



**IOOF**

# PERSONAL SUPER

## Forms booklet

Dated: 1 July 2019

Issuer: IOOF Investment Management Limited | ABN 53 006 695 021 | AFS Licence No. 230524  
as Trustee of the IOOF Portfolio Service Superannuation Fund | ABN 70 815 369 818.  
Unique Superannuation Identifier: SMF0126AU

# How to get started

In this guide you will find out about:

- the forms included in this booklet
- the steps you need to follow to set up your account
- how to make additional contributions to your account (once it has been set up) using BPAY®.

## Which forms to complete

Form name	When to complete this form
Personal Superannuation Application	To set up a new account.
Request to Transfer	To transfer monies from another super fund or income stream into IOOF Personal Super.
Binding Death Benefit Nomination	To make a Binding Death Benefit Nomination.
Non-Binding Death Benefit Nomination	To make a Non-Binding Death Benefit Nomination.
Application for Insurance	To apply for or change insurance cover.
Family Member Application – IOOF Personal Super	When a family member of an existing IOOF Employer Super member who wishes to become a member of IOOF Personal Super.
Family Fee Aggregation Application	To apply for Family Fee Aggregation.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 913 118 or your financial adviser. Please note that ClientFirst is not authorised to give you investment or financial product advice.

## Step-by-step guide to opening your account

Once you have read the PDS and discussed your investment strategy with your financial adviser (if applicable), you are ready to set up your account.

How to set up your account	
Step 1	Complete the Application form and all other forms that are relevant to you.
Step 2	<p>Make your cheque payable to:</p> <p><b>IPS – IOOF Personal Super – [your full name or account number]</b></p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p><b>IPS – IOOF Personal Super – Robert Brown</b></p> <p>If you have completed one or more Request to Transfer forms, attach the signed original(s) to the Application.</p>
Step 3	<p>Attach your cheque to your Application, and post the Application and all other completed forms to the following address:</p> <p><b>IOOF Personal Super Reply Paid 264 Melbourne VIC 8060</b></p>

We will send you a Welcome Pack, normally within seven business days of joining, confirming your personal details and investment strategy.

## BPAY details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	<p>To make contributions via the BPAY facility, simply log in to your personal account on our website <a href="http://www.ioof.com.au">www.ioof.com.au</a> to obtain your biller code and unique Customer Reference Number (CRN) information.</p> <p>If you are not registered to access your account details, this information is also available by calling ClientFirst on 1800 913 118.</p>
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.

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## Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law), please advise the following:  
(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law).

### Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes     No

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

- a Politically Exposed Persons form ([www.ioof.com.au](http://www.ioof.com.au))  
 certified copies of your identification documents

## Step 2: Nomination of beneficiaries

You may complete a Binding Death Benefit Nomination form or a Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting ClientFirst. Otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative on behalf of your estate. Alternatively you can log on to IOOF Online and submit the signed and dated nomination electronically.

## Step 3a: Deposit Instruction

**You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice. Please note the Deposit instruction, Cash Account preferences and Income preferences all form part of your Standing Instructions.**

**Listed investments and Term deposits do not form part of your Standing Instructions.**

**For more information on Standing Instructions, please refer to the IOOF General Reference Guide (IOF.02).**

Please advise us of the your Deposit Instruction.

### Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within IOOF Personal Super go to our website, select from the **IOOF investment guide (IOF.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 3b and 3c to provide these instructions.

100% Cash Account    OR     Deposit Instruction

APIR Code	Investment option	Allocation (%)
<input type="text"/>	Cash Account (Mandatory)	<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"/>	<input type="text"/>
<b>Total (must = 100%)</b>		<input type="text"/>

- Your application cannot be processed unless this section is completed.
- If you require more space, please go to our website and download the IOOF New Member Investment Authority form.

### Step 3b: Listed investments

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<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"/>	\$	<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"/>

**Please note:**

- If additional investments and/or listed investments are required, attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 95% of your account balance invested in listed investments
- The maximum buy price will be valid for 30 days, after which the amount for the purchase of your selected listed investments will be retained in your Cash Account until we receive further instructions from you.

### Step 3c: Term Deposits (minimum \$20,000)

Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	Amount	\$	<input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- Adelaide Bank
- NAB
- ANZ

**Please note:**

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

### Step 4: Cash Account preferences

#### Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

**Cash Account default minimum of 1%**

OR

**Cash Account percentage nominated in your Deposit Instruction**

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here     \$

#### Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

**Pro-rata (default option)** – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

**Redemption instruction – percentage** – Redeem funds from specified managed investments according to the percentage allocation nominated below.

**Please note:**

- The percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of your redemption instruction – percentage.



APIR Code	Investment option	Allocation (%)
<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"/>
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<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"/>
<b>Total (must = 100%)</b>		<input type="text"/>

### Step 5: Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

**Re-invest (default option)** – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

**OR**

**Retain in Cash Account** – Leave all income distributions to accumulate in my Cash Account.

**If you don't indicate your income preference, the default option of re-invest will be applied.**

### Step 6: Contribution eligibility requirement

I am under 65 years of age

**OR**

I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year

**OR**

I am over age 65 and under age 75 years and I am contributing this financial year under the one-off exemption from the (above) work test.

**OR**

Only mandated contributions (SG or award) or downsizer contributions will be made to this account.

**OR**

I am over 65 years of age and I am making a downsizer contribution. (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website.)

