





### Linked member

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

Given name(s)

Account number (if known)

Date of birth  /  /

Relationship to group (such as spouse)

**Declaration:** I have read the current PDS and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information. I have disclosed in this form is true and correct.

Signature  Date  /  /

### Linked member

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

Given name(s)

Account number (if known)

Date of birth  /  /

Relationship to group (such as spouse)

**Declaration:** I have read the current PDS and the terms and conditions of Family Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information. I have disclosed in this form is true and correct.

Signature  Date  /  /

**Please forward all correspondence and enquiries to**

**Applications and forms**

**Post** IOOF Personal Super, Reply Paid 264, Melbourne VIC 8060  
**Email** clientfirst@ioof.com.au  
**Fax** 03 6215 5800

**Enquiries**

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