

FOR INFOCUS

Allocated Pension

Forms Booklet

Dated: 1 July 2021

How to get started

This booklet contains the information and forms you need to set up your IOOF Pursuit Select Allocated Pension account.

Which forms to complete

Form name	Form letter	When to complete this form
Application for Allocated Pension	Form A	You need to complete this form if you wish to set up a new account and to indicate: • which investment option(s) you wish to invest in • how you want to manage your income distributions • your preferred top up cash option • how you want to establish your Investment Instructions
Request to Transfer	Form B	You need to complete this form if you wish to transfer monies from another superannuation fund or income stream.
Beneficiary Nomination	Form C	You need to complete this form if you wish to make a Beneficiary Nomination.
Family Fee Aggregation Application	Form D	You need to complete this form if you wish to apply for Family Fee Aggregation.
Direct Debit Request (DDR)	Form E	You need to complete this form if you wish to make an initial one-off contribution by direct debit.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 913 118 or your financial adviser. Please note that ClientFirst is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your account

Once you have read the PDS and discussed your investment strategy with your financial adviser (if applicable), you are ready to set up your account.

How to set up	
Step 1	Complete the Application and all other forms that are relevant to you.
Step 2	Contributions can be made via direct debit or transfers. If you would like to make a contribution by cheque, make your cheque payable to: IPS – IOOF Pursuit – [your full name or account number] For example, if your name is Robert Brown, your cheque should be made payable as follows: IPS – IOOF Pursuit – Robert Brown If you have completed one or more Request to Transfer forms, attach the signed original(s) and your certified proof of identity to the Application.
Step 3	Attach your cheque to your Application, and post the Application and all other completed forms to the following address: IOOF Pursuit Reply Paid 264 Melbourne VIC 8060

We will send you a Statement of Membership, normally within seven business days of joining, confirming your personal details and Investment Instructions.

IOOF PURSUIT

1 July 2021

FORM A – Application for Allocated Pension

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

a Politically Exposed Persons form (www.ioof.com.au/product_list/infocus_pursuit)

original certified copies of your identification documents

Before you sign this application form, the Trustee or your licensed financial adviser is obliged to give you a PDS, which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

 $Please \ note: In \ accordance \ with \ the \ \textit{Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)}, \ the \ Trustee \ must \ obtain \ proof \ of \ accordance \ with \ the \ \textit{Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)}, \ the \ Trustee \ must \ obtain \ proof \ of \ accordance \ with \ the \ \textit{Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)}, \ the \ Trustee \ must \ obtain \ proof \ of \ accordance \ with \ the \ \textit{Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)}.$ identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the

account from potential fraud a			_									tne	irus	tee t	0 101	IOW	lnis þ	Oroce	ess to	nei	p pro	neci	. tne	mor	ney i	n yo	u
Please complete these instr	uctio	ons i	in BL	.ACk	(INI	(usi	ng C	API	TAL	LET	TERS	S (ex	cluc	ding	the	ema	il ac	ldre	ss) a	nd .	∕ b	oxe	s wh	ere	prov	/ide	d
Any personal information prowww.ioof.com.au/privacy.	ovide	ed ir	n this	forr	n wi	ill be	han	dled	d in a	acco	rdar	nce v	vith	the [·]	Trus	tee's	priv	acy	poli	cy av	⁄ailab	ole a	t				
If you are an existing member	er, pla	ease	pro	vide	you	r clie	ent n	uml	oer.																		
Client number																											
Step 1: Applican	t d	eta	ails	5																							
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnaı	me																		I
Given name(s)		<u></u>														<u></u>											ļ
Residential address		<u></u>													1												L
Suburb Mailing address (if different from above)																Sta	ate				Pos	stco	de l				I
Suburb														Pho	ne	Sta	ate]			Pos	stco	de [I
Phone (work)		<u></u>							L]	(hon													
Phone (mobile)																										1	T
Email																											Ĺ
Date of birth			/			/											(Gen	der		Mā	ale		F	ema	ale	
If you are residing overseas, y	ou r	nust	t con	nple	te ar	nd si	ubm	it:																			
an Overseas Investor for									t/inf	ocus	s_pu	ırsuit	<u>:</u>)														
original certified copies	of yo	our i	dent	ifica	tion	doc	ume	nts																			
Anti-Money Laundering In accordance with <i>Anti-Mon</i> application cannot be procedocumentation to facilitate I	<i>ss</i> ed	aund I unle	<i>dering</i> ess tl	g and	d Coo ectio	<i>unte</i> on is	r-Teri com	orisi ple	n Fir ted a	n <i>anc</i> and y	ing A you	A <i>ct 2</i> i may	006 be i	(AML	./CT	<i>F)</i> , pl						_					
Politically Exposed Persons a or outside Australia. This def	ire in initio	on als																		ctior	า' eit	her	with	in			
Yes No																											

Step 2: Pension details

Please select the appropriate pension for you.
I wish to commence a retirement phase pension . I am eligible to so do because:
(Please tick one box applicable to your circumstance)
My existing benefits are unrestricted non-preserved.
I have reached age 65.
I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.
I have left gainful employment on / / / / and was over age 60 at that time.
I have terminated employment with an employer who has contributed to my existing super fund held with IOOF (applies to restricted non-preserved funds only).
I wish to commence a transition to retirement pension as I have reached my preservation age but not met a condition of release.
I wish to commence a death benefit pension : I am rolling over a death benefit and my relationship to the deceased is:
Spouse.
Child under the age of 18 or financially dependent child under 25.
Child of any age and suffering from a disability (please attach evidence of disability).
Financial dependant or interdependent and not a child (please attach evidence of relationship).
Step 3: Tax File Number
Tick one of the following:
I am age 60 or over and my TFN is
I am less than 60 years of age and have attached my completed Tax File Number declaration
If you are less than 60 years of age, a TFN declaration form must be completed for each pension account opened. We are

It is not an offence if you choose not to provide your TFN, but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more than you need to, and
- it will be easier to find different super and/or pension accounts in your name.

Step 4: Initial contribution details

Important note:													
The minimum initial contribution is \$10,000.													
For initial contributions equal to or more than \$2 million you must also complete and attach:													
a High Threshold Transaction form (www.ioof.com.au/product_list/infocus_pursuit)													
original certified copies of your identification documents	original certified copies of your identification documents												
Part A: Transfer(s) from other superannuation funds													
Name of superannuation fund	Approximate value												
	\$												
	\$												
	\$												
	\$												
If you would like the Trustee to organise the transfer, please include with your Applicat Transfer form (Form B) for each superannuation fund.	tion a completed Request to												
Part B: Non-concessional contribution(s)													
1 Personal contribution \$													
2 Spouse contribution \$													
3 Downsizer contribution \$													
4 Personal injury payment ² \$													
\$													
You must meet one of the following condition if you are aged 67 or over and making a per a spouse contribution made on your behalf	rsonal contribution and/or nave												
I am over 67 and under 75 years of age. I have worked for at least 40 hours in 30 consecutive days in the	ne current financial vear												
I am over 67 and under 75 years of age. I have worked 40 hours over 30 consecutive days in the previous balance was less than \$330,000 as at the previous 30 June and I have not previously used the work test.	us financial year, my total superannuation												
I am over 65 years of age and I am making a downsizer contribution. (You must provide us with a comform before or at the time of making your downsizer contribution. The form is available from the ATO													
Part C: Transfer from an existing IOOF Pursuit or IOOF Portfolio Servi	ice product												
Account number													

¹ You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website

² Please complete and attach the appropriate election form which can be obtained from our website or by contacting ClientFirst on 1800 913 118.