### Step 7: Contribution details

Details of the contribution included with this application

Rollovers/transfers	\$	<input type="text"/>
Personal contribution	\$	<input type="text"/>
Salary sacrifice contribution	\$	<input type="text"/>
Superannuation guarantee contribution	\$	<input type="text"/>
Spouse contribution	\$	<input type="text"/>
Downsizer contribution	\$	<input type="text"/>
Total contribution amount	\$	<input type="text"/>

**Important note:**

For initial contributions equal to or more than \$2 million you must also complete and attach:

- a High Threshold Transaction form ([www.ioof.com.au](http://www.ioof.com.au))
- certified copies of your identification documents

## Step 8: Insurance cover

The fund offers Death, Death and Total & Permanent Disablement and Income Protection insurance. You may apply for insurance cover by completing the Application for Insurance available in this forms booklet, from our website or by contacting ClientFirst.

## Step 9: Transfer of existing super

Do you have any previous super funds that you would like to transfer into the Fund?

Yes  No

If Yes, please complete a 'Request to Transfer' form available in this forms booklet, from our website or by contacting ClientFirst.

## Step 10: SuperMatch search and consolidation using IOOF Online

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

You can log on to IOOF Online and consolidate your super with a few clicks of a mouse. Using the SuperMatch online functionality you can conduct a search for your super monies with other superannuation funds including lost member accounts or any ATO-held super (such as super guarantee payments, superannuation holding accounts, Government super contributions or unclaimed superannuation monies).

## Step 11: Member advice fees

Choose your fee option. Fees should be provided including GST. All boxes for the relevant fee option must be completed. Blank boxes will default to nil.

- The default value for each member advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Member advice fees can only be deducted from your super/pension account if they relate to advice you receive about your super/pension benefits, insurance and investments.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 16.
- The member advice fee(s) paid to your financial adviser and their Licensee (and quoted in this section) are inclusive of GST. The actual amount deducted from your account may be less than the amount quoted. This is because the Fund may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Fund is able to claim an RITC, the benefit is passed on to you which effectively reduces the fee. Note that the RITC rules are subject to change and this may impact the RITC available in the future.

### (1) Member Advice Fee – Upfront

Up to a maximum of 5.5% of each contribution.

Contributions	<input type="text"/>	% (inclusive of GST)
Transfers/rollovers (not applicable to transfers from existing accounts within IOOF)	<input type="text"/>	% (inclusive of GST)

### (2) Member Advice Fee – Ongoing

Up to a maximum of 2.2% per annum of your account balance.

Percentage fee	<input type="text"/>	% per annum (inclusive of GST)
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**AND/OR**

Up to a maximum of \$18,000 per annum.

Flat fee (dollar amount)	\$ <input type="text"/>	per annum (inclusive of GST)
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### (3) Member Advice Fee – Insurance

Up to a maximum of 50% per annum of each insurance premium.

<input type="checkbox"/> Percentage fee	Primary: Death or Death and TPD cover	<input type="text"/>	per annum (inclusive of GST)
	Additional: Death or Death and TPD cover	<input type="text"/>	per annum (inclusive of GST)
	Income protection cover	<input type="text"/>	per annum (inclusive of GST)

**OR**

Up to a maximum of \$18,000 per annum.

<input type="checkbox"/> Flat fee (dollar amount)	\$ <input type="text"/>	per annum (inclusive of GST)
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Notes:

- Maximum fees above include GST.
- For further information on member advice fees, please refer to the PDS.

## Step 12: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current Australian Financial Services (AFS) Licence
- is a representative of a current AFS Licensee.

### Financial adviser details

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"/>

If you are a new financial adviser<sup>2</sup> to IOOF, please also complete the following details:

Business name	<input type="text"/>									
Business address	<input type="text"/>									
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>					
Mailing address (if different from above)	<input type="text"/>									
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>					
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email	<input type="text"/>									
Internal client reference number (if applicable)	<input type="text"/>									

## Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence.
- I declare that the applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that the financial institution details specified in this form belong to the applicant and I am authorised to instruct the Trustee to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS.
- I confirm that fees and commissions have been fully explained to the applicant and that any member advice fees relate to advice about the applicant's superannuation or pension benefits, insurance and investments in the Fund..
- I consent to provide IOOF access to all proof of identification records for the purposes of this Application if requested (pursuant to the AML/CTF Rules Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law and:

I have attached a certified copy of the applicant's identification document(s) with this Application.

**Please note:** Compulsory where:

- initial contributions equal to or more than \$2 million or
- if the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

**OR**

I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained a certified copy of the applicant's identification document(s));

**OR**

I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following Record of proof of identity table (**Please complete the following table and declaration**).

Record of proof of identity (ID)	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au). It also includes a list of persons authorised to certify copies of original documents.

I declare that I have sighted and retained certified copies of the documents recorded in the Record of proof of identity table.

Signature  Date  /  /

Name of financial adviser or AFSL holder representative

## Step 13: Proof of identity

If you do not have a financial adviser you need to provide a certified copy of a document(s) with this application that clearly shows your full name and either your date of birth or residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

### EITHER

**A ONE of the following documents only:**

- current driver's licence issued under State or Territory law or a foreign equivalent
- passport (we will accept an Australian passport that has expired within the preceeding 2 years)

### OR

**B ONE of the following documents:**

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

### AND

**ONE of the following documents:**

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Refer to the 'Completing proof of identity' document on [www.ioof.com.au](http://www.ioof.com.au) for more guidance on acceptable forms of individual identification.

## Step 14: Member declaration and signature

### Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a Super account and for other related purposes. For these purposes, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me. The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the Trustee's privacy policy by contacting the Trustee on 1800 913 118 or at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

### Proof of identity

I have provided the appropriate documents, or details of my identity as outlined in the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au), that may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law).

### Personal contributions/spouse contributions

If I decide to either make a personal contribution(s) or have a spouse contribution(s) made on my behalf, I meet the necessary conditions as set out in the PDS.

### Electronic communications

If I have consented to receive any communications from the Trustee electronically, then I do so on the terms and conditions as set out in the PDS.

