



IOOF ESSENTIAL

15 June 2021

Change of details

- IOOF Essential Super
- IOOF Essential Pension

Please use this form for change of member details, name, residential address and other details, postal address, financial institution details for payments and adviser details.

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

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

Section 1: Client details

Account type Super Pension

Account number*

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

Given name(s)*

Date of birth* / /

Email

* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Section 2: Change of name

Only complete this section if your name has changed.

We require supporting documentation to action your request.

New name

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

Given name(s)

Please enclose one of the following 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
- An **original certified copy** of your passport

For name changes, an original certified copy of the original documents will need to be provided. Please refer to the 'Completing Proof of Identity' document on www.ioof.com.au for a list of persons authorised to certify copies of original documents.

Signature of client / Power of Attorney or Guardian

Date / /

Previous signature (where name has changed)

Date / /

Section 3: Change of residential address and other details

For a fast and convenient way to change your residential address simply log into IOOF Essential and enter your user ID and password. If you have not registered for IOOF Essential, please click on the 'Register for access' link and follow the instructions to gain access.

Alternatively, please contact ClientFirst on 1800 913 118. Please note that you will need to satisfy an identification check of the mandatory fields in Section 1, to change your details.

If you are unable to change your residential address using the above methods please complete the details below.

If you are residing overseas you must complete and submit

- an Overseas Investor form (www.ioof.com.au)
- Original certified copies of your identification documents

Address

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Section 4: Change of postal address

Is your postal address the same as your residential address provided in Section 3? Yes No

Please provide postal address if different from the residential address in Section 3.

Address

Suburb State Postcode

Phone (home) Phone (work)

Section 5: Add or change financial institution details for pension payments

Financial institution

Branch

Account name

BSB - Account number

Please note that the account must be held either solely or jointly in your name.

Section 6: Add or change financial institution details for ad hoc withdrawals

Financial institution

Branch

Account name

BSB - Account number

Please note hat the account must be held either solely or jointly in your name.

Section 7: Change to pension payment (IOOF Essential Pension only)

A. Please change my pension payment to:

Frequency

Fortnightly Monthly Quarterly Half-yearly Yearly

Pension payments will be made on the first day and date available after the pension has been established. If you select fortnightly pension payments they will be scheduled every second Tuesday based on a start date of 6 July 2021.

For monthly, quarterly, half yearly and yearly payment dates you may select to have your pension payment paid on the 6th, 10th, 14th, 20th, 25th and 28th of each month.

I would like to select a specified start date.

Where you have elected to select a specific start date please select the date and month below:

6th 10th 14th 20th 25th or 28th of

Note: where no month is selected it will default to the next month available.

B. Please select the level of annual pension required:

Select the level of annual pension required.

Minimum*

OR

Maximum limit** (Transition to retirement pension only)

Full maximum (10%)

OR

Pro-rata maximum

OR

Nominated amount \$ per annum Net Gross Indexation rate %

OR

Nominated amount \$ per payment† Net Gross Indexation rate %

* If you commence your pension other than on 1 July, this amount will be pro-rated.
 ** If you select a transition to retirement pension and do not complete this step, the full maximum (10%) pension payment will apply.
 † This is a whole payment amount.

Please note: We require five business days to action your request. If we have not received your request in time to alter your next scheduled payment, please be assured your alteration will take effect from the following payment.

If you are receiving pension payments and your bank details have changed, please complete the details below:

Name of financial institution

Branch address

Suburb State Postcode

Account name

BSB - Account number

Please note:

- Ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.
- The nominated account must be in your own name or in one jointly owned by you.

Section 8: Change of adviser

Licensee name

Adviser surname

Adviser given name(s)

Phone Facsimile

AFS license number

Section 9: Member declaration

Please note: The Trustee 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 consent to the collection and use of the above information by the Trustee for the purposes specified.
- I authorise the above changes to be made to my account details.
- I authorise provision of information regarding my account to the above adviser (where a new adviser has been nominated).
- I 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).

Signature of member/
Power of Attorney
or Guardian Date / /

Full name

Signatory 1 Date / /

Title
(such as Director/Trustee)

Full name

Signatory 2 Date / /

Title
(such as Director/Trustee)

Full name

Signatory 3
Title
(such as Director/Trustee)

Date / /

Full name

Signatory 4
Title
(such as Director/Trustee)

Date / /

Full name

Common seal
(of company) if required

Please forward all correspondence and enquiries to

Post IOOF Essential, GPO Box 264 Melbourne VIC 3001
Telephone 1800 913 118

Email clientfirst@ioof.com.au
Web www.ioof.com.au