

Step 2: Details required for transfer

Section A: Details of your FROM fund

I request and direct that the benefit held in my superannuation fund or income stream, as detailed below, be transferred to my account in the nominated superannuation or pension product specified in Step 1.

Name of your FROM fund ¹	<input type="text"/>																																
ABN ¹	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>																										
Unique Superannuation Identifier (USI) ¹	<input type="text"/>																																
Account/member number ¹	<input type="text"/>																																
Member client identifier ¹ <small>(if different from Account/member number)</small>	<input type="text"/>																																
Address	<input type="text"/>																																
Suburb	<input type="text"/>															State	<input type="text"/>			Postcode	<input type="text"/>												
Phone	<input type="text"/>			<input type="text"/>			<input type="text"/>																										
Name of previous employer (if applicable)	<input type="text"/>																																
Date left employer (if applicable)	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>																										

Section B: Benefit to be transferred

Amount to be transferred

Entire balance (account in the FROM fund will be closed). Approximate value \$

Please indicate if the following condition is met if you are making a transfer into an **IOOF Pursuit Select Term Allocated Pension**.

The existing pension receives at least a partial Centrelink assets test exemption.

Partial balance of \$ (not applicable for transfers into IOOF Pursuit Select Term Allocated Pension)

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer (not applicable for transfers into IOOF Pursuit Select Term Allocated Pension).

We recommend that you seek taxation advice prior to authorising a transfer.

Payment instructions to FROM Fund (SMSF only):

Please forward a cheque made payable to 'IPS – IOOF Pursuit – [full member name and/or account number]' with any related documentation and certified proof of identity to: **IOOF Pursuit, Reply Paid 264, Melbourne VIC 8060**

Step 3: Member/Applicant declaration and signature

By signing this request form, I am making the following statements:

- I declare that I have fully read this form and declare that the information completed is true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF superannuation product.
- I discharge the trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- I authorise the trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my nominated IOOF account and I authorise the Trustee to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF superannuation product (subject to legislative restrictions).
- I understand that my personal information will be managed in accordance with the privacy policy (available at www.ioof.com.au/privacy), which contains information about how I may access and seek correction of my personal information and how I can make a complaint about a breach of my privacy.
- If I have provided my TFN, I consent to it being disclosed for the purpose of consolidating my account.
- I have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.

Member/Applicant signature

Signature

Date / /

Please sign and return this form by post to: **IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060**

Telephone 1800 913 118

Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524



Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818, incorporating:

- IOOF Pursuit Select Personal Superannuation (Unique Superannuation Identifier (USI) IOF0083AU)
- IOOF Pursuit Select Allocated Pension (Unique Superannuation Identifier (USI) IOF0084AU)
- IOOF Pursuit Select Term Allocated Pension (Unique Superannuation Identifier (USI) IOF0085AU)

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

A handwritten signature in black ink that reads 'F. Lombardo'.

Frank Lombardo
Group General Manager Client & Process
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFSL 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address Reply Paid 264, Melbourne, VIC 8060
Telephone 1800 913 118
Facsimile 03 8614 4431
Email clientfirst@ioof.com.au