



IOOF ESSENTIAL

7 August 2020

Change to Trust form

(Self-managed superannuation funds only)

Use this form to change between individual and corporate trustee types, and to add or remove trustees/directors, of a self-managed superannuation fund (SMSF).

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

Step 1: What is changing in the Trust?

Please ✓ the box or boxes that apply.

Individual trustees

- Changing from individual trustees to a corporate trustee
Complete Step 2, Step 3 (ii), Step 4 (if applicable), Step 5 (if applicable), and Step 6.
- Adding a trustee(s)
Complete Step 2, Step 3 (i), Step 4 (if applicable), Step 5 (if applicable), and Step 6.
- Removing a trustee(s)
Complete Step 2, Step 3 (i), Step 5 (if applicable), and Step 6.

Corporate trustees

- Changing from a corporate trustee to individual trustees
Complete Step 2, Step 3 (i), Step 4 (if applicable), Step 5 (if applicable), and Step 6.
- Adding a director(s)
Complete Step 2, Step 3 (ii), Step 4 (if applicable), Step 5 (if applicable), and Step 6.
- Removing a director(s)
Complete Step 2, Step 3 (ii), Step 5 (if applicable), and Step 6.

Step 2: Current details of Trust

Trust name / Company name

Account number

Step 3: Updated details of Trust

Note: All trustees and directors must sign the Trustee/Director declaration in **Step 6**.

Step 3(i): Individual trustees

Please list all trustee(s), including name(s) and address(es):

Trustee 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
This section must be completed. Note: PO Box can only be provided under 'Mailing address'.			
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	<input type="text"/>		
Country of residence	<input type="text"/>		

Trustee 2 (if applicable)

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
This section must be completed. Note: PO Box can only be provided under 'Mailing address'.			
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	<input type="text"/>		
Country of residence	<input type="text"/>		

Step 3(ii): Corporate trustees

Please list all director(s), including name(s) and address(es):

Company name	<input type="text"/>																			
Australian Company Number (ACN)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>															
Registered mailing address (PO Box is not accepted)	<input type="text"/>																			
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>						
Phone (bh)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>																	
Given name(s)	<input type="text"/>																			
This section must be completed. Note: PO Box can only be provided under 'Mailing address'.																				
Residential address	<input type="text"/>																			
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>						
Mailing address (if different from above)	<input type="text"/>																			
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>						
Phone (bh)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>																			
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>							
Occupation	<input type="text"/>																			
Country of residence	<input type="text"/>																			

Director 2 (if applicable)

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>																	
Given name(s)	<input type="text"/>																			
This section must be completed. Note: PO Box can only be provided under 'Mailing address'.																				
Residential address	<input type="text"/>																			
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>						
Mailing address (if different from above)	<input type="text"/>																			
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>						
Phone (bh)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>																			
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>							
Occupation	<input type="text"/>																			
Country of residence	<input type="text"/>																			

Step 4: Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

Note: This step is only required to be completed by a new trustee(s) or director(s).

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF), please advise the following: (Please note: your form cannot be processed unless this section is completed, and you may be requested to provide additional information and documentation to facilitate IOOF Essential's compliance with the AML/CTF legislation).

Politically Exposed Person

Politically Exposed Persons are individuals who occupy or have occupied a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates, either within or outside Australia.

Are any Trustees/Directors, or an individual Investor, a Politically Exposed Person(s)?

Trustee 1 / Director 1 Trustee 2 / Director 2 Trustee 3 / Director 3 Trustee 4 / Director 4

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach the following:

- a Politically Exposed Persons form (www.ioof.com.au)
- original certified copies of your identification documents

Step 5: Declaration by financial adviser (financial adviser to complete, if applicable)

Financial adviser details

Dealer name	
Financial adviser name	
Contact name	
AFSL	Financial adviser number

In submitting this form:

- I declare that I hold a current AFSL **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- I declare that the applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that I am authorised by the applicant to instruct the Service Operator to pay any withdrawal proceeds to the applicant's nominated bank account.
- I release and indemnify the Service Operator and any member of the IOOF group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided the new trustee(s) or new director(s) with all the necessary information concerning their chosen investment, including the product disclosure statement.
- I confirm that fees have been fully explained to the new trustee(s) or new director(s).
- I agree that any investor advice fees will cease to be charged for this account once the Service Operator is notified of the death of the applicant.
- I consent to provide the Service Operator access to all proof of identification records for the purposes of this form if requested (pursuant to the AML/CTF legislation Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation

And, if adding a new trustee or new director:

I have attached original certified copies of the new trustee's, or new director's, identification document(s) with this form
Please note: compulsory where:

- The new trustee or director is a Politically Exposed Person or
- the new trustee or director is not residing in Australia.

