



**(2) Member Advice Fee – Ongoing**

Up to a maximum of 2.2% pa of your account balance.

Percentage fee  % pa (inclusive of GST)

**AND/OR**

Up to a maximum of \$18,000 pa.

Flat fee (dollar amount) \$  pa (inclusive of GST)

**(3) Member Advice Fee – Insurance (IOOF Employer Super and IOOF Personal Super only)**

Up to a maximum of 50% pa of each insurance premium.

Percentage fee

Primary: Death or Death and TPD cover	<input type="text"/>	% pa (inclusive of GST)
Additional: Death or Death and TPD cover	<input type="text"/>	% pa (inclusive of GST)
Income protection cover	<input type="text"/>	% pa (inclusive of GST)

**OR**

Up to a maximum of \$18,000 pa.

Flat fee (dollar amount) \$  pa (inclusive of GST)

**Notes:**

- Maximum fees above include GST.
- For further information on adviser remuneration and advice fees, please refer to the PDS.

**Step 3: Authorisation**

I declare that:

- I have read and understood the current PDS for the product relevant to my existing IOOF account.
- I authorise the Trustee to apply the fees and costs disclosed in the current relevant PDS to my existing IOOF account.
- I authorise the Trustee to charge the member advice fee(s) selected in Step 2 against my account. The amount of any member advice fee(s) that are paid to my financial adviser, as agreed by me, will be an additional cost to me and charged against my account. If Step 2 is not completed, I authorise the Trustee to continue to apply the existing member advice fees (if any) that are currently against my IOOF account.
- I acknowledge and accept that I make this decision based on advice received from my financial adviser, or alternatively on my own accord having chosen not to seek financial advice.
- I am aware that the new fees and costs may be lower or higher than those already payable on my existing IOOF account.
- I am aware of the differences that will apply once this instruction to change the fees and costs is processed.
- I acknowledge and accept that once this instruction is processed and the change is made to my IOOF account, I cannot revert to the original pricing.
- I understand that any personal information provided in this form will be handled in accordance with the Trustee’s privacy policy, available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

Member signature

Date  /  /

### Step 4: Financial adviser acknowledgement

By signing below, I confirm that the member signing this form is my client and that I have provided them with financial advice about the implications of changing the Administration Fee and any agreed Member Advice Fee(s) that are applicable to their IOOF account.

Financial adviser name

Licensee name

Contact name

AFS license number  Adviser code  Dealer code

Financial adviser signature  Date  /  /

Please sign and return this form to:

- Post** Reply Paid 264, Melbourne, VIC 8060
- Email** email@ioof.com.au
- Facsimile** 03 6215 5933
- Telephone** 1800 333 500