### Transferring from another product within the Fund

If I am transferring from another product within the Fund, then I do so on the terms and conditions outlined in the PDS.

## Financial adviser (if applicable)

- I authorise the Trustee to change the member advice fee(s) selected against my account. These fees are for advice I have or will receive about my superannuation/pension benefits, insurance and investments.
- If I have acquired the services of a financial adviser to obtain advice concerning my investment in IOOF Personal Super then I confirm that I have been fully informed of the nature and risks of the selected investment options and am satisfied these investments are suitable for my investment needs.
- The Trustee will acquire the services of my financial adviser who will act on my behalf in relation to managing my account.
- I hereby authorise my current or any future financial adviser and their staff, to act as my agent to operate my account, to give any instructions on my behalf in relation to my account to the Trustee by any methods as set out in the PDS and to withdraw any funds from my account and authorise payment of the withdrawal benefit to my nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, claims, 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 and their staff 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.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

## Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Trustee to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 4.

## Deposit Instructions

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Deposit Instructions specified on this form.
- The Instructions provided in this form override any previous Instructions.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

## Restricted investments

- I acknowledge that if I make an investment in an investment option that is designated as a restricted investment (in the investment menu as updated on the IOOF website), I have been informed that:
  - the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request)
  - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions
  - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the restricted investment which may be up to 365 days for some restricted investments.
- I understand and accept that a period longer than the 30 days mentioned above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

## Product disclosure statements for managed investment options

- I have received (either from the IOOF website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the IOOF website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

## Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the **IOOF investment guide (PSS.02)** for information on these exclusive investment options).

## Term deposits

If I have invested in term deposits:

- I have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the PDS
- the Trustee provided me with the product guide for the underlying term deposit I have selected via the IOOF website and I agree to receive the product guide by obtaining it from the website
- I have received (either from the IOOF website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying term deposit I have selected
- I acknowledge, that where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product or service, this Investment Instruction will be processed before any other Investment Instruction relating to my new account is processed.

## Listed investments

I hereby authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Trustee will effect it according to the terms and conditions within the Trust Deed. I also acknowledge these assets will be held in the name of the Fund.

**If you do not provide all of the requested information, we may not be able to action your request.**

## In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Personal Super within Australia.
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for IOOF Personal Super and to become a member of the Fund upon the terms and conditions contained in the Trust Deed dated 20 June 1994 (as amended from time to time) and the PDS.
- I have received and read the PDS, including the section outlining my Duty of Disclosure. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and privacy policy.
- I understand that by electing to invest in the Full and Core investment menu, the Core and Full menu fees apply to my account.
- I understand that the insurer will not be able to process my application, administer my insurance or process a claim if my Application for Insurance is not provided.
- I confirm that I have read and understood the instructions on how to complete the application form.

## Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au), for both the Applicant and the Attorney with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

**Member/Applicant signature**

Member/Applicant signature

Date   /   /

**Member advice fees (if you completed Step 11)**

- I authorise the Trustee to charge the member advice fee(s) selected against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, until I instruct the Trustee to cease payment or when I change my nominated financial adviser.

Member/Applicant signature

Date   /   /

If you are under 18 we require a parent/guardian to co-sign this application

Parent/guardian signature

Date   /   /

Parent/guardian full name

**Please forward all correspondence and enquiries to**

**Applications and forms**

**Post:** IOOF Personal Super, Reply Paid 264, Melbourne VIC 8060

**Email:** clientfirst@ioof.com.au

**Fax:** 03 6215 5800

**Enquiries**

**Telephone enquiries:** 1800 913 118

**Email enquiries:** clientfirst@ioof.com.au





1 July 2019

## Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into IOOF Personal Super.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from. A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website ([www.ioof.com.au](http://www.ioof.com.au)) if required. An original signature is required on each form.

**Important information:**

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

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

This form, including the certificate of compliance, should be forwarded to us by post.

### Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>									
Given name(s)	<input type="text"/>											
Mailing 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"/>	Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Email	<input type="text"/>											
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Tax file number <sup>1</sup>	<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"/>			

<sup>1</sup> We are authorised by superannuation and taxation law to collect your TFN which will be used to action your transfer request. It is not an offence if you choose not to provide your TFN, but providing it has advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

If you choose not to provide your TFN, we may not be able to process your request. If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document at [www.ioof.com.au](http://www.ioof.com.au) for more information.

Please provide the IOOF account number that will receive the transfer of super benefit below:

Unique Superannuation Identifier (USI)	<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 (if known)	<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"/>						
ABN	<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 2: Details required for transfer

### Section A: Details of your FROM fund

I request that the benefit held in my super fund or income stream, as detailed below, be transferred to my account in the nominated super or pension product specified in Step 1.

Name of your FROM fund	<input type="text"/>																													
ABN#	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>																						
Unique Superannuation Identifier (USI)#	<input type="text"/>																													
Account/member number#	<input type="text"/>																													
Member client identifier# <small>(if different from Account/member number)</small>	<input type="text"/>																													
Address	<input type="text"/>																													
Suburb	<input type="text"/>															State	<input type="text"/>	Postcode	<input type="text"/>											
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
Name of previous employer (if applicable)	<input type="text"/>																													
Date left employer (if applicable)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						

# You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

### Section B: Benefit to be transferred

Amount to be transferred

Entire balance (account in the FROM fund will be closed)    Approximate value \$

Partial balance of \$

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

**Payment instruction to FROM fund (SMSF only):** Please forward a cheque made payable to 'IPS – IOOF Personal Super [your full name or account number]' with any related documentation and certified proof of identity to:  
**IOOF Personal Super, GPO Box 264, Melbourne VIC 8060**

## Step 3: Member/applicant declaration and signature

**Important note:** The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

By signing this request form, I am making the following statements

- I declare that I have fully read this form and declare that the details supplied are true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF super product.
- I discharge the Trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my nominated IOOF account and I authorise IOOF Investment Management Limited (IIML) to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF super product (subject to legislative restrictions).
- If I have provided my tax file number, I consent to it being disclosed for the purposes of consolidating my account.

