



30 November 2019

Change of details

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

Step 1: Client details

Account type] Su	oer	[Pe	nsio	n		۱n	/estr	men	t							
Account number*																		
Title (Dr/Mr/Mrs/Ms/Miss)					Sur	nam	ie*											
Given name(s)*																		
Date of birth*		/		/														
Email																		

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

Step 2: Change of name

Only complete this section if your name has changed.

We require supporting documentation to action your request.

New name

Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnan	ne														
Given name(s)																					
Please enclose one of the fol	owing	proc	of of cl	nange	e of na	me d	locur	men	ts (p	leas	se tic	:k ap	pro	priat	e bc	x(es)):				
An original certified copy of your marriage certificate																					
An original certified of	:opy 0	you	r char	ge o	fname	certi	ificat	e													
An original certified of	:opy 0	you	r marı	iage	certific	ate a	nd D)ecre	ee N	isi ([Divoi	rce F	Pape	rs)							
AND one of the following pri	mary i	lenti	ficatio	n do	cumen	ts iss	ued	in yo	ouri	new	nam	ne:									

An original certified copy of your driver's licence issued under State or Territory law

An **original certified copy** of your passport

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

Step 3: Change of residential address and other details

For a fast and convenient way to change your residential address simply log into your IOOF online account and enter your user ID and password. If you have not registered for online access, you can do so on our website www.ioof.com.au.

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

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

If you are residing overseas you must complete and submit

an Overseas Investor form (www.ioof.com.au)

Original certified copies of your identification documents

Address																		
Suburb											0	State		Pos	tco	de		
Phone (home)										one ork)								
Mobile																		
Email																		
Are you a tax resident of Aust	ralia?	2			Y	'es	N	0										
Are you a tax resident of any	other	r Cou	ntry	?	Y	'es	N	0										

Please answer both tax residency questions as you can be a tax resident of more than one country.

Foreign Residents only – Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work.

For all countries where you are a tax resident please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Country	TIN	Reason for no TIN	

If there are more countries, provide details on a separate sheet and tick this box

Reasons for not providing a TIN - please select one reason below (if applicable)

Reason A - The country of tax residency does not issue TINs to tax residents, OR

Reason B - You have not been issued with a TIN, OR

Reason C - The country of tax residency does not require the TIN to be disclosed.

Step 4: Change of postal address

Is your postal address the same as your residential address provided in Step 3? Yes No

Please provide postal address if different from the residential address in Step 3.

Address											
Suburb						State		Postco	de [
Phone (home)					Phone (work)						

Step 5: Add or change financial institution details for ad hoc withdrawals

Financial institution																
Branch																
Account name																
BSB		- [Ac	cou	nt n	umł	oer							

Please note that the account must be held either solely or jointly in your name.

Step 6: Change to pension payment (Pension only)

Please change my pensic	on payment to:				
Frequency	Fortnightly	Monthly	Quarterly	Half-yearly	Yearly
Pension amount					
Minimum					
OR Maximum limit*					
OR					
Other amount	\$	pe	rannum Indexati	ion rate	%

* Transition to retirement pension only.

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

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

Name of financial institution														
Branch address														
Suburb								State		P	ostco	de		
Account name														
BSB	-		A	ccoui	nt nur	nber								

Step 7: Change of adviser

Licensee name	
Adviser surname	
Adviser given name(s)	
Phone	Facsimile
AFS license number	

Step 8: Client declaration

Please note: The Trustee / Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

- I will promptly notify IOOF if any of these details change and on request with any further information which is necessary or desirable for IOOF to comply with any obligations it may have in connection with FATCA/CRS.
- I consent to the collection and use of the above information by the Trustee / Service Operator for the purposes specified.
- I authorise the above changes to be made to my account details.
- I authorise provision of information regarding my account to the above adviser (where a new adviser has been nominated).
- I declare that the details given in this form are true and correct.

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

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

If you wish to renew or change your advice fees, nomination of beneficiaries, investment strategy, direct debit details, or insurance, please complete the relevant form available from your licensed financial adviser, from our website or by contacting ClientFirst (where applicable).

Please forward all correspondence and enquiries to

 Post
 GPO Box 264 Melbourne VIC 3001

 Telephone
 1800 913 118

Email Web clientfirst@ioof.com.au www.ioof.com.au