# IOOF

30 November 2019

## High Threshold Transaction Form

This form has been prepared in accordance with IOOF group's AML/CTF Program. The information collected in this form will be solely used for 'know your client' (KYC) purposes. Any personal information provided in this form will be handled in accordance with our privacy policy, available at www.ioof.com.au/privacy.

The form **must** be completed for any additional investment, contribution, rollover, transfer and/ or deposit where the amount **is equal to, or more than, $2 million**:

- Please provide detailed answers and provide the requested documentation to all questions to minimise required follow-up.
- Enter 'N/A' where the question does not apply.

## Step 1: Client details

Account number (if known)

Account name*

\* Note: refers to name under which the account has been set up (ie name of the individual, proprietary concern, company, trust, SMSF etc).

### Contact person details

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

Given name(s)

Date of birth          /          /

Occupation

### Current residential address

Street

Suburb          State          Postcode

## Step 2: AML/CTF Checklist

### 1 Reasons for investing in this IOOF product

2  Please confirm the source of wealth. **Please provide sufficient documentation to prove it (eg Statement of Advice).**

☐  Income from employment (eg regular and/or bonus)

☐  Accumulated wealth or investments

☐  Investment income (eg rent, dividends, pension)

☐  Business income

☐  One-off payment (eg matured investment, court settlement, redundancy, inheritance)

☐  Sale of assets (eg shares, property)

☐  Windfall (eg gift, lottery, gambling)

☐  Other

3  Please confirm the source of funds (specifically the source of the monies that will fund this transaction) **and provide sufficient documentation to prove it (eg Statement of Advice)**

☐  Australian domiciled bank account

☐  Overseas domiciled bank account

☐  Other

4  Please attach original certified copies of identification with this form.

Please note your transaction cannot be processed until an original certified copy of the ID is provided to IOOF.

Client name

Client signature          Date ☐ / ☐ / ☐

Adviser name

Adviser signature         Date ☐ / ☐ / ☐

**Please forward all correspondence and enquiries to**

**Email**      clientfirst@ioof.com.au
**Telephone**  1800 913 118
**Web**        www.ioof.com.au