### Member/applicant signature

Signature

Date  /  /

**Please forward all correspondence and enquiries to**  
**Post** IOOF Personal Super, Reply Paid 264, Melbourne VIC 8060

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



Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

## Certificate of compliance

IOOF Employer Super, IOOF Personal Super and IOOF Pension (Unique Superannuation Identifier SMF0126AU), form part of the IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818. The IOOF MySuper Unique Identifier No. is 70815369818036.

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted the Fund.

A handwritten signature in black ink, appearing to read 'F. Lombardo'.

Frank Lombardo  
Group General Manager Client & Process  
On behalf of IOOF Investment Management Limited

### Trustee

IOOF Investment Management Limited  
ABN 53 006 695 021  
AFS Licence No. 230524

### Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

### Client Services

**Postal Address** IOOF Personal Super, Reply Paid 264, Melbourne VIC 8060  
**Telephone** 1800 913 118  
**Fax** 03 6215 5800  
**Email** clientfirst@ioof.com.au

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1 July 2019

## Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke an existing) Binding Death Benefit Nomination. You should read the section Dependants – paying benefits if you die in the PDS before completing this form.

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

### Step 1: Member/applicant details

Account number (if known)

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

Given name(s)

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone (work)     Phone (mobile)

Email

Date of birth  /  /  Gender Male  Female

You must complete a separate Binding Death Benefit Nomination form for each account that you hold.

### Step 2: Nomination

Nomination status  New nomination  Amendment  Revocation (remove any existing beneficiaries)

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more Dependants complete Part A
- to nominate a Legal Personal Representative complete Part B
- to nominate both a Dependants and a Legal Personal Representative complete Parts A and B and ensure that the total of Part A and Part B add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.





### Step 3: Member/applicant declaration and signature

**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 Trustee's privacy policy, available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the IOOF privacy policy.

I understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me
- the nomination must be in favour of one or more of my Dependants or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death

- the allocation of my benefit must be clearly set out
- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%)
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my nomination will not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Death Benefit Nomination
- it is my responsibility to ensure my nomination remains valid and current.

#### Member/applicant signature

Please ensure that you sign and date this Binding Death Benefit Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature  Date  /  /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature  Date  /  /

Parent/guardian full name

Please complete Step 4: Witness declaration and signature on the next page.



## Step 4: Witness declaration and signature

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Binding Death Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

### Witness 1

Surname

Given name

Witness signature 1

Date witnessed (must be same date the member/applicant signs)

 /  / 

### Witness 2

Surname

Given name

Witness signature 2

Date witnessed (must be same date the member/applicant signs)

 /  / 

**Please forward all correspondence and enquiries to**

#### Applications and forms

**Post** IOOF Personal 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)

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1 July 2019

## Non-Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke an existing) Non-Binding Death Benefit Nomination. You should read the section Dependants – paying benefits if you die in the PDS before completing this form.

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

### Step 1: Member/applicant details

Account number (if known)

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

Given name(s)

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone (work)     Phone (mobile)

Email

Date of birth  /  /  Gender Male  Female

You must complete a separate Non-Binding Death Benefit Nomination form for each account that you hold.

### Step 2: Nomination

Nomination status  New nomination  Amendment  Revocation (remove any existing beneficiaries)

In the event of my death, I request the Trustee to pay my benefit in accordance with the following nomination:

- to nominate one or more Dependants complete Part A
- to nominate a Legal Personal Representative complete Part B
- to nominate both a Dependants and a Legal Personal Representative complete Parts A and B and ensure that the total of Part A and Part B add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.

Please note: Your Non-Binding Death Benefit Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines whom to pay your death benefit. If you wish your nomination to be binding on the Trustee you will need to complete a Binding Death Benefit Nomination Form.





### Step 3: Member/Applicant declaration and signature

**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 Trustee's privacy policy, available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the IOOF privacy policy.

I understand that:

- the persons nominated must be my Dependants at the date of nomination and at the date of my death
- my Non-Binding Death Benefit Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee
- my Non-Binding Death Benefit Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

#### Member/Applicant signature

Signature

Date  /  /

**Please forward all correspondence and enquiries to**

#### Applications and forms

**Post** IOOF Personal 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)



1 July 2019

# Application for Insurance (Incorporates personal health statement)

This form should also be used to apply for or change any insurance you may have EXCLUDING any retail insurance cover. To apply for or vary retail insurance cover, you must contact your financial adviser.

To top-up your insurance cover using our life events feature please complete the Insurance application – life events and salary increase form available on our website or by contacting CClientFirst.

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

## Step 1: Applicant details

Account number (if known)

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

Given name(s)

Email

Date of birth  /  /  Gender  Male  Female

**Note:** If you have not disclosed a gender or are gender indeterminate, you will be provided with premium rates under the default gender of male. This will apply for Death/TPD and Income Protection cover.

If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance.

Phone (work)       Phone (mobile)

Best time to call  :  until  :

How many hours do you work per week?  hours per week\*

\* To apply for income protection cover, you must be working 15 hours or more per week.

Do you intend to change your occupation in the next 12 months?  Yes  No

What is your annual salary/remuneration\*\* package (gross)? \$

\*\* Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the IOOF insurance guide (IOF.03) available on the IOOF website (www.ioof.com.au).

Are you self-employed?  Yes  No

## Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase/decrease your existing Death or Death and TPD cover.

