



**IOOF**

# PENSION

## Forms booklet

Dated: 1 November 2020

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.

## Which forms to complete

Form name	When to complete this form
Pension Application	To set up a new account.
Request to Transfer	To transfer monies from another super fund or income stream.
Binding Death Benefit Nomination	To make a Binding Death Benefit Nomination.
Non-Binding Death Benefit Nomination	To make a Non-Binding Death Benefit Nomination.
Family Fee Aggregation Application	To set up 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 our ClientFirst Team 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 Pension – [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 Pension – 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 Pension 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.

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# IOOF PENSION

1 November 2020

## Pension Application

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

Please note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law)*, the Trustee must obtain proof of identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

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

### Step 1: Applicant details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

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

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

In accordance with 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: Pension details

Please select the appropriate pension for you.

I wish to commence a **Retirement phase pension**. I am eligible to so do because:

(Please tick one box applicable to your circumstance)

My existing benefits are unrestricted non-preserved.

I have reached age 65.

I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.

I have left gainful employment on  /  /  and was over age 60 at that time.

I wish to commence a **Transition to retirement pension** as I have reached my preservation age but not met a condition of release.

I wish to commence a **Death benefit pension**. I am rolling over a death benefit and my relationship to the deceased is:

Spouse.

Child under the age of 18 or financially dependent child under 25.

Child of any age and suffering from a disability (please attach evidence of disability).

Financial dependant or interdependent and not a child (please attach evidence of relationship).

## Step 3: Tax file number

I am age 60 or over and my TFN is  -  -

I am less than 60 years of age and have attached my completed Tax File Number Declaration

**If you are less than 60 years of age, a Tax File Number declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. 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.

**We require your TFN in order to process your Pension application.**

## Step 4a: Deposit Instruction

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.

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 for selection within IOOF Pension 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 4b and 4c to provide these instructions.

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"/>
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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"/>
<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"/>

- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- If you require more space, please go to our website and download the New Member Investment Authority form.

## Step 4b: 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 4c: 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.

**New members** – If you do not complete this section, your investments will be allocated to the Cash Account.

**Existing members** – If you are transferring an existing account to IOOF Pension and you do not complete this section, your existing assets will be transferred.



## Step 5: 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 the 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"/>
<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"/>

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

## Step 6: 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 do not indicate your income preference, the default option of re-invest will be applied.**

## Step 7: Nomination of beneficiaries

Please complete Section A OR Section B.

### Section A: Reversionary Pensioner

This nomination must be made before the commencement of your pension. Your nominated Reversionary Pensioner cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Death Benefit Nomination or Non-Binding Death Benefit Nomination.

In the event of your death you wish the remaining balance of your pension account (if any) to continue to be paid as a pension to your nominated Reversionary Pensioner.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>		
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<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"/>
Relationship to member*	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial Dependant
					Gender Male <input type="checkbox"/> Female <input type="checkbox"/>

\* Refer to the PDS for the restrictions that apply.

### Section B: Binding or Non-Binding Death Benefit Nomination

Do not complete this section if you have nominated a Reversionary Pensioner in Section A.

If you are transferring your entire balance from IOOF Employer Super or IOOF Personal Super, any existing valid Binding or Non-Binding Death Benefit Nomination will be transferred to IOOF Pension unless you make a new Binding or Non-Binding Death Benefit Nomination.

Binding or Non-Binding Death Benefit Nomination (please complete a Binding or Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting ClientFirst on 1800 913 118).

If you do not make a Binding or Non-Binding Death Benefit Nomination or nominate a Reversionary Pensioner, your death benefit will normally be paid to your Legal Personal Representative in the event of your death.

## Step 8: Pension payment details

Pay my initial payment on   /

### Frequency

Fortnightly (every second Tuesday)  Monthly (7th of every month)  Quarterly  Half-yearly  Yearly

**Fortnightly pension payments will be made every second Tuesday (commencing on the 9th of July 2019).**

**Monthly pension payments are made on the 7th day of every month.**

**Please note: If all pension account requirements are not received by the 2nd business day of the month, your pension payments will commence on the 7th day of the following month.**

## Step 9: Pension level details

Select the level of annual pension required.

Minimum\*

**OR**

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

Full maximum (10%) **OR**  Pro-rata maximum

**OR**

Nominated amount \$  per annum  Net  Gross Indexation rate  %

**OR**

Nominated amount \$  per frequency  Net  Gross Indexation rate  %

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

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

Please note, if you choose an annual amount paid in fortnightly instalments, the number of payments and the payment amount you receive will vary between financial years. Alternatively, if you choose an amount per frequency paid in fortnightly instalments, your total annual pension amount will vary based on the amount of fortnights per financial year.

## Step 10a): Financial institution details for regular pension payments

Name of financial institution

Branch

Account name

BSB  -  Account number

## Step 10b): Financial institution details for ad hoc withdrawals

For any ad hoc withdrawals, we will use the financial institution details provided in Step 10a) above unless you provide alternate details below.

Name of financial institution

Branch

Account name

BSB  -  Account number

**Please ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.**

**Important note:** The nominated account(s) must be in your own name or in one jointly owned by you.

## Step 11: Contribution eligibility requirement

I am under 67 years of age.