By providing your account number and by signing the applicant declaration at Step 17, you authorise the transfer of the bornin part) from your existing IOOF Pursuit or IOOF Portfolio Service account into your IOOF Pursuit Select Allocated Pensi	
Amount to be transferred to IOOF Pursuit Select Allocated Pension:	
Entire balance	
OR Partial transfer of \$	
If you are making a partial transfer, please ensure you have met the relevant remaining minimum balance requirements c existing account.	fthe
Please complete Step 5.	
Step 5: Transferring from an existing product in the Fund	
Please specify one of the following:	
I wish to continue my existing pension	
Your current pension will automatically continue in your new IOOF Pursuit Select Allocated Pension account. All pe details will transfer unless you make any changes to those details on this application or the changes are required by	
I wish to commute my pension and commence a new pension	
Please note: A new pension account is required if you are:	
making a transfer from an external fund into this account	
transferring more than one pension into this account	
changing your nominated Reversionary Beneficiary; or	
adding further contributions.	
Investment instructions	
Full Transfers	
Your existing investment options which are available in IOOF Pursuit Select Allocated Pension will be transferred to your Select Allocated Pension account.	new IOOF Pursuit
Investment options not available in IOOF Pursuit Select Allocated Pension will be redeemed and invested in Cash Account until you provide us with Investment Instructions.	the
APIR code Name of investment option	% or \$ amount
Partial Transfers	
Pro-rata (not available for Term deposits, listed investment, restricted or illiquid funds etc)	
Specific instructions. Please list below the investment option(s) and amount you wish to transfer. If you transfer a list you must transfer all of your holdings in that investment.	ed investment,
	0/
APIR code Name of investment option	% or \$ amount
	1 1

Re-weighting
Re-weighting allows you to rebalance your investments within your account. Please indicate below if you want to re-weight your portfolio:
Re-weight my portfolio as per my Primary Instruction. Complete Step 8
Re-weight my portfolio as per my Specific Instruction. Complete Step 8
If no selection is made, your investments will remain unchanged.
Tax Deduction Notice under Section 290-170 ITAA for full or partial transfers
If you have made personal contributions during the current financial year to your existing IOOF Pursuit or IOOF Portfolio Service superannuation account, please tick the box below and attach a completed Tax Deduction Notice with your Application. This can be obtained from our website or by contacting ClientFirst on 1800 913 118. We recommend that you speak to a financial adviser in relation to your eligibility to claim a personal tax deduction.
I wish to claim a tax deduction for some or all of the personal contributions(s) in the current financial year, and have attached a completed Tax Deduction Notice.
A completed Tax Deduction Notice must be submitted and be carried out prior to the transfer to your IOOF Pursuit Select Allocated Pension account.
is received by us after 1 June but before 30 June, you may defer your first pension payment until the next financial year. (1) Pension commencement date Please insert the date you wish the first pension payment to commence:
If you do not select a date for the pension payment to commence, we will automatically commence payment according to the information provided below, following receipt of all deposits and contributions.
(2) Frequency of payment Select the frequency of payment. Twice-monthly Monthly Quarterly Half-yearly Annually (3) Pension payment day Select the pension payment date (not applicable for twice-monthly pension payments).
14th of the month 28th of the month
14th of the month
Pension payments are made by the 14th or 28th day of the month, unless you have selected the twice monthly option, whereby 24 payments per year will be payable by the 14th and 28th of each month.

(4) Level of annual	pen	sion	rec	quir	ed																				
Select the level of annual pe	nsion	requir	red.																						
Minimum limit (go to St	tep 6)																								
Maximum limit (Transition t	to ret	ireme	nt pe	nsio	n on	ly)																			
Full maximum OR																									
Pro-rata maximum OR	1																								
Fixed dollar amount before	••••				\$								1.							rated gh th			nsio	n	
OR	lax				L] COI	HIHE	ince	и ра	II L VV	ay ti	irou	gnu	ie ye	dI)			
Fixed dollar amount after ta					\$															rated gh th			nsio	n	
OR	ıx				L] COI	IIIIIC	TICE	u pa	II L VV	ay ti	iiou	girti	ie ye	:a1)			
Amount per payment befor	o tav				\$								(na	id o	n fra	alla	ncv	of n	avma	ant o	ntio	n ch	osen	<i>a)</i>	
OR	ctux												- (pc	iiu Oi	1110	que	ПСУ	oi pi	ауттк	.111. 0	ριιο	II CII	OSCII	1)	
Amount per payment after	tax				\$								(pa	id or	n fre	que	ncy	of pa	ayme	ent o	ptio	n ch	osen	1)	
If you leave this section blan		ırannı	مم ادر	ncion	النبيد	ho h	acad	0.5	tho m	inim	um l	lim it													
year. Where tax is payable, yo															Tate	u w	IICIC	: 11 13	HOU	paiu	101 6	ı run	IIIIai	riciai	
/E) A			,																						
(5) Automatic index	xatı	on o	тре	nsio	on	pay	me	n	τ																
The automatic indexati	ion o	ntion	is not	t avai	ilahl	e if v	ou h	av	e selec	ted	the	min	imu	m lii	mit										
The datomatic mackat	1011 0	Ption	13 110	uvui	iiu Di	,		u v	- 30100																
Would you like your annual p	pensio	on to b	e aut	omat	icall	y ind	exed (ea	ch year	?															
No (go to Step 6)																									
Yes (complete step belo	ow)																								
Please specify how you wou	ıld like	your a	annua	al pen	nsion	to b	e auto	on	natically	/ ind	exec	d eac	h ye	ear											
СЫ													1												
Other automatic increas	se am	ount											%												
If no instruction is receive	ved, t	he de	fault	will b	e 'N	o' an	d the	aı	utomat	ic in	dex	atio	n wi	ll no	t be	app	lied	l to y	our	ann	ual p	ens	ion.		
Step 7: Financial	ins	titu	itio	n d	eta	ails	fo	r۱	pens	sio	n p	oay	/m	en	ts	an	d	wi	tho	dra	Wā	als			
Financial institution																									
Branch																									
DIGITAL								1																	
Account name																									
BSB								Ac	count i	num	ber														

Step 8: Investment Instructions - Primary and Specific

Please note:

- Please ensure that the Primary Instruction or the Specific Instruction (if applicable) include at least the default minimum allocation of 3% against the Cash Account. The percentage allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- If you omit to insert an amount against the Cash Account in your Investment Instruction, the Trustee is authorised to deduct the amount necessary from the investment option with the highest percentage allocation to satisfy the required minimum allocation to the Cash Account.
- If there are two or more investment options that share the highest percentage allocation, the Trustee is authorised to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.
- For a full list of investment options available for selection within IOOF Pursuit Select go to our website and select from the IOOF Pursuit Select investment guide (PSI.01) and list your selections in the space provided.
- To ensure your investment option selections are processed correctly please add the correct APIR code along with the name of the investment option.
- Where you supply a Specific Instruction in Step 8(b), this instruction only applies to contributions made by cheque and Direct Debit Request (DDR) attached to this form.