This is an application for:

- New cover  
 Increase/decrease of existing Death or Death and TPD cover

**Fixed dollar cover**

Total new Death cover \$

Total new TPD cover \$

**Please note:** TPD cover is unavailable without death cover. You must apply for Death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of death cover.

**OR** **Fixed premium cover per week (such as \$1, \$2, other)**

Death only cover \$

**OR** **Fixed premium cover per week (such as \$1, \$2, other)**

Death and TPD cover \$

## Step 3: Income Protection cover

Please complete Step 3 to apply for, or increase/decrease your existing Income Protection cover.

This is an application for:

- New cover  
 Increase/decrease of existing Income Protection cover

**Please note:** You can have a monthly benefit of up to 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary not exceeding \$30,000 per month.

**Specify cover required (mandatory information)**

Income level (% of your salary)  75%  Other  up to 75%

Waiting period (days)  30  60  90

Benefit payment period  2 years  5 years  to age 65

**Superannuation contributions benefit (optional)**

Do you want the superannuation contributions benefit?  Yes  No

Income level (% of your salary)  % (up to 10% of your salary)

For more information see the **IOOF insurance guide (IOF.03)** available on the IOOF website ([www.ioof.com.au](http://www.ioof.com.au)).



## Step 4: Personal Health Statement

1 Have you smoked in the last 12 months?

Yes  No

If you have answered Yes, how many cigarettes do you smoke per day?

2 Have you smoked any substance other than tobacco?

Yes  No

If you have answered Yes, please specify the type of substance.

3 Do you consume alcohol?

Yes  No

If yes, please specify:

a Quantity of alcohol consumed per day (in standard units)

Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, glass of beer (285ml)

b Type of alcohol

4 Height in centimetres

 cm

5 Weight in kilograms

 kg

### Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

### Activities

- 9 Do you currently intend to participate in any of the following activities?
- a Aviation other than as a fare paying passenger on a commercial airline  Yes  No
  - b Any activity generally classified as hazardous or extreme in nature  Yes  No  
(such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving)

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

### Residence and travel

- 10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months?  Yes  No

If you have answered yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

- 11 Are you an Australian or New Zealand citizen?  Yes  No

If you have answered yes, please go to Previous Insurance section of the form

- 12 Do you hold an Australian Permanent Resident's Visa?  Yes  No

If you have answered no, please provide your residency details below

### Previous Insurance

- 13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the IOOF group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits?  Yes  No

- 14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused?  Yes  No

- 15 Do you have, or are you applying for, any other life or disability cover?  Yes  No

If you answered yes to question 13, 14 or 15 above please provide full details below:

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/exclusion/declined	To be replaced? (Yes/No)

**Medical**

**16** Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you answer yes to any of the following questions, please complete the table on the following page.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>a</b> Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder or rheumatic fever   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>c</b> Impairment of sight, hearing or speech   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>d</b> Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate, gall bladder or thyroid problem   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>e</b> Leukaemia, hepatitis, hemochromatosis or any blood problem   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>f</b> Asthma, bronchitis or other respiratory disorder   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>g</b> Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>h</b> Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>i</b> Cancer, tumour, melanoma, sun spot, mole or growth of any kind   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>j</b> Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>k</b> Psoriasis, eczema or any skin problem  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>l</b> Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Females only</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>m</b> Gynaecological conditions (such as endometriosis, abnormal pap smear)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>n</b> Complications of pregnancy or childbirth?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>o</b> Are you currently pregnant?<br>If you have answered yes, when is the expected delivery?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |                              |                             |
| <b>p</b> Breast lump (even if you have not seen a doctor about it)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Other medical (both males and females to complete)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>q</b> Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>r</b> Apart from the questions a to q in question 16, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide details for all Yes answers in questions 16a to 16r in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 16a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 16) with a Yes answer (for example Q16a)			
Question no:	Q16__	Q16__	Q16__	Q16__
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				
13 Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

s Name and address of your usual doctor

t Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

u If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

## Family history

17 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65?  Yes  No

18 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

## Lifestyle

19 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)?  Yes  No

## Work health history

20 Are you, at the date of this application, due to injury, accident or illness:

- a** off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis?  Yes  No
- b** have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years?  Yes  No

## Step 5: Your duty of disclosure

Before you answer any questions, you must first understand your duty of disclosure rights and obligations shown in Step 5. If you do not disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it. Non-disclosure can impact a future claim so it is important to be as open and honest as possible.

**Your duty of disclosure**

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for
- is common knowledge
- they know or should know as an insurer
- they have waived your duty to tell them about.

**If you do not tell the insurer something**

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may void the contract within three years of entering into it.

If the insurer chooses not to void the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to void the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

**Non-disclosure**

If you have not disclosed all relevant matters to us and the insurer, and the insurer would not have entered into all or part of the cover on the same terms had they known about those matters, the insurer may void the contract within three years of the commencement date. If your non-disclosure or misrepresentation is fraudulent and the insurer would not have provided the cover on the same terms had they known about these matters, the insurer may avoid all or part of the cover at any time. This means that the insurer can treat the cover as if it never existed and would not be liable to pay any claims.

Alternatively, instead of voiding all or part of the cover the insurer may decide:

- a to reduce the benefits for all or part of the cover in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer, although any reduction to benefits payable in respect of your death can only occur within three years of the commencement date; or
- b for any benefits provided under the cover other than benefits payable in respect of your death, to vary the cover in such a way as to place you in the position you would have been in if you had disclosed all relevant matters to the insurer.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the Application Form.

## Step 6: Privacy statement

The way in which IOOF and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy) (IIML) and [www.tal.com.au/privacy-policy](http://www.tal.com.au/privacy-policy) (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au).