OR

I am over 67 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 67 and under age 75 years and I am contributing this financial year under the one-off exemption from the (above) work test.

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 12: Contribution or rollover details

A minimum initial contribution is \$30,000.

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

### Section A: Non Concessional Contribution

Personal contribution    \$

Spouse contribution    \$

Downsizer contribution    \$

### Section B: External Transfers from other super funds

If you wish to roll over funds from another account(s), please fill in the following details and complete a Request to Transfer form, available in this forms booklet, for each account. If you do not know the amount of your rollover(s), please provide an estimate.

1. Rollover institution name

Expected amount    \$

2. Rollover institution name

Expected amount    \$

3. Rollover institution name

Expected amount    \$

### Section C: Internal Transfers (IOOF Employer Super, IOOF Personal Super and IOOF Pension)

For existing members only

Account number

I would like to transfer my whole balance from the above account and I understand that by doing this the above account (and any insurance cover) will be closed as a result.

I would like to transfer a partial amount of    \$

OR

I would like to leave the amount of    \$  in the above account

**Important note:** Minimum amount to leave in your existing account is \$10,000 Minimum initial investment is \$30,000.

**Note:** If you are only transferring a partial balance or leaving a specified amount in the existing account, you may need to specify the amount of cash and or investment options to be transferred in the below table. If you do not nominate any specific investment options, your funds will be transferred to your IOOF Pension account on a pro-rata basis. Investments not available in IOOF Pension will be redeemed and invested in your Cash Account. Listed investments and term deposits will be transferred 100%.



## 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/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) <sup>2</sup>	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

2 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 [ioof.com.au](http://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 14: Fees for financial advice

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.
- 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 – ongoing or fixed term arrangement fee

#### Section A

Which fee type would you like to establish?

#### Ongoing

The start date field is optional and if no start date is supplied, the fees will start when the application is processed. The form must be signed within 90 days of the start date.

Start date (optional)

 /  / 


#### Fixed term arrangement

Fixed Term Arrangement is for fees that cover a 12 month period or less. The form must be signed within 90 days of the start date.

Start date

 /  / 

End date

 /  / 

#### Section B

The available fee options are:

Up to a maximum of 2.20% per annum of your account balance.

Percentage fee

 % per annum  
(inclusive of GST)

#### AND/OR

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

Flat fee (dollar amount)

\$  (inclusive of GST)

#### Notes:

- Maximum fees above include GST.
- For further information on member advice fees, please refer to the IOOF General reference guide (IOF.02).

### (2) Member Advice Fee – Upfront

Note: Please note this fee cannot be offered in conjunction with a fixed term arrangement.

Up to a maximum of 5.50% of your initial contribution.

Contributions

 % (inclusive of GST)

Transfers/rollovers (not applicable to transfers from existing accounts within IOOF)

 % (inclusive of GST)

## 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 pension 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: Member/Applicant declaration

### 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).

### Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension 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 privacy policy by contacting the Trustee on 1800 913 118 or at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

### Eligibility

I am eligible to commence an IOOF Pension because:

- I am at least 18 years of age and am commencing the pension with unrestricted non-preserved benefits only; or
- I have reached my preservation age and am no longer gainfully employed and never again intend to become gainfully employed on a full-time or part-time basis; or
- I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased; or
- I am age 65 or over; or
- I have reached my preservation age but have not ceased gainful employment if I am commencing a Transition to retirement pension.

### 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.

### 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 5.

### 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.

## Financial adviser (if applicable)

I authorise the Trustee to charge 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 Pension, 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 the bank account nominated in this form (or any bank account I nominate in future).
- 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.

## 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 form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

**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 Pension 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 an IOOF Pension 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 confirm that I have read and understood the instructions on how to complete the application form.
- I understand that by electing to invest in the Full and Core investment menu, the Core and Full menu fees apply to my account.

**Member/Applicant signature**

Member/Applicant signature

Date   /   /

**Member advice fees (if you completed Step 14)**

- 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 Pension, 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



# IOOF PENSION

1 November 2020

## Request to Transfer

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

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"/>	Phone (work)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<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"/>

<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 [ioof.com.au](http://ioof.com.au) for more information.

Please nominate the IOOF Pension account number that will receive the transfer of super benefit if available:

Unique Superannuation Identifier (USI)	<input type="text"/>
Account number (if known)	<input type="text"/>
ABN	<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"/>																						
Name of previous employer (if applicable)	<input type="text"/>																												
Date left employer (if applicable)	<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 Pension [your full name or account number]' with any related documentation and certified proof of identity to: **IOOF Pension, Reply Paid 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 information completed is 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 account.
- 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 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 by the Fund.

A handwritten signature in black ink that reads 'F. Lombardo'.

Frank Lombardo  
Group General Manager Client and 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 Pension, Reply Paid 264, Melbourne VIC 8060  
**Telephone** 1800 913 118  
**Fax** 03 6215 5800  
**Email** clientfirst@ioof.com.au

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# IOOF PENSION

1 November 2020

## 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 Dependant(s) 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 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 Pension, 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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# IOOF PENSION

1 November 2020

## 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. The information provided in this form will be used in accordance with the privacy policy 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 Trustee's 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**

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

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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