APIR code	Name of investment option	Step 8(a)	Ste	o 8(b)			
		Primary Instruction	Specific Instruction (if different to Primary Instruction) (cheque and DDR contributions only)				
_	Cash Account (mandatory minimum 3%)	MANDATORY %	\$ MANDATORY (OR MANDATORY%			
	sure that the Primary Instruction does not include listed investments, annui	ty funds or term o	deposits.				
Please en	sure that the Specific Instruction does not include listed investments.						
		%	\$	OR %			
		%	\$	OR %			
		%	\$	OR %			
		%	\$ (OR %			
		%	\$ (OR %			
		%	\$ (OR %			
		%	\$	OR %			
		%	\$	OR %			
		%	\$	OR %			
		%	\$	OR %			
		%	\$	OR %			
		%	\$	OR %			
Total		%	\$ (OR %			

If % used, must add up to 100% including the Cash Account allocation

Step 9: Income distributions (managed investments only)

l dir	ect t	he Tr	ruste	ee to	o ma	inag	e an	y inc	om	e distributions that I receive from my investment option(s) as follows:			
	Re-	inve	st (defa	ault	opti	ion)						
OR	Re-	inve	st 10	00%	of th	ne in	com			outions back into the same managed investment that made the income distribut opply automatically even if a selection is not made.	ion. This is the		
	Retain in Cash Account												
	Leave all income distributions to accumulate in my Cash Account.												
OR	DR Distribution Instruction												
	Inco	ome	dist	ribu	ition	s are	to k	oe in	vest	ed in accordance with my Primary Instruction in Step 8(a), or			
	Inco	ome	dist	ribu	ition	s are	to k	oe in	vest	ed in accordance with my Distribution Instruction specified in the table below.			
										uction option, please specify which managed investments are to be used and that in the struction does not include listed investments, annuity funds, or term dep			
API	R co	de								Name of investment option	% allocation		
										Cash Account			
										Total			
										Must add up to 100% including the	Cash Account allocation		

If you select the 'Distribution Instruction' as your re-investment/distribution method but do not provide a Distribution Instruction in the above table, income distributions will be invested in accordance with your Primary Instruction.

Step 10: Cash Account top-up

	your Cash Account is likely to fall below zero in the next seven days, you authorise the Trustee to top to Cash Account requirement of 3% of your account balance and amounts expected to fall due within the	•
If you would like to	to set a higher minimum Cash Account requirement, please specify the percentage amount here:	%
We will 'top up' yo	your Cash Account balance by redeeming the necessary amount from your managed investments (wi dance with the option you have selected below:	thout prior notice
Highest bala	alance (default option)	
	nds from the managed investment with the highest balance. default option, which means it will apply automatically even if a selection is not made.	
Pro-rata		
Redeem fund	nds across all managed investments according to the proportion invested in each managed investme	nt.
Pecking ord	rder	
Redeem fund	nds from my managed investment(s) according to a prioritised list specified below.	
•	he pecking order option, please specify which managed investments are to be used and the pecking be redeemed, one at a time. Please note, you cannot include listed investments, annuity funds, term of ments.	
Pecking order	APIR code Name of investment option	
1		
2		
3		
4		
5		
6		
7		
The Automatic Re-Re-weight Instruct The re-weight pro I direct the Trustee Re-weight frequer	rocess will run on the 20th day of the month (or the nearest business day after) according to the frequee to manage my portfolio as follows:	
Quarterly Preferred re-weigh	ght commencement date:	
/		
If the preferred re-v	e-weight commencement date is not provided, the Automatic Re-weight Facility will commence on the nex	t 20th day of the month.
listed investm be applied to Please ensure	that if the portfolio contains investment options which cannot be selected as part of a Re-westment, term investment or investment options which cannot be sold), the Re-weight preference to the remaining investment options within the portfolio. The that the Re-weight preference includes at least the default minimum allocation to the Cash Cash Account minimum is 3%.	ce submitted will

Re-weight preference:				
Primary Instructio	n			
Re-weight my po	rtfolio in accorda	ce with my Primary Instruction in Step 8(a).		
Re-weight Instruc	tion			
_		ce with my Re-weight Instruction specified in t	he table below.	
•	_	action option, please specify which managed ir ight Instruction does not include listed investm		
APIR code		Name of investment option		% allocation
		Cash Account		
			Total	
			Must add up to 100% including the	Cash Account allocatio
Please select the timef 6 months Amount of term depos Where this Invest	orame of the term orange 12 r sit \$ 12 r ment Instruction, this Investme	onths		
•	vest in listed inve	noice opt-in (optional) ments available in Direct Share Choice through yng declaration.	our IOOF Pursuit Select Allocated F	Pension account,
By signing below I/we c				
	e charged by the	nents available under the Direct Share Choice Trustee, together with the fees and charges i		
	and corporate a	ree to be bound by the terms and condition: tion requirements and other listed investme		
Signature			Date /	/

Step 14: Fees for financial advice

Section A: Fixed Term Arrangement (FTA)

Please complete this section if you wish to enter into a fixed term arrangement for the following fees:

Member Advice Fee

End date

Fixed Term Arrangement is for fees that cover a twelve month period or less. The form must be signed within 90 days of the start date. If the supplied start date is in the past, the date will default to the date the application is processed.

Important note: An account can have only one FTA at any time.

You cannot elect to have an Member Advice Fee – Upfront if you have agreed to have an Member Advice Fee on an FTA.

1	Please provi	de the Start date and End date of the FTA:
	Start date	

2 Complete the relevant section in Section B that forms part of the FTA.

Section B: Member advice fees

- IOOF Investment Management Limited (IIML), as trustee of your super fund, is required to obtain specific written
 consent before a fee for financial advice can be deducted from your account. You are not under any obligation to
 consent to the fee being deducted.
- You may revoke your consent at any time by contacting IIML via the options at the end of this form. Once your consent is
 revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent
 will not be automatically refunded.
- The default value for each member advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Member advice fees can only be deducted from your super account if they relate to advice you receive about your super/pension benefits, insurance and investments.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 17.
- The member advice fee(s) paid to your financial adviser are inclusive of GST. The actual amount deducted from your
 account may be less than the amount quoted. This is because the Fund may be able to claim a reduced input tax credit
 (RITC) on some of these fees. Where the Fund is able to claim an RITC, the benefit is passed on to you which effectively
 reduces the fee. Note that the RITC rules are subject to change and this may impact the RITC available in the future.
- For further information on advice fees, please refer to the Product Disclosure Statement.

Consent End Date

If you are selecting a Member Advice Fee – Ongoing, Member Advice Fee – Upfront or Member Advice Fee – Insurance please provide your consent end date below:



The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue. Your consent to an ongoing fee arrangement ends 150 days after the next anniversary date.

(1) Member Advice Fee - Upfront

Note: Please note this fee cannot be offered in conjunction with an FTA.

The Member Advice Fee – Upfront does not apply to transfers of investments from an existing IOOF Pursuit or IOOF Portfolio Service account into IOOF Pursuit Select Allocated Pension (including the TTR pension option).