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

**Telephone** 1300 209 088

**Fax** 02 9448 9100

**Postal address** TAL Services, GPO Box 5380, Sydney NSW 2001

## Step 7: Member/Applicant declaration and signature

- I, the applicant, acknowledge that I have read the notice explaining my duty of disclosure in Step 5 on this application form and understand that this duty also applies until formal notification of acceptance by TAL. I have read and checked any answers not completed in my handwriting and, to the best of my knowledge and belief, all the answers to the questions in this application form and any supplementary application form or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that I have received, read and understood the PDS in relation to this insurance.
- I have read the privacy statement in Step 6 of this application form, and consent to my personal information (including sensitive health information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form; including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If I provided IIML and/or TAL with information about another person, I undertake to advise them that
  - their personal information will be collected, held and used for the purpose set out in IIML's and TAL's privacy policies
  - their personal information may be disclosed to a third party; or
  - they may access or correct any personal information held about them.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy with TAL.

## Member/Applicant signature

### Insurance opt-in

I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Signature

Date

 /  / 

**Please forward all correspondence and enquiries to**

### Applications and forms

**Post** IOOF Personal 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)

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1 July 2019

## Family Member Application

This form is to be completed by you, an existing member of the IOOF Personal Super, and the family member who wishes to become a member. Before completing this 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. The PDS will help you to understand the product and decide if it is appropriate to your needs.

Eligibility: An immediate family member includes a spouse (whether of the same sex or a different sex), child, sibling or parent of an employer sponsored member. For information on whether you are eligible to claim a spouse tax offset, please visit the Australian Tax Office superannuation website ([www.ato.gov.au](http://www.ato.gov.au)) or phone 13 10 20.

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

### Step 1: Existing member employer details

Employer/company name

Employer code

### Step 2: Existing member details

Account number

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

Given name(s)

### Step 3: Family member details

Relationship to member  Spouse  Child  Sibling  Parent

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

Given name(s)

Tax file number  -  -

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Phone (home)     Phone (work)

Mobile

Email

Date of birth  /  /  Gender Male  Female

Occupation

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

Please provide your tax file number (TFN) when acquiring this product. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the *Privacy Act 1988*. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

We require your TFN to process your Personal Superannuation Application.

## Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) Law, please advise the following:

(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law)

### Politically Exposed Person

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes     No

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

a Politically Exposed Persons form ([www.ioof.com.au](http://www.ioof.com.au))

certified copies of your identification documents

## Step 4: Contribution eligibility requirement (family member to complete)

I am under 65 years of age

OR

I am over 65 and under 70 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year.

OR

I am over age 65 and under age 75 years and I am contributing this financial year under the one-off exemption from the (above) work test.

OR

Only mandated contributions (SG or award) or downsizer contributions will be made to this account.

OR

I am over 65 years of age and I am making a downsizer contribution. (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website.)

### Details of the contribution included with this application

Rollovers/transfers	\$	<input type="text"/>
Personal contribution	\$	<input type="text"/>
Salary sacrifice contribution	\$	<input type="text"/>
Superannuation guarantee contribution	\$	<input type="text"/>
Spouse contribution	\$	<input type="text"/>
Downsizer contribution	\$	<input type="text"/>
Total contribution amount	\$	<input type="text"/>

#### Important note:

For initial contributions equal to or more than \$2 million you must also complete and attach:

a High Threshold Transaction form ([www.ioof.com.au](http://www.ioof.com.au))

certified copies of your identification documents

## Step 5: Nomination of beneficiaries

Your family member may complete a Binding Death Benefit Nomination form or a Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting ClientFirst. Otherwise, in the event of your family member's death, any benefits will be paid to his/her Legal Personal Representative on behalf of their estate.

## Step 6a: Deposit Instruction

**You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice. Please note the Deposit instruction, Cash Account preferences and Income preferences all form part of your Standing Instructions.**

**Listed investments and Term deposits do not form part of your Standing Instructions.**

**For more information on Standing Instructions, please refer to the IOOF General Reference Guide (IOF.02)..**

Please advise us of your Deposit Instruction.

**Please note:**

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available in the Core and Full Menu within IOOF Personal Super go to our website, select from the **IOOF investment guide (IOF.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 6b and 6c to provide these instructions.

<input type="checkbox"/> <b>Cash Account</b>	<b>OR</b>	<input type="checkbox"/> <b>Deposit Instruction</b>
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APIR Code	Investment option	Allocation (%)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="Cash Account (Mandatory)"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total (must = 100%)</b>		<input style="width: 100%;" type="text"/>

- Your application cannot be processed unless this section is completed.
- If you require more space, please go to our website and download the IOOF Personal Super Investment Authority form.

## Step 6b: Listed investments

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<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"/>		\$ <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"/>

**Please note:**

- If additional investments and/or listed investments are required, attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 95% of your account balance invested in listed investments
- The maximum buy price will be valid for 30 days, after which the amount for the purchase of your selected listed investments will be retained in your Cash Account until we receive further instructions from you.

## Step 6c: Term Deposits (minimum \$20,000)

Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- Adelaide Bank
- NAB
- ANZ

**Please note:**

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

## Step 7: Cash Account preferences

### Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

**Cash Account default minimum of 1%**

OR

**Cash Account percentage nominated in your Deposit Instruction**

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

### Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

**Pro-rata (default option)** – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

**Redemption instruction – percentage** – Redeem funds from specified managed investments according to the percentage allocation nominated below.

**Please note:**

- The percentages allocated your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of redemption instruction – percentage.

APIR Code	Investment option	Allocation (%)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Total (must = 100%)</b>		<input style="width: 100%; height: 20px;" type="text"/>

**If you don't indicate a top-up method, the default option of pro-rata will be applied.**

## Step 8: Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

**Re-invest (default option)** – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

**Retain in Cash Account** – Leave all income distributions to accumulate in my Cash Account.

**If you don't indicate your income preference, the default option of re-invest will be applied.**

## Step 9: Member advice fees

Choose your fee option. Fees should be provided including GST. All boxes for the relevant fee option must be completed. Blank boxes will default to nil.

