

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:

- Complete Step 3 if you are establishing this facility or wishing to change the details of your nominated financial institution account into which the regular withdrawal payments are to be credited.
- Regular withdrawals may be delayed if there is insufficient cash in your Cash Account to meet the regular withdrawal amount.
- Regular withdrawals are paid out of your Cash Account on the 6th day of the month or the nearest business day after, according to the frequency you selected.

Step 3: Financial institution details for Regular Withdrawal Plan

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

Financial institution

Branch

Account name

BSB - Account number

Step 4: Declaration

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 consent to the collection and use of my information by the Service Operator as specified.
- I request the Service Operator, IOOF Investment Services Ltd ABN 80 007 350 405 AFSL 230703, to make the changes in this form to my account.
- I confirm that I 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 understand that any directions which I have given here will override any similar directions I have previously given.
- I declare that all details in this form are true and correct.

Note for Power of Attorney

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

Individual Investor

Signatory 1 Date / /

Full name

Self Managed Superannuation Fund and Joint investors

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

Signatory 5 Date / /

Title (such as Director/Trustee)

Full name

Signatory 6 Date / /

Title (such as Director/Trustee)

Full name

Common seal (of company) if required

Please forward all correspondence and enquiries to

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