





### Linked account 5

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

Given name(s)

Account number (if known)  -  -

Date of birth  /  /

Relationship to group (such as husband, wife)

**Declaration:** I have read the current PDS and/or Offer Document, and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature  Date  /  /

### Linked account 6

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

Given name(s)

Account number (if known)  -  -

Date of birth  /  /

Relationship to group (such as husband, wife)

**Declaration:** I have read the current PDS and/or Offer Document, and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature  Date  /  /

Please sign and return this form to:

- Post** IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
- Email** PursuitApplications@ioof.com.au
- Telephone** 1800 913 118
- Facsimile** 03 8614 4431