The default value for each member advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.

- Member advice fees can only be deducted from your super/pension account if they relate to advice you receive about your super/pension benefits, insurance and investments.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 16.
- The member advice fee(s) paid to your financial adviser and their Licensee (and quoted in this section) are inclusive of GST. The actual amount deducted from your account may be less than the amount quoted. This is because the Fund may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Fund is able to claim an RITC, the benefit is passed on to you which effectively reduces the fee. Note that the RITC rules are subject to change and this may impact the RITC available in the future.

### (1) Member Advice Fee – Upfront

Up to a maximum of 5.5% of each contribution.

Contributions	<input type="text"/>	% (inclusive of GST)
Transfers/rollovers (not applicable to transfers from existing accounts within IOOF)	<input type="text"/>	% (inclusive of GST)

### (2) Member Advice Fee – Ongoing

Up to a maximum of 2.2% per annum of your account balance.

Percentage fee	<input type="text"/>	% per annum (inclusive of GST)
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**AND/OR**

Up to a maximum of \$18,000 per annum.

Flat fee (dollar amount)	\$ <input type="text"/>	per annum (inclusive of GST)
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### (3) Member Advice Fee – Insurance

Up to a maximum of 50% per annum of each insurance premium.

<input type="checkbox"/> Percentage fee	Primary: Death or Death and TPD cover	<input type="text"/>	% per annum (inclusive of GST)
	Additional: Death or Death and TPD cover	<input type="text"/>	% per annum (inclusive of GST)
	Income protection cover	<input type="text"/>	% per annum (inclusive of GST)

OR

Up to a maximum of \$18,000 per annum.

<input type="checkbox"/> Flat fee (dollar amount)	\$ <input type="text"/>	per annum (inclusive of GST)
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**Notes:**

- Maximum fees above include GST.
- For further information on member advice fees, please refer to the IOOF General Reference Guide (IOF.03).

## Step 10: Insurance cover

The Fund offers Death, Death and Total & Permanent Disablement and Income Protection insurance. Your family member may apply for insurance cover by completing the 'Application for Insurance' form available in this forms booklet, from our website or by contacting ClientFirst.

## Step 11: Transfer of existing super

Does your family member have any previous superannuation funds which he/she would like to transfer into the Fund?  Yes  No

If Yes, your spouse must complete a Request to Transfer form available in this forms booklet, from our website or by contacting ClientFirst.

## Step 12: SuperMatch search and consolidation using IOOF Online

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

You can log on to IOOF Online and consolidate your super with a few clicks of a mouse. Using the SuperMatch online functionality you can conduct a search for your super monies with other superannuation funds including lost member accounts or any ATO-held super including super guarantee, superannuation holding account, super co-contribution, low income super contribution and unclaimed superannuation monies.

## Step 13: Existing member declaration

- I acknowledge that I will advise the Trustee if my circumstances change (for example, if I am no longer living with my spouse on a bona fide domestic basis or have separated or divorced from my spouse).
- I also agree that if any contributions are deposited into my family member's account I have no further right or claim over the benefit arising from these contributions, other than as a possible nominated beneficiary in the event of my family member's death.
- I declare that all the information contained in this form is true and correct.

Member signature

Date   /   /

## Step 14: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current Australian Financial Services (AFS) Licence
- is a representative of a current AFS Licensee.

### Financial adviser details

Dealer name																															
Financial adviser name																															
Contact name																															
AFS license number																Financial adviser number															

If you are a new financial adviser<sup>2</sup> to IOOF, please also complete the following details:

Business name																														
Business address																														
Suburb																State				Postcode										
Mailing address (if different from above)																														
Suburb																State				Postcode										
Phone									Phone (mobile)																					
Email																														
Internal client reference number (if applicable)																														



## Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence.
- I declare that the applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that the financial institution details specified in this form belong to the applicant and I am authorised to instruct the Trustee to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS.
- I confirm that fees and commissions have been fully explained to the applicant and that any member advice fees relate to advice about the applicant's superannuation or pension benefits, insurance and investments in the Fund..
- I consent to provide IOOF access to all proof of identification records for the purposes of this Application if requested (pursuant to the AML/CTF Rules Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law and:

I have attached a certified copy of the applicant's identification document(s) with this Application

**Please note:** Compulsory where:

- initial contributions equal to or more than \$2 million or
- if the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

**OR**

I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained a certified copy of the applicant's identification document(s));

**OR**

I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following Record of proof of identity table (**Please complete the following table and declaration**).

Record of proof of identity (ID)	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au). It also includes a list of persons authorised to certify copies of original documents.

I declare that I have sighted and retained certified copies of the documents recorded in the Record of proof of identity table.

Signature  Date  /  /

Name of financial adviser or AFSL holder representative

## Step 15: Proof of identity

If you do not have a financial adviser you need to provide a certified copy of a document(s) with this application that clearly shows your full name and either your date of birth or residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

### EITHER

#### A ONE of the following documents only:

- current driver's licence issued under State or Territory law or a foreign equivalent
- passport (we will accept an Australian passport that has expired within the preceeding 2 years)

### OR

#### B ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

### AND

#### ONE of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Refer to the 'Completing proof of identity' document on [www.ioof.com.au](http://www.ioof.com.au) for more guidance on acceptable forms of individual identification.

## Step 16: Family member declaration

### Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a Super account and for other related purposes. For these purposes, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me. The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the Trustee's privacy policy by contacting the Trustee on 1800 913 118 or at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

### Proof of identity

I have provided the appropriate documents, as outlined in the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au), that may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law).