Vou can a	aroo to nom	vinato	a different N	lambar Adı	ico Eoo - Un	fron	t for each of th	o follow	ina typos a	fcontribu	ıtions:			
										CONTINUC	ILIOI IS.			
			nciusive of c utions (perso			n (ind	cluding transfe	rs/rollov	ers).					
	/ia cheque		.c.o.is (pers	, , a,, sp o as	/					%		(inclusive	of GST)	
			utions (perso equest (one		2)					%		(inclusive	of GST)	
Transfers	from extern	al sur	perannuatio	n funds						%		(inclusive	of GST)	
Transiers	TOTT CALCIT	ui sup	Clarification	Trailas						_ ~		(IIICIGSIVE	01 031)	
Your advis	ser has estin	nated	a fee of \$				for the 12	! month	s commen	cing 🗀	D /	M M /	YY	YY
				_	ee above and are received		plied against y	our cor	ntribution a	nd/or rol	lover am	nount and v	vill be cha	irged
Please se	lect the se	rvice	s being pro	vided in r	elation to tl	he u	pfront fee:							
Revi	ew of your a	accou	int		Contribu	utior	n strategy							
Strat	tegic supera	annua	tion advice		Withdra	wal	advice							
Inve	stment adv	ice or	your accou	int										
(2) Me	mber Ad	dvic	e Fee (F	TA or O	ngoing)									
The availa	able fee op	tions	are:											
(a) Perc	entage b	ase	d fee opt	ions – fla	t percent	tag	e or tiered	perce	entage					
Flat perc	entage fee				•									
-			,	/· I ·	(CCT) (CCCT
OR OR	naximum oʻ	T 2.29	6 per annur	n (inclusive	e of GS1) of	you	r account bala	ance. l			% p	er annum (i	nclusive (of GS1,
Tiered p	ercentage	fee												
							applied to the		nt for each	tier.				
	·		ercentage n 0% if no nor		·	evio	us tier percent	age.						
	a maximum			I III I a LIOI I IS I	naue.									
- 1				Amount		C	% per annum	(inclusi	ve of GST)					
Tier 1	Nil to	\$												
Tier 2	Next	\$				Ī								
Tier 3	Next	\$				Ĺ								
		[
Tier 4	Next	\$				L								
Tier 5	Next	\$												
Your advis	ser has estin	nated	a fee of \$				for the 12	! month	s commen	cing D	D /	M M /	Y Y	Y

This fee will be calculated using the percentage fee above and applied against your contribution and/or rollover amount and will be charged

AND/OR

to your account as contributions and/or rollovers are received.

(b) Flat dollar fee																										
Up to a maximum of \$1,500	per m	nonth	ı (inc	lusiv	e of G	SST)		\$									per r	nor	nth (i	nclu	usive	e of (GST))		
Please select the services	being	g pro	vide	d if	you h	nave	sele	ctec	l a F	TA:																
Review of your account	t					Cor	ntribu	tion	strat	egy																
Strategic superannuation	on ad	lvice				Insu	ırancı	e in s	supe	rann	uati	on s	trate	gy												
Investment advice on y	our a	accou	ınt			Wit	hdrav	val a	dvic	е																
(3) Member Advice	Fee	e – (One	3-O	ff																					
A maximum of 10% of the account balance up to a fee of \$11,000 (inclusive of GST), OR a maximum fee of \$3,300 (inclusive of GST) where the fee is greater than 10% of the account balance Please select the services being provided if you have selected a FTA:															per	req	uest	(inc	clus	ive c	of GS	ST)				
Please select the services being provided if you have selected a FTA: Review of your account Contribution strategy																										
Review of your account	t					Cor	ntribu	tion	strat	egy																
Strategic superannuation	on ad	lvice				Insu	ırancı	e in s	supe	rann	uati	on s	trate	gy												
Investment advice on y	our a	accou	ınt			Wit	hdrav	val a	dvic	е																
Investment advice on your account Withdrawal advice Step 15: Financial adviser details (financial adviser to complete, if applicable)																										
We will only register a financ	ial ad	lviser	whc):																						
• holds a current AFSL																										
• is a representative of a cu	rrent	AFS	Licer	isee.																						
Financial adviser details																										
Dealer name																										
Financial adviser name																										
Contact name					<u> </u>																					
AFSL												Fina	ncia	l adv num												
If you are a new financial adv	/iser³	to IO	OF Ir	ıvest	tment	t Ma	nage	men	t Lim	nited	ple	ase a	also	com	plet	e the	follo	wir	ng de	etail	S:					
Business name																										
				$\overline{\top}$	_																					
Business address			$\frac{\perp}{\perp}$	\pm	\pm														$\overline{}$					\Box		$\frac{\perp}{\Box}$
Suburb Mailing address			<u></u>	<u> </u>	<u> </u>										Sta	ite L				Pos	stco	de_	_	_		
(if different from above)			_	<u> </u>	\perp												_							_		
Suburb				<u> </u>	\perp										Sta	ite L				Pos	stco	de				
Phone			Ļ	<u> </u>	$\stackrel{\perp}{+}$								Pho nobi						L					L		
Email																								<u></u>		
Internal client reference number (if applicable)																										

Declaration by financial adviser

In submitting this Application:

- 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 the financial institution details specified in this form belong to the applicant and I am authorised to instruct the Trustee to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Trustee 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 applica	and with all the nece		5	
I confirm that fees have been fully explain superannuation/pension benefits, insura		•	rice fees relate to ad	vice about the applicant's
I consent to provide the Trustee access to the AML/CTF legislation Part 7.2).	all proof of identifi	cation records for the purp	oses of this applicat	ion if requested (pursuant to
I confirm that I have conducted the relevan	nt customer identific	ation procedure in line with	the obligations und	er the AML/CTF legislation and:
I have attached original certified of	copies of the applica	ant's identification docume	nt(s) with this Appli	cation;
Please note: Compulsory where:				
 initial contributions equal to o 	r more than \$2 milli	on or		
 the applicant is a Politically Ex 	posed Person or			
 the applicant is not residing in 	Australia			
OR				
I have completed and signed an F the applicant's identification docu		on form which is attached t	o this Application (a	nd retained a certified copy of
OR				
I have sighted and retained a cert of identity table (Please complet			ument(s) recorded ir	the following Record of proof
Record of proof of identity (ID) ⁴	ID document 1		ID document 2	2
Record of proof of identity (ID) ⁴ Verified from	ID document 1	Certified copy	ID document 2	Certified copy
Verified from				
Verified from Document issuer				
Verified from Document issuer Issue date				
Verified from Document issuer Issue date Expiry date				

Step 16: Estate planning options (optional)

Please complete Section A **OR** Section B.

Section A: Reversionary Beneficiary

This is only required when commencing a new pension. If this pension is continuing, the existing reversionary beneficiary nomination will continue. Adding or changing a reversionary beneficiary will commence a new pension. This nomination must be made before the commencement of your pension. Your nominated Reversionary Beneficiary cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Nomination, Non-lapsing Binding Nomination, or Non-binding Nomination. You are unable to nominate a reversionary beneficiary if this is a death benefit pension.

