



IOOF ESSENTIAL

23 March 2020

Appointment of representative and/or Financial Adviser Authority

Please complete these instructions in BLACK INK using CAPITAL LETTERS.

Important note:

To appoint and authorise a representative (other than your financial adviser) to operate your account please complete Step 2.

To authorise your financial adviser to operate your account please complete Step 3.

Do not use this form to APPOINT or CHANGE your existing financial adviser.

Step 1: Client details

Account number

Status of investor

Individual Investor (complete Part A below)

Self Managed Superannuation Fund (complete Part B below)

Part A – Individual Investor

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

Given name(s)

Address

Suburb State Post code

Phone (work) Phone (home)

Phone (mobile)

Email*

Date of birth / /

* To receive confirmation of instructions submitted on IOOF Online, please supply your email address.

Part B – Self Managed Superannuation Fund

Name of Entity/Company

Name of Trust

Step 2: Appointment of a representative

I hereby appoint the following person as my representative for the purposes listed below.

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

I authorise my representative to do the following in relation to my account:

- make enquiries about my account
- direct the Trustee/Service Operator to establish/change my investment strategy and/or future cashflow
- request a full or partial withdrawal (payable only to me)
- alter the amount of my pension payments.

Important note:

In accordance with AML/CTF, we have determined to carry our proof of identity procedures for representatives as they act as agents. Please refer to the 'Completing proof of identity' document on www.ioof.com.au and provide the appropriate identification documents for your representative listed above.

Step 3: Financial Adviser Authority

By providing this authority, you **authorise** your financial adviser to operate your account and authorise your financial adviser and/or their staff to give instructions in relation to your account.

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"/>
Adviser signature	<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFSL **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- 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 Service Operator to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Service Operator and any member of the 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 product disclosure statement.
- I confirm that fees have been fully explained to the applicant.
- I agree that any investor advice fees will cease to be charged for this account once the Service Operator is notified of the death of the applicant.
- I consent to provide the Group access to all proof of identification records for the purposes of this Application if requested (pursuant to the AML/CTF legislation Part 7.2).

- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation and:

I have attached original certified copies of the applicant's, or applicants', identification document(s) with this Application;

Please note: Compulsory where:

- initial contribution is equal to or more than \$2 million or
- 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 an original certified copy of the applicant's, or applicants', identification document(s));

OR

I have sighted and retained the original certified copies of the applicant's, or applicants', identification documents recorded in the following Record of proof of identity, Proof of Regulated Trust, and Proof of Company (if applicable) table. **(Please complete the following table(s) and declaration).**

Individual Investor / Trustee 1 / Director 1

Record of proof of identity (ID) ¹	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

¹ 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. It also includes a list of persons authorised to certify copies of original documents.

Trustee 2 / Director 2

Record of proof of identity (ID) ²	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 www.ioof.com.au. It also includes a list of persons authorised to certify copies of original documents.

Trustee 3 / Director 3

Record of proof of identity (ID) ³	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

3 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. It also includes a list of persons authorised to certify copies of original documents.

Trustee 4 / Director 4

Record of proof of identity (ID) ⁴	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

4 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. It also includes a list of persons authorised to certify copies of original documents.

Proof of Regulated Trust

	Proof document 1	Proof document 2
Verified from	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer /website		
Document type / search details		
Issue date/ search date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Proof of Company (if applicable)

	Proof document 1	Proof document 2
Verified from	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer/website		
Document type / search details		
Issue date / search date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

I have attached the following compulsory forms to the application (if applicable):

- High Threshold form – applicable where the initial deposit is equal to or more than \$2 million.
- Politically Exposed form – applicable if the applicant is a Politically Exposed Person.
- Overseas Investor form – applicable if the applicant is not residing in Australia.

Signature Date / /

Name of financial adviser or AFSL holder representative

Step 4: Prenominated bank account details

You can only nominate a bank account in this Step. The nominated bank account below will be used for any withdrawals.

Name of financial institution

Account name

BSB - Account number

Step 5: Client declaration and signature(s)

I hereby **authorise** my financial adviser and their staff, as my agent, to do the following:

- operate and to give instructions on my behalf in relation to my IOOF Essential account by any method acceptable, including electronically
- submitting a switch or reweight instruction, establishing or changing investment instructions; and
- requesting withdrawals (where applicable) from my account to my nominated bank account.

This authority **does not authorise** my financial adviser to

- change the name on my account
- authorise any change in fees and charges
- sign any form on my behalf where the law or an external party requires my signature on the form
- or authorise any other person to operate my account.

Important 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.

Note for Power of Attorney: If this form is signed under a Power of Attorney, please attach a certified copy of the Power of Attorney to this form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

I accept the terms outlined below:

- I release and indemnify the Trustee/Service Operator and any member of the IOOF Group from and against all demands, action, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with the Trustee/Service Operator acting or omitting to act on instructions given by my financial adviser or by the appointed representative in ‘Step 2’ under this authority;
- I authorise the Trustee/Service Operator to continue to follow instructions given under this authority until the Trustee/Service Operator receives notice in writing signed by me to cancel the authority.

Part A – Individual Investor

Signatory 1 Date / /

Full name

Part B – Self Managed Superannuation Fund

Signatory 1 Date / /

Title (such as Director/Trustee)

Full name

Signatory 2 Date / /

Title (such as Director/Trustee)

Full name

Signatory 3 Date / /

Title (such as Director/Trustee)

Full name

Signatory 4 Date / /

Title (such as Director/Trustee)

Full name

Common seal (of company) if required

Please forward all correspondence and enquiries to

Post IOOF Essential, GPO Box 264 Melbourne VIC 3001
Telephone 1800 913 118

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