### Personal contributions/spouse contributions

If I decide to either make a personal contribution(s) or have a spouse contribution(s) made on my behalf, I meet the necessary conditions as set out in the PDS.

### Electronic communications

If I have consented to receive any communications from the Trustee electronically, then I do so on the terms and conditions as set out in the PDS.

### Transferring from another product within the Fund

If I am transferring from another product within the Fund, then I do so on the terms and conditions outlined in the PDS.

## Financial adviser (if applicable)

- I authorise the Trustee to change the member advice fee(s) selected against my account. These fees are for advice I have or will receive about my superannuation/pension benefits, insurance and investments.
- If I have acquired the services of a financial adviser to obtain advice concerning my investment in IOOF Personal Super then I confirm that I have been fully informed of the nature and risks of the selected investment options and am satisfied these investments are suitable for my investment needs.
- The Trustee will acquire the services of my financial adviser who will act on my behalf in relation to managing my account.
- I hereby authorise my current or any future financial adviser and their staff, to act as my agent to operate my account, to give any instructions on my behalf in relation to my account to the Trustee by any methods as set out in the PDS and to withdraw any funds from my account and authorise payment of the withdrawal benefit to my nominated bank account.
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, claims, 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 and their staff 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.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

## Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Trustee to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 7.

## Deposit Instructions

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Deposit Instructions specified on this form.
- The Instructions provided in this form override any previous Instructions.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

## Restricted investments

- I acknowledge that if I make an investment in an investment option that is designated as a restricted investment (in the investment menu as updated on the IOOF website), I have been informed that:
  - the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request)
  - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions
  - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the restricted investment which may be up to 365 days for some restricted investments.
- I understand and accept that a period longer than the 30 days mentioned above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

## Product disclosure statements for managed investment options

- I have received (either from the IOOF website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the IOOF website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

## Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the **IOOF investment guide (IOF.01)** for information on these exclusive investment options).

## Term deposits/Fixed term investments

If I have invested in term deposits:

- I have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the PDS
- the Trustee provided me with the product guide for the underlying term deposit I have selected via the IOOF website and I agree to receive the product guide by obtaining it from the website
- I have received (either from the IOOF website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying term deposit I have selected
- I acknowledge, that where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product or service, this Investment Instruction will be processed before any other Investment Instruction relating to my new account is processed.

## Listed investments

I hereby authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Trustee will effect it according to the terms and conditions within the Trust Deed. I also acknowledge these assets will be held in the name of the Fund.

If you do not provide all of the requested information, we may not be able to action your request.

### In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Personal Super within Australia..
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for IOOF Personal Super and to become a member of the Fund upon the terms and conditions contained in the Trust Deed dated 20 June 1994 (as amended from time to time) and the PDS.
- I have received and read the PDS, including the section outlining my Duty of Disclosure. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and privacy policy.
- I understand that by electing to invest in the Full and Core investment menu, the Core and Full menu fees apply to my account.
- I understand that the insurer will not be able to process my application, administer my insurance or process a claim if my Application for Insurance is not provided.
- I confirm that I have read and understood the instructions on how to complete the application form.
- I understand that the fees on my account may change in the following events:
  - my family member’s employment status changes
  - I am no longer living with my spouse on a bona fide domestic basis (only applicable if you are the spouse of the existing member)
  - I have separated or become divorced from my spouse (only applicable if you are the spouse of the existing member).

### Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the ‘Completing Proof of Identity’ document on [www.ioof.com.au](http://www.ioof.com.au), for both the Applicant and the Attorney with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

#### Member/Applicant signature

Member/Applicant  
signature

Date   /   /

#### Member advice fees (if you completed Step 9)

- I authorise the Trustee to charge the member advice fee(s) selected against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, until I instruct the Trustee to cease payment or when I change my nominated financial adviser.

Member/Applicant  
signature

Date   /   /

**Please forward all correspondence and enquiries to**

#### Applications and forms

**Post** IOOF Personal 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)

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1 July 2019

## Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across **IOOF Pension and Personal Super**.

### Terms and conditions

- Each person applying to link for the purposes of Family Fee Aggregation must be a member of the same immediate family (such as spouse, son, daughter, de facto, partner, father, mother, brother or sister and spouses of immediate family members) including multiple accounts for the same person.
- Any new Family Fee Aggregation nomination will override any previous nomination.
- A maximum of six accounts are allowed to be linked together for Family Fee Aggregation purposes.
- Accounts nominated for Family Fee Aggregation within the same group must be associated with the same financial adviser.
- A Family Fee Aggregation request can be rejected and a linking can be cancelled at any time by us.
- Family Fee Aggregation does not apply to MySuper members.
- Each linked member will be able to view information about the other Family Fee Aggregation members online, including names, account numbers, commencement dates and annual administration fee discounts for the year.

The Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

**Please ensure that each linked member/investor (including yourself) completes and signs this form, and that each member/investor has read and understood the terms and conditions of this form and the information in the relevant PDS or Offer Document.**

**Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.**

### Linked member

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"/>		
Date of birth	<input type="text"/>	/	<input type="text"/>
Relationship to group (such as spouse)	<input type="text"/>		

**Declaration:** I have read the current PDS and the terms and conditions of Family 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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# Contact us

## Postal address

Reply Paid 264  
Melbourne VIC 8060

## Telephone

1800 913 118

## Fax

03 6215 5800

## Email

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

## Website

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

## Trustee

IOOF Investment Management Limited  
ABN 53 006 695 021  
AFS Licence No. 230524

## Registered address

Level 6, 161 Collins Street  
Melbourne VIC 3000

## Unique Superannuation Identifier

SMF0126AU