In the event of your death, you wish the remaining balance of your pension account (if any) to continue to be paid as an IOOF Pursuit Select

Allocated Pension to your nor	minated Reversion	ary Beneficiary.												
Title (Dr/Mr/Mrs/Ms/Miss)		Surname												
Given name(s)														
Residential address														
Suburb Mailing address			State	Postcode										
(if different from above)														
Suburb			State	Postcode										
Phone			Phone (mobile)											
Email														
Pate of birth Gender Male Female Female Interdependency relationship to member ⁵ Spouse De facto spouse Child relationship dependant														
Interdependency Financial														
If you wish to make a Benefici If you do not make a Ber Representative in the ev	neficiary Nomina	tion, your death bene	eficiary Nomination form.	r Legal Personal										
Step 17: Electroni	ic commur	nications (option	nal)											
Please tick this box if yo	u agree to receive	communications from t	he Trustee that are available elec	tronically via Portfolio Online.										
Important notes:														
Please ensure you have pro not provided your email a		, ,	e of this Application. If you have to nunications.	ticked the above box but have										
The terms and conditions	for electronic com	nmunications are set out	in the PDS.											
You must register for Portf communications from the			gh the IOOF website) if you have	consented to receive										
If you do not complete t	he above steps o	r provide your email a	ddress, you will receive paper	based communications.										

Step 18: Applicant declaration and signature

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Pursuit Select Allocated Pension within Australia.
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for an IOOF Pursuit Select Allocated Pension and to become a member of the Fund upon the terms and conditions contained in the Trust Deed dated 20 June 1994 (as amended from time to time) and the PDS.

Proof of identity

I have provided, either as part of this application or to my financial adviser, the appropriate documents, as outlined in the 'Completing Proof of Identity' document on (www.ioof.com.au/product_list/infocus_pursuit), that may be required for the purposes of the AML/CTF legislation.

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me.

The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF legislation. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Trustee'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

Eligibility

I am eligible to commence an IOOF Pursuit Select Allocated Pension because:

- I am at least 18 years of age and am commencing the pension with unrestricted non-preserved benenfits only; or
- I have reached my preservation age and am no longer gainfully employed and never again intend to become gainfully employed on a full-time or part-time basis; or
- I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased; or
- I am age 65 or over; or
- I have reached my preservation age but have not ceased gainful employment if I am commencing a Transition to Retirement pension.

Personal, downsizer and spouse contributions

If I decide to either make a personal contribution(s), downsizer contribution(s) or have spouse contribution(s) made on my behalf, I meet the necessary conditions as set out in the PDS.

Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Trustee to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 10.

Electronic communications

If I have consented to receive any communications from the Trustee electronically, then I do so on the terms and conditions as set out in the PDS.

Transferring from another product within the Fund

If I am transferring from another product within the Fund, then I do so on the terms and conditions outlined in the PDS.

Financial adviser (if applicable)

- If I have acquired the services of a financial adviser to obtain advice concerning my investment in IOOF Pursuit Select Allocated Pension, then I confirm that I have been fully informed of the nature and risks of the selected investment options and am satisfied these investments are suitable for my investment needs.
- The Trustee will acquire the services of my financial adviser who will act on my behalf in relation to managing my account.
- I hereby authorise my current or any future financial adviser
 and their staff, to act as my agent to operate my account, to
 give any instructions on my behalf in relation to my account
 to the Trustee by any methods as set out in the PDS and to
 withdraw any funds from my account and authorise payment
 of the withdrawal benefit to the bank account nominated in
 this form (or any bank account I nominate in future).
- I release and indemnify the Trustee and any member of the IOOF group from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of or in connection with the Trustee acting or omitting to act on instructions given by my financial adviser and their staff under this authority.
- I authorise the Trustee to continue to follow instructions given under this authority until the Trustee receives notice in writing signed by me to cancel the authority.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

Investment Instructions⁶

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFSL 230524 is directed to process the Investment Instructions specified on this form.
- The Investment Instructions provided in this form override any previous Investment Instructions.

- My main Investment Instruction will be my Primary Instruction and will be used for my initial contribution (less any Member Advice Fee – Upfront) and income distributions (if applicable), unless I provide the Trustee with alternate instructions.
 I understand that this does not apply to the transfer of investments from any existing account within the IOOF Pursuit or IOOF Portfolio Service product suite.
- If I have omitted to insert an amount against the Cash Account in my Investment Instruction, I authorise the Trustee to deduct the amount necessary from the investment option with the highest percentage allocation to satisfy the required minimum allocation to the Cash Account.
- If there are two or more investment options that share the highest percentage allocation, I authorise the Trustee to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.

Restricted investments

- I acknowledge that if I make an investment in an investment option that is designated as a restricted investment (in the investment menu as updated on the IOOF website), I have been informed that:
 - the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request)
 - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions
 - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the restricted investment which may be up to 365 days for some restricted investments.
- I understand and accept that a period longer than the 30 days mentioned above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

Product disclosure statements for managed investment options

- I have received (either from the IOOF website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the IOOF website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

Direct Share Choice

I have read, understood and agree to be bound by the terms and conditions, investment limits, order rules, dividend reinvestment plan and corporate action requirements and other listed investments information set out in the IOOF Pursuit Select investment quide (PSI.01).

Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the IOOF Pursuit Select investment guide (PSI.01) for information on these exclusive investment options).

Term deposits

If I have invested in term deposits:

- I have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the PDS
- The Trustee provided me with the product guide for the underlying term deposit I have selected via the IOOF website and I agree to receive the product guide by obtaining it from the website
- I have received (either from the IOOF website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying term deposit I have selected
- I acknowledge that where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product or service, this Investment Instruction will be processed before any other Investment Instruction relating to my new account is processed.

Portfolio Management fee (applicable to clients when using the Managed Portfolio Service only)

- The amount of any Portfolio Management fee that is paid to the managed discretionary account operator, Managed Portfolio Services Limited, as agreed by me separately in the Managed Portfolio Service Investor Agreement, will be an additional cost to me and charged against my account.
- I authorise the Trustee to charge the agreed Portfolio Management fee against my account.

Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the 'Completing Proof of Identity' document on (www.ioof.com.au/product_list/infocus_pursuit), for both the Applicant and the Attorney with your Application form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Marketing material	
If you do not agree to the Trustee or any related body corporate within marketing the products and services of the IOOF group from time to ti	3 , 3, ,
Member/Applicant signature	
Member/Applicant signature	Date / / / /
Member advice fees (if you completed Step 13	3)
 I confirm that fees have been fully explained to me and that any nor pension benefits, insurance and investments in the Fund. 	nember advice fees relate to advice about my superannuation
• I authorise the Trustee to charge the member advice fee(s) selected	ed against my account.
 The amount of any member advice fee(s) that are paid to my finar (Licensee) as agreed by me, will be an additional cost to me and c charged unless I tell the Trustee to do so. 	
 Any agreed member advice fee(s) will be charged to my account. I instruct the Trustee to cease payment or when I change my nom. 	·
 Where I have chosen Ongoing fees, I understand the consent for consent end date, which is 150 days after the next anniversary dat 	
• I understand my consent for one-off fees will last until the one-of	f fee is paid.
• I understand my consent for a fixed term arrangement, will last ur	ntil the end date stated above.
 I understand I can withdraw my consent or vary the ongoing fee contacting ClientFirst. 	arrangement at any time by notice in writing to my adviser, or by
I understand I can withdraw my consent at any time before the cost	is passed on to me by contacting the Trustee before the fee is paid.

