



# Nomination of Financial Institution

IOOF Employer Super
IOOF Personal Super
IOOF Pension

#### Please complete these instructions in BLACK INK using CAPITAL LETTERS and $\checkmark\,$ boxes where provided.

Please use this form to update the details of your nominated financial institution. Where applicable, these details will replace any existing financial institution details currently used in:

- ad hoc withdrawals
- pension payments

Where your adviser has financial adviser authority they'll be able to initiate withdrawals to your nominated financial institution listed in this form.

### Section 1: Account details

Account number	
Account Name	

## **Section 2: Nominated Financial institution details**

If you wish to add or update a nominated financial institution account please supply details below:

Financial institution	
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 the same name or jointly in the same name of the account.

## Section 3: Client declaration and signature(s)

**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/We consent to the collection and use of the above information by the Trustee for the purposes specified.
- I/We authorise the above changes to be made to my account details.
- 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).

Signatu	re			
Signatory 1			Date	
Please forv	vard all correspondence and enquiries to			
Post:	IOOF GPO Box 264, Melbourne VIC 3001	Telephone:	1800 913 118	
Email:	clientfirst@ioof.com.au	Web:	www.ioof.com.au	