



IOOF

ESSENTIAL INVESTMENT

23 August 2021

Regular Withdrawal Plan and Automatic Income Distribution Facility

Use this form to establish, change or cancel a Regular Withdrawal Plan or an Automatic Income Distribution Facility.

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

Step 1: Client details and Automatic Income Distribution Facility

Account number

Account name

Step 2: Regular Withdrawal Plan details

Establish a Regular Withdrawal Plan

OR

Change a Regular Withdrawal Plan

OR

Cancel a Regular Withdrawal Plan (please complete only the date field below)

Effective date /

Monthly Quarterly

Regular withdrawal amount required \$ (minimum \$200)

Please note:

Regular withdrawals are paid from your Cash Account on the 6th day of the month or the nearest business day after, according to the frequency you selected.

Step 3: Automatic Income Distribution Facility

Establish an Automatic Income Distribution Facility

Transfer accumulated income distributions to a nominated account:

Quarterly

Half Yearly

OR

Cancel an Automatic Income Distribution Facility

Please note:

- Establishing an Automatic Income Distribution Facility will replace any income preferences on your account. If you cancel an Automatic Income Distribution Facility your income preferences will default to Re-invest.
- Automatic Income Distribution Facility payments are paid from your Cash Account on the 25th day of the month or the nearest business day after, according to the frequency you selected.

Step 4: Financial institution details for Regular Withdrawal Plan or Automatic Income Distribution Facility

Please provide the details of your nominated account with your financial institution to pay your regular withdrawals into.

Financial institution

Account name

BSB - Account number

If withdrawing to a new bank account and there are multiple signatories (for example joint accounts or accounts with multiple trustees), all signatories are required to sign in Step 5.

Step 5: Client declaration and signature(s)

Important note: The 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 managed 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/We consent to the collection and use of my information by the Service Operator as specified.

I/We request the Service Operator, IOOF Investment Services Ltd ABN 80 007 350 405 AFSL 230703, to make the changes in this form to this account.

I/We confirm that I/we received, read and understood the current IOOF Essential Investment Offer Document (and any supplementary Offer Documents) and agree to be bound by its terms and conditions.

I/We understand that any directions which I/we have given here will override any similar directions that have previously been given.

I/We declare that all details in this form are true and correct.

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). You generally cannot sign under Power of Attorney if acting on behalf on entity.

Signature

Signatory 1 Date / /

Full name

Title (such as Investor/Director/Trustee as applicable)

Additional signatures (if required)

Signatory 2 Date / /

Title (such as Investor/Director/Trustee as applicable)

Full name

Signatory 3 Date / /

Title (such as Investor/Director/Trustee as applicable)

Full name

Signatory 4	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (such as Investor/Director/Trustee as applicable)	<input type="text"/>									
Full name	<input type="text"/>									
Signatory 5	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (such as Investor/Director/Trustee as applicable)	<input type="text"/>									
Full name	<input type="text"/>									
Signatory 6	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (such as Investor/Director/Trustee as applicable)	<input type="text"/>									
Full name	<input type="text"/>									
Common seal (of company) if required	<input type="text"/>									

Please forward all correspondence and enquiries to

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