Please sign and return this Application to:

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

Email PursuitApplications@ioof.com.au

Telephone 1800 913 118 **Facsimile** 03 8614 4431

Member/Applicant signature

Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524

100F PURSUIT SELECT FOR INFOCUS

1 July 2021

FORM B – Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into a superannuation or pension product available through IOOF Pursuit Select.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the superannuation fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another superannuation fund or income stream. Please photocopy this form or download it from our website if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund.
 We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

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

This form, including the certificate of compliance, should be sent to us by post.

Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	Ars/Ms/Miss) Surname																							
Given name(s)																								
Residential address	esidential address																			Щ				
Suburb														Sta	te			Ро	stco	de				
Date of birth		/			/										(iend	er	Ма	ale		F	ema	ale _	
ease nominate the IOOF Pursuit Select product that will receive the transfer of superannuation benefit:																								
IOOF Pursuit Select Pers	onal S	upera	ınnua	ition (Uniq	ue Su _l	perar	nnua	tion	Ider	ntifie	er (U	SI) IO	F008	33Al	J)								
IOOF Pursuit Select Alloc	cated	Pensio	on (Ui	nique	Supe	erannı	uatio	n Ide	entifi	ier (l	JSI) I	OF0	084 <i>A</i>	AU)										
IOOF Pursuit Select Term	ı Alloc	ated	Pensi	on (Ui	nique	e Supe	eranr	nuatio	on lo	dent	ifier	(USI) IOF	0085	AU)									
Account number (if known)						_			_				1											
ABN	7	0 –	8	1	5 -	- 3	6	9	-	8	1	8												

Step 2: Details required for transfer

Section A: Details of your FROM fund

I request and direct that the benefit held in my superannuation fund or income stream, as detailed below, be transferred to my account in the nominated superannuation or pension product specified in Step 1.

Name of your FROM fund ¹																
ABN¹	_			- [- [
Unique Superannuation Identifier (USI) ¹																
Account/member number ¹																
Member client identifier ¹ (if different from Account/member number)																
Address																
Suburb							1		Sta	ate		Pos	stco	de		
Phone																
Name of previous employer (if applicable)																
Date left employer (if applicable)	/		/													

Section B: Benefit to be transferred

Amo	ount to be transferred	
	Entire balance (account in the FROM fund will be closed). Approximate v	alue \$
	Please indicate if the following condition is met if you are making a trans	fer into an IOOF Pursuit Select Term Allocated Pension.
	The existing pension receives at least a partial Centrelink assets test	exemption.
		(not applicable for transfers into IOOF Pursuit Select Term Allocated Pension)

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer (not applicable for transfers into IOOF Pursuit Select Term Allocated Pension).

We recommend that you seek taxation advice prior to authorising a transfer.

Payment instructions to FROM Fund (SMSF only):

Please forward a cheque made payable to 'IPS – IOOF Pursuit – [full member name and/or account number]' with any related documentation and certified proof of identity to: **IOOF Pursuit, Reply Paid 264, Melbourne VIC 8060**

Step 3: Member/Applicant declaration and signature

By signing this request form, I am making the following statements:

- I declare that I have fully read this form and declare that the information completed is true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF superannuation product.
- I discharge the trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- I authorise the trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my nominated IOOF account and I authorise the Trustee to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF superannuation product (subject to legislative restrictions).
- I understand that my personal information will be managed in accordance with the privacy policy (available at ioof.com.au/privacy), which contains information about how I may access and seek correction of my personal information and how I can make a complaint about a breach of my privacy.
- If I have provided my TFN, I consent to it being disclosed for the purpose of consolidating my account.
- I have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.

Member/Applicant	signature				
Signature		Date	/	/	
		1/// 0000			

Please sign and return this form by post to: IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

Telephone 1800 913 118

Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524



Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818, incorporating:

- IOOF Pursuit Select Personal Superannuation (Unique Superannuation Identifier (USI) IOF0083AU)
- IOOF Pursuit Select Allocated Pension (Unique Superannuation Identifier (USI) IOF0084AU)
- IOOF Pursuit Select Term Allocated Pension (Unique Superannuation Identifier (USI) IOF0085AU)

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

Frank Lombardo

Chief Operating Officer

On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited ABN 53 006 695 021 AFSL 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address Reply Paid 264, Melbourne, VIC 8060

Telephone 1800 913 118 **Facsimile** 03 8614 4431

Email clientfirst@ioof.com.au

IOOF PURSUIT SELECT FOR INFOCUS

1 July 2021

FORM C – Beneficiary Nomination

Please complete this form to make a new beneficiary nomination, or to amend or revoke an existing beneficiary nomination. You should read the section 'Dependants – paying benefits if you die' in the PDS before completing this form.

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

Step 1: A	lqqı	icant	detai	ls
-----------	------	-------	-------	----

Title																											
(Dr/Mr/Mrs/Ms/Miss)	\sqsubseteq	\perp					Su	rnar	ne											<u> </u>		\perp					_
Given name(s)		<u></u>	<u></u>							<u></u>									<u> </u>	<u> </u>		<u></u>	<u></u>		<u></u>		
Residential address		<u></u>	<u></u>												<u> </u>					<u> </u>	1			_	<u></u>		
Suburb																St	ate				Po	ostco	ode				
Mailing address (if different from above)																					1						
Suburb		<u></u>														Sta	ate				Po	ostco	ode				
Phone		<u></u>																									
Email																							L				
Date of birth			/			/				L								Ger	ıder		Ν	lale]	Fem	ale	
Account number (if known)								-			_																
Step 2: Nominati	ior	ı tı	VD(<u>e</u>																							
			, 10																								
Binding Nomination Please ensure Step 4	ic c.		loto	۱۸/،	انىدە	مماا	+ h.o.	ماطد	. to	2666	nt th	sic E) in di	na	Nom	inati	on i	octr	uctio	on if (Ston	A ic	not	com	plot	od	
riease elisure step 4	is cc	JIIIP	iete	u. vve	Z VVII	11 110	t be	abit	210	acce	:pt ti	IIS E	oniui	ng	NOITI	IIIau	OHH	1511	uctio	ב וו ווכ	step	4 15	HOU	_0111	pieti	eu.	
Non-binding Nominati	on																										
Please complete Step	4 if	fyοι	u are	repl	lacir	ng a	Bin	ding	g No	omir	natio	n.															
Na a la asia a Dia dia a N																											
Non-lapsing Binding N If you nominate a bene				than	VOL	ırsnı	OLISE	fur	thei	r det	ails r	mav	he i	reai	iired	hefo	ore v	/OLIr	nor	ninat	ion	is ac	cent	ed			
Please complete Step													DC I	icqi	anca	DCIC	<i>5</i> 1C <i>y</i>	Oui	1101	miac	.1011	3 ac	серс	ca.			
				•		-		•																			
No Nomination (to can	cel/r	revo	ke ar	n exis	ting	Ber	nefic	iary	Nor	nina	tion)																

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

Please complete Step 4 if you are cancelling/revoking a Binding Nomination.

- to nominate one or more Dependants, complete Part A
- to nominate a Legal Personal Representative, complete Part B
- to nominate both a Dependant(s) and a Legal Personal Representative, complete Parts A and B and ensure that the total of Parts A and B add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.

