions advised through Transact to be made to complying superannuation funds other than the employer fund by the Transact Clearing House Service.
- I/we acknowledge that the DDR Facility is governed by the terms and conditions set out in the Direct Debit Request Service Agreement.
- I/we confirm that I/we have read and understood the terms and conditions set out in the attached Direct Debit Request Service Agreement and agree to be bound by them.
- I/we consent to the collection, use, storage and disclosure of my/our personal information provided in this form and, in accordance with the IOOF group privacy policy (available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy)) and Privacy Notice and understand that if I/we do not provide the information requested, IOOF may not be able to process any direct debits requested.

Signature of account holder  Date  /  /

Signature of account holder (joint account holder if applicable)  Date  /  /

**Post or email the completed application form to:**

**Transact Helpdesk**

**Post** GPO Box 264 Melbourne VIC 3001

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

## Employer initiated direct debit request service agreement

### Customer initiated direct debit request facility

The Customer initiated direct debit (DDR Facility) is issued by IOOF Investment Management Limited (IOOF) ABN 53 006 695 021 (User ID 032 105). The DDR facility is an electronic payment method which enables you to instruct IOOF to debit your nominated account with a financial institution (i.e. bank, building society or credit union) and pay the amounts in accordance with your instructions made through Transact. The DDR Facility enables you to control the amounts to be debited and when the debit is made. Direct debits will only be made by IOOF when you request IOOF to make a direct debit on Transact. Your account will be debited within two business days after your contributions have been submitted.

### IOOF's service commitment

This service agreement:

- outlines IOOF's commitment to you in respect of the DDR Facility
- sets out the terms and conditions on which you authorise IOOF to deduct amounts from your nominated account
- sets out your rights and responsibilities.

Please note the direct debit may not be available on all accounts provided by financial institutions and financial institutions may impose restrictions on the amounts which may be debited from your nominated account. You are advised to check with your financial institution to determine whether direct debit is available and if any restrictions apply before nominating an account on the Direct Debit Request form.

### IOOF's Responsibilities

IOOF will arrange for funds to be debited from your nominated financial institution account as authorised in the Direct Debit Request form in accordance with your payment request. IOOF will provide you with at least 14 days written notice of any changes to the terms and conditions governing the DDR facility.

### Your obligations

It is your responsibility to:

- ensure that your financial institution permits direct debits to be made from your nominated account
- ensure that your nominated account details are correct. If you are unsure please check with your financial institution before completing the Direct Debit Request form
- ensure that sufficient cleared funds are available in your nominated account to meet each direct debit request. IOOF will notify you if a direct debit is dishonoured and how you can rectify it
- meet any dishonour fees or charges incurred if a direct debit is dishonoured or there are insufficient funds in your nominated account to meet a direct debit and the amount debited to your nominated account is reversed
- ensure that the authorisation to draw on your nominated account is identical to the account signing instruction held by the financial institution of the nominated account

- check the statements received from your financial institution to ensure that payments have been made in accordance with your payment instructions
- advise IOOF if your nominated account is closed, transferred to another branch or your nominated account details change
- make arrangements with IOOF for a suitable alternative payment method if the DDR Facility is stopped by you, IOOF or your nominated financial institution.

### Your rights

You are able to:

- stop an individual debit by giving written instructions to IOOF
- cancel or suspend your DDR Facility by giving written instructions to IOOF. If you suspend your DDR Facility, you may restart it by giving written instructions to IOOF
- change the details of your nominated account by giving written instructions to IOOF
- alter your DDR Facility by forwarding a new DDR form to IOOF.

In all cases, IOOF will endeavour to act upon your request within ten business days of receipt of your request.

### Confidentiality

All information held by IOOF in relation to your DDR facility will be kept confidential by IOOF, except where:

- such information is provided to IOOF's financial institution to initiate, change or cancel your DDR Facility
- disclosure is required or authorised by law; or
- you consent to the release of the information either directly or through a duly appointed agent or authority.

### Enquiries

All enquires about your DDR Facility should be directed to IOOF. All correspondence should be sent to:

**Transact Helpdesk,  
GPO Box 264**

**Melbourne VIC 3001**

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

All correspondence should include your Employer Code. If IOOF cannot resolve the matter you can still refer the matter to your financial institution.

### Disputes

If you believe that a debit has been incorrectly made or processed, or you have a query or dispute in relation to your DDR Facility, you should contact the Transact Helpdesk 1800 125 566 or the relevant financial institution. If a dispute cannot be satisfactorily resolved at this stage, you should lodge a written complaint with IOOF who will endeavour to resolve the dispute and provide a written response to you within 45 days of receipt of your complaint.