

Step 2: Details required for transfer

Section A: Details of your FROM fund

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

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|--|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|--|--|--|--|--|--|--|--|--|--|-------|----------------------|--|--|----------|----------------------|--|--|--|--|--|--|
| Name of your FROM fund | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABN# | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Unique Superannuation Identifier (USI)# | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account/member number# | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member client identifier# (if different from Account/member number) | <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"/> | | | | | | | | | | | | | | | | | | | | | | | |

* You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

Section B: Benefit to be transferred

Amount to be transferred

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

Partial balance of \$

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Payment instruction to FROM fund (SMSF only): Please forward a cheque made payable to 'IPS – IOOF Pension [your full name or account number]' with any related documentation and certified proof of identity to: **IOOF Pension, Reply Paid 264 Melbourne VIC 8060.**

Step 3: Member/Applicant declaration and signature

Important note: The Trustee collects the information in this form in order to process your investment instructions. 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.

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 account.
- 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 IOOF Investment Management Limited (IIML) 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 super product (subject to legislative restrictions).
- If I have provided my tax file number, I consent to it being disclosed for the purposes of consolidating my account.

Member/applicant signature

Signature

Date / /

Please forward all correspondence and enquiries to
Post IOOF Pension, Reply Paid 264, Melbourne VIC 8060

Email enquiries clientfirst@ioof.com.au
Telephone enquiries 1800 913 118



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 Employer Super, IOOF Personal Super and IOOF Pension (Unique Superannuation Identifier SMF0126AU), form part of the IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818. The IOOF MySuper Unique Identifier No. is 70815369818036.

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, AFS Licence No. 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 and Process
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

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Telephone 1800 913 118
Fax 03 6215 5800
Email clientfirst@ioof.com.au