Part A: Dependants

De	ne	nd	lai	nt	•
\mathcal{L}	PΕ	HU	u	ıι	

Title (Dr/Mr/Mrs/Ms/Miss)						Su	rnar	ne																
Given name(s)																								_
Residential address																						_		_
Suburb Mailing address (if different from above)													Sta	ate				Pos	stco	de				
Suburb													Sta	ate				Po	stco	de				
Phone											Pho (mobi													_
Email					1				1															
Date of birth		/			/											ienc	der	Ma	ale		F	ema	le [
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Percentage of benefit			•			%																		
Dependant 2																								
Title (Dr/Mr/Mrs/Ms/Miss)						Su	rnar	ne																
Given name(s)																				Щ				
Residential address																								_
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Percentage of benefit			•			%																		

¹ An interdependency relationship may exist between two people if they live together in a close personal relationship and one or each of them provides the other with financial and domestic support and personal care. This may include a parent or sibling with whom you live. An interdependency relationship may still exist between two people if they have a close personal relationship but do not live together because either or both of them suffer from a physical, intellectual or psychiatric disability.

Dependant 3																							
Title (Dr/Mr/Mrs/Ms/Miss)							Surn	ame															
Given name(s)						<u> </u>																_	
Residential address						<u>_</u>												1					
Suburb Mailing address (if different from above)														Sta	te L			Po	stco	de .			
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Dependant 4																							
Title (Dr/Mr/Mrs/Ms/Miss)							Surn	ame													\prod		
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Residential address																							
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Suburb														Sta	te			Po	stco	de [
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Relationship to member		Spo	ouse	(inclu	uding	de	facto	o)		Ch	ild		Inte rela	erder ation	oend ship¹	ency			Fin De	ancia pend	al dant		
Percentage of benefit				•			%																
Part B: Legal Perso	nal	Rej	pre	sen	tati	ve	•																
Legal Personal Represer	ntativ	e																					

If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependants and your Legal Personal Representative adds up to 100%.

Percentage of benefit

Please note: The percentages nominated in Step 2 must add up to 100% or your Non-lapsing Binding Nomination or Binding Nomination will be invalid, and will be treated as a Non-binding Nomination.

Step 3: Member/Applicant declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependants and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au/ privacy

- it is my responsibility to inform my nominated Dependants that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- the revocation of my nomination will take effect when it has been received and accepted by the Trustee (applicable to revocation only).
- once my nomination is revoked, I will no longer have a valid Beneficiary Nomination unless I provide new Beneficiary Nomination Instructions (applicable to revocation only).
- if I do not have a valid Beneficiary Nomination in effect
 at the date of my death, the Trustee must pay my benefit
 in accordance with the rules set out in the Fund's Trust Deed
 (as amended from time to time). These rules are available
 in the current Pursuit disclosures and guides, which can be
 downloaded from the IOOF website (www.ioof.com.au/
 product_list/infocus_pursuit) (applicable to revocation only).

Applicable to Binding Nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit.
- my nomination will expire three years after the date it was first signed, or last confirmed or amended (Confirmation of Binding Nomination form available from our website).
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-binding Nomination.

Applicable to Non-lapsing Binding Nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- if my nomination is not valid for any reason at the date of my death, it will be treated as a Non-binding Nomination.
- the Trustee must consider and agree with my nomination and may require additional information if I nominate beneficiaries other than my spouse.

Applicable to Non-binding Nomination only

• my Non-binding Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

Member/Applicant signature	
Signature	Date / / /
Surname	Given Name

Please complete Step 4 if you are making or revoking a Binding Nomination.

Step 4: Witness declaration and signature

(required for nomination and revocation of Binding Nomination only)

Please ensure that you sign and date this Beneficiary Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Beneficiary Nomination form.

Each witness must sign and date the Beneficiary Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Nomination will not be valid.

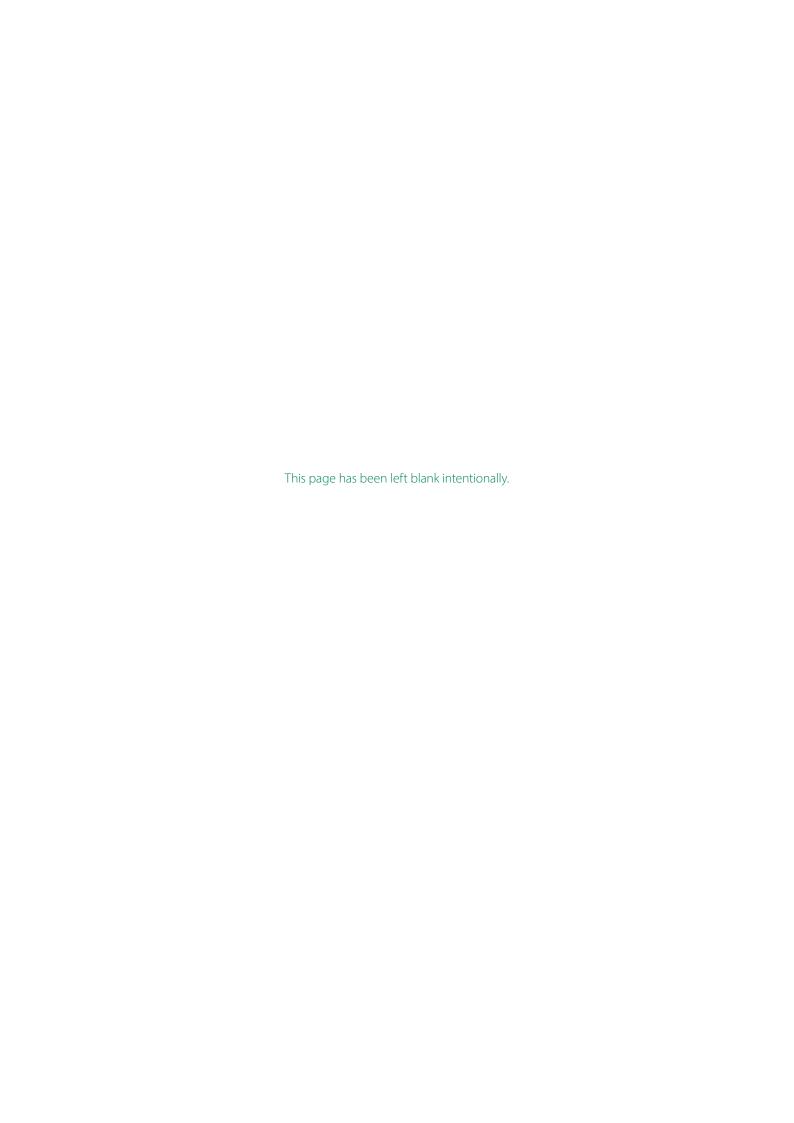
I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Beneficiary Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witness 1	Witness 2
Surname	Surname
Given name	Given name
Witness signature 1	Witness signature 2
Date witnessed (must be same date the member/applicant signs)	Date witnessed (must be same date the member/applicant signs)
/ / / / / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / / / / /
Please sign and return this form to:	
Post IOOF Pursuit. Reply Paid 264. Melbourne, VIC 8060	

Email PursuitApplications@ioof.com.au

1800 913 118 Telephone Facsimile 03 8614 4431

IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524 Trustee



100F PURSUIT SELECT FOR INFOCUS

1 July 2021

FORM D – Family Fee Aggregation application

Complete the following form to apply for Family Fee Aggregation across IOOF Pursuit Select for Infocus products.¹

Terms and conditions

Linked account 1

- Each person applying to link for the purposes of Family Fee Aggregation must be a member of the same immediate family (spouse, son, daughter, partner, father, mother, brother, sister, grandparent or grandchild) and in-laws of the immediate family. It also includes multiple accounts for the same person.
- Any new Family Fee Aggregation nomination will override any previous nomination.
- A maximum of six accounts are allowed to be linked together for Family Fee Aggregation purposes.
- Accounts nominated for Family Fee Aggregation within the same group must be associated with the same financial adviser.
- A Family Fee Aggregation request can be rejected and a linking can be cancelled at any time by us.
- Each linked account will be able to view information via Portfolio Online about other accounts in the Family Fee Aggregation group, including names, account numbers, commencement dates and annual administration fee discounts for the year.

