

ESSENTIAL INVESTMENT

1 July 2022

Change of Details

 $Please \ use \ this form \ for \ change \ of \ details \ including \ name, address \ and \ taxation \ residency \ details.$

If you wish to renew or change your advice fees, adviser details, investment strategy, direct debit details, or nominated financial institution details, please complete the relevant form available from your financial adviser, from our website, or by contacting us (where applicable).

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

Step 1: Client details				
Account number				
Account name				
Are you completing this form for	an 'individual' or an entity?			
Individual (e.g. Investor/Trustee/Director/Controlling person)				
Entity (e.g. Company/Trust/	Partnership/Association)			
Step 2: Change of n	name (individuals)*			
	r name has changed and you are an individual (including a person associated with an entity			
New name				
Title (Dr/Mr/Mrs/Ms/Miss)	Surname			
Given name(s)				
Previous name				
Title (Dr/Mr/Mrs/Ms/Miss)	Surname			
Given name(s)				
Please enclose one of the following	ng proof of change of name documents (please tick appropriate box(es)):			
An original certified copy	of your marriage certificate			
An original certified copy of your change of name certificate				
An original certified copy of your marriage certificate and Decree Nisi (Divorce Papers)				
And one of the following primary identification documents issued in your new name:				
An original certified copy of your driver's licence issued under State or Territory law				
* Place do not use this section for a cha				

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_	n original certified copy of the original documents will need to be provided via post. Please refer to the 'Completing cument on www.ioof.com.au/forms for a list of persons authorised to certify copies of original documents.					
Signature of client/ P of Attorney or Guard						
Previous signature (where name has cha	anged) Date / / /					
Step 3: Char	nge of entity name					
New entity name						
Previous entity name Please provide supporting documentation as proof of change of name. Please only complete this section if the name of an entity has changed and not to update an entity associated with your account.						
Step 4: Cha	nge of account name for joint accounts					
New account name						
Previous account name Please only use this section to update the name of the joint account. You cannot use this form to update the investors linked to the account.						
Step 5: Char	nge of address					
If you have not registe	ent way to change your address, simply log into IOOF Online and enter your user ID and password. Fred for IOOF Online, please click on the 'Register for access' link and follow the instructions to gain access. Change your address online, please complete the details below. Fred for IOOF Online, please click on the 'Register for access' link and follow the instructions to gain access. Fred for IOOF Online, please click on the 'Register for access' link and follow the instructions to gain access. Frincipal place of business					
Address						
Suburb Country (if not Australia)	State Postcode					
Phone (home)	Phone (work)					
Mobile						
Email						
If you are residing ov	rerseas you must complete and submit:					
	vestor form (www.ioof.com.au/forms);					
	d copies of your identification documents; and					
step 7 of this fo	nge of additional address					
-	ted address if different from the address in Step 5.					
Please select the add	dress(es) that you require to update:					
Residential add	ress Mailing address Registered address Principal place of business					
Address						
Suburb	State Postcode					
Phone (home)	Phone (work)					
Country (if not Australia)						

Step 7: Change and confirmation of taxation residency details

Part A

Please confirm your personal	details below:					
Title (Dr/Mr/Mrs/Ms/Miss)	Surname					
Given name(s)						
Date of birth						
Please confirm your address t	ype below, for entities you'll need t	o confirm both your re	egistered address	and principal place	of business:	
Residential address Principal place of business Registered address						
Address						
Suburb Country			State	Postcode		
(if not Australia)						
If confirming multiple ac	ddress types with different addresses	s, I have attached deta	ails of this address	to this form.		
Please note we cannot accept	t PO Box details in this section.					
Part B:						
Please answer both tax reside	ency questions as you can be a tax re	esident of more than o	one country.			
Is the Individual/Company/Tru	ust/Partnership/Association a tax res	ident of Australia?	Yes	No		
Is the Individual/Company/Tru	ust/Partnership/Association a tax res	ident of any other Co	untry? Yes	No		
If you are a tax resident of any	other country please complete the	details below.				
Foreign Residents only	– Foreign Account Tax Compl	iance Act (FATCA)	and Common	Reporting Stan	dard (CRS)	
differ by country. Whether an	ve are required to ask all investors to individual is a tax resident of a partic ion of a person's residence or place o	cular country is often (•	•	
·	re a tax resident please provide a TIN rring tax laws such as a Social Securit or not providing a TIN.			_		
Country	TIN	If n	o TIN, please list	Reason A, B or C		
If there are more countries, pr	rovide details on a separate sheet an	d tick this box				
Reasons for not providing a	a TIN:					
Reason A – The country of tax	x residency does not issue TINs to tax	k residents, OR				
Reason B – You have not been	n issued with a TIN – please provid e	e details for this reas	son, OR			
Reason C – The country of tax	residency does not require the TIN	to be disclosed.				
Reason you have not been iss	ued with a TIN (if applicable)					

Step 8: Declaration and signature(s)

Please note: The Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

- I/We will promptly notify the Service Operator if any of these details change and on request with any further information which is necessary or desirable for the Service Operator to comply with any obligations it may have in connection with FATCA/CRS.
- I/We consent to the collection and use of the above information by the Service Operator for the purposes specified.
- I/We authorise any changes set out in this form to be applied to or recorded against my/our account.
- I/We declare that the details given in this form are true and correct.

Please note: If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it). You generally cannot sign under Power of Attorney if acting on behalf on entity

Signature	
Signatory 1 Role (such as Investor/ Director/Trustee as applicable)	Date / / /
Full name	
Additional signatures (if required)	
Signatory 2 Role (such as Investor/ Director/Trustee as applicable)	Date / / /
Full name	
Signatory 3 Role (such as Investor/ Director/Trustee as applicable) Full name	Date / / /
Signatory 4 Role (such as Investor/ Director/Trustee as applicable)	Date / / /
Full name	
Signatory 5 Role (such as Investor/ Director/Trustee as applicable)	Date / / /
Full name	

Signatory 6	Date / / / /
Role (such as Investor/ Director/Trustee as applicable)	
Full name	
Tullilarie]
Common seal (of company) if required	

Please forward all correspondence and enquiries to

Post: IOOF Essential

GPO Box 264, Melbourne VIC 3001

Email: clientfirst@ioof.com.au

Telephone: 1800 913 118 **Web:** www.ioof.com.au