OR

I have completed and signed an FPA/FSC identification form which is attached to this form (and retained an original certified copy of the new trustee's, or new director's, identification document(s));

OR

I have sighted and retained the original certified copies of the new trustee's, or new director's, identification documents recorded in the following Record of proof of identity and Proof of Company (if applicable) table
(Please complete the following table(s) and declaration).

Trustee 1 / Director 1 (if applicable)

Record of proof of identity (ID) ¹	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

¹ For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on www.ioof.com.au/essential. It also includes a list of persons authorised to certify copies of original documents.

Trustee 2 / Director 2 (if applicable)

Record of proof of identity (ID) ²	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

² For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on www.ioof.com.au/essential. It also includes a list of persons authorised to certify copies of original documents.

Trustee 3 / Director 3 (if applicable)

Record of proof of identity (ID) ³	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

³ For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on www.ioof.com.au/essential. It also includes a list of persons authorised to certify copies of original documents.

Trustee 4 / Director 4 (if applicable)

Record of proof of identity (ID) ⁴	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

⁴ For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on www.ioof.com.au/essential. It also includes a list of persons authorised to certify copies of original documents.

Proof of company (if applicable)

	Proof document 1	Proof document 1
Verified from	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer / website		
Document type / search details		
Issue date / search date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Step 6: Declaration and signature of trustees/directors

All trustees or directors listed in this form must complete this section

In signing this application form, I declare that:

- I have read in full and agree to the terms and conditions within the IOOF Essential IDPS Guide (Offer Document) and I am aware and continue to agree with the fees disclosed within the Offer Document, and as are being charged by my financial adviser.
- All details in this form are true and correct and I undertake to inform the Service Operator of any changes to the information supplied as and when they occur.
- I am aware that information provided about me and my account will be provided to the Australian Taxation Office and any relevant international taxation authority.
- I am aware that any communications (ie statements or letters) generated after the changes described in this form have been made will reflect where applicable new trustee or director information.
- I certify that I am the trustee or director named in this form.
- I agree to provide any information that may be required for the identification purposes of AML/CTF legislation.
- I confirm that all trustees are 18 years of age or over and/or that all directors are at least 18 years of age.
- I authorise the Service Operator to accept instructions from any trustee or director to operate the account (excluding the establishment of a Direct Debit Request) and agree this authority will extend to a trustee or director over the age of 18 who is appointed in the future. I agree to release the Service Operator from, and indemnify against, any and all losses and liabilities arising from any payment or action the Service Operator makes based on receipt of an instruction from the other trustee(s) and/or director(s).
- I acknowledge that by investing through IOOF Essential I do not have access to some of the rights and entitlements that would otherwise be available to me as a retail investor if I invested in the underlying investment options directly. I understand this includes not having the same rights as direct retail investors or not having access to:
 - cooling-off rights (see the 'Cooling-off period' section of the Offer Document and the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide)
 - voting rights (see the 'Differences between investing in listed investments directly and through IOOF Essential's section of the Investment Guide)
 - corporate actions (see the 'Differences between investing in listed investments directly and through IOOF Essential's section of the Investment Guide).

Proof of identity

I have provided the appropriate documents, or details of my identity as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au/essential, that may be required for the purposes of the AML/CTF legislation.

Privacy

Information (including my personal information) provided to the Service Operator is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Service Operator may disclose my personal information to its related bodies corporate, my financial adviser, professional advisers, businesses that have referred me to the Service Operator, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me.

The Service Operator is required to collect my personal information under the *Corporations Act 2001* and the AML/CTF legislation. If I do not provide all of the requested information, the Service Operator may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Service Operator may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Service Operator's privacy policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting ClientFirst on 1800 913 118 or by visiting www.ioof.com.au/privacy.

Signatory 1 Title (such as Director/ Trustee)		Date		/		/	
Full name							
Full name							
Signatory 2 Title (such as Director/ Trustee)		Date		/		/	
Full name							
Full name							
Signatory 3 Title (such as Director/ Trustee)		Date		/		/	
Full name							
Full name							
Signatory 4 Title (such as Director/ Trustee)		Date		/		/	
Full name							
Full name							
Common seal (of company) if required							