Any account(s) in the IOOF Pursuit Select Investment Service for Infocus held in the name of a trust or company can be linked for the purposes of Family Fee Aggregation, provided that either a director or trustee has a linked account in their own name or the director or trustee is an immediate family member with another linked account.

The Trustee/Service Operator collects the information in this form for the purpose of processing the application. Any personal information provided in this form will be handled in accordance with the Trustee's/Service Operator's privacy policy, available at www.ioof.com.au/privacy

Please ensure that each linked account holder (including yourself) completes and signs this form, and that each account holder has read and understood the terms and conditions of this form and the information in the relevant PDS or Offer Document.

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

Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne											
Given name(s)																				
Account number (if known)			1					_		_										
Date of birth			/			/														
Relationship to group (such as husband, wife)																				
Declaration: I have read the account(s) to be linked to oth information I have disclosed in	ner p	artie	s de	taile	d on	this	forr	n fo						_	•	, ,	_		 _	
Signature													Date		/			/		

¹ IOOF Pursuit Select for Infocus products include: IOOF Pursuit Select Personal Superannuation for Infocus, IOOF Pursuit Select Allocated Pension for Infocus, and the IOOF Pursuit Select Investment Service for Infocus.

Linked account 2																					
Title																					
(Dr/Mr/Mrs/Ms/Miss)							Sı	urnar	me												
Given name(s)	L							<u> </u>		<u> </u>		1									
Account number (if known)	L]] -]											
Date of birth	L		/			/					,										
Relationship to group (such as husband, wife)																					
Declaration: I have read the account(s) to be linked to oth information I have disclosed	er p	artie	s de	taile	ed or	n this	s fo	rm fo								_			 -	-	
Signature													С	ate		/		/			
Linked account 3																					
Title																					
(Dr/Mr/Mrs/Ms/Miss)							Sı	urnar	me												
Given name(s)								<u> </u> 		<u> </u>		1									
Account number (if known)	L]]] -]											
Date of birth			/			/													 		
Relationship to group (such as husband, wife)																					
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Signature														ate		/		/			
Linked account 4																					
Title (Dr/Mr/Mrs/Ms/Miss)							Si	urnar	me												
Given name(s)																					
Account number (if known)] -] -											
Date of birth			/			/															
Relationship to group										<u> </u>											
(such as husband, wife)																					
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Signature													С	ate				/			

Linked account 5																									
Title																						Т		Π	
(Dr/Mr/Mrs/Ms/Miss)							Su	ırnar	ne						<u> </u>						<u> </u>	<u></u>	<u> </u>	Ļ	
Given name(s)								1			1		1												
Account number (if known)	L		 1			<u> </u>		_			- 														
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Relationship to group (such as husband, wife)																									
Declaration: I have read the account(s) to be linked to ot information I have disclosed	her p	artie	es de	etaile	ed or	n this	s for	m fo																	/
Signature																Date		/] /				
Linked account 6																									
Title																									
(Dr/Mr/Mrs/Ms/Miss)							Su	irnar	ne					<u> </u>				<u> </u>				<u> </u>		H	
Given name(s)			L																			L			
Account number (if known)						1		-			_														
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Relationship to group (such as husband, wife)																									
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SELECTEOR INEOCUS

1 July 2021

FORM E – Direct Debit Request (DDR)

Please complete these instr	uctio	ons i	n BL	.ACK	(INI	(usi	ng C	API	TAL	LET	ΓERS	s (ex	cept	for	you	r en	nail a	ddr	ess)	and	1/	box	es w	here	e pro	ovid	led.
Step 1: Your pers	or	ıal	de	eta	ils																						
Account number (if known)								_			_																
Title (Dr/Mr/Mrs/Ms/Miss)							Su	ırnar	ne																		
Given name(s)																											
Step 2: Initial one	e-c	off	co	ntı	rib	uti	ior	า																			
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Personal contribution	contribution \$																										
Spouse contribution			\$																								
Downsizer contribution*			\$																								
Personal injury payment*			\$																								
CGT small business contribut	ion*		\$ _																								
* Please complete and attach the a	ppro	priate	e elec	tion	form																						
Please ensure you have comp	olete	d Ste	ер 4	: Init	ial c	ontri	buti	on c	detai	ls in	the.	App	licat	ion (Forr	n A)											
Step 3: Financial	in	stit	tut	io	n c	let	ail	S																			
Name																											
Branch																											
Address																											$\overline{\square}$
Suburb																C+-	nto.				Do	ctcc					П
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Account name]]													_	\Box]				
BSB				_					Α	.ccol	unt r	num	ber														

Until further notice in writing, I/we, the holder(s) of the above account, authorise and request the Trustee via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032105) to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the financial institution identified above as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request service agreement as amended from time to time. This authority allows the debiting of amounts payable by the member under the agreement between the member and the Trustee.

Step 4: Member/Applicant declaration and signature

The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au/privacy.

I/We consent to the collection and use of the above information by the Trustee for the purposes specified. By signing this DDR, I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between myself/us and IOOF as set out in this request and in the DDR Service Agreement.

Account holder signature 1	Account holder signature 2*
Surname	Surname
Given name	Given name
Title (if applicable)	Title (if applicable)
Signature	Signature
Date	Date
/ / /	
*If the bank account is held in a joint name, please ensure both account holders sign her	e.
Please sign and return this form to:	

Post IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

Email PursuitApplications@ioof.com.au

Telephone 1800 913 118 **Facsimile** 03 8614 4431

Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524

100F **PURSUIT**

SELECT FOR INFOCUS

1 July 2021



Please retain this service agreement for your records.

Direct Debit Request facility

- As a member of IOOF Pursuit Select Allocated Pension you have the choice to make an initial one-off contribution through a DDR arrangement.
- The DDR arrangement enables you to instruct the Trustee IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524, via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032 105), to make an initial one-off contribution by direct debit from an account with a financial institution such as a bank, building society or credit union and credit the amount to your Cash Account.
- The DDR arrangement may not be available on the full range
 of accounts provided by financial institutions. You are advised
 to check with your financial institution as to its availability before
 nominating an account. You should check your account details
 against a recent statement from the financial institution.

IIML's service commitment

This agreement outlines our service commitment to you in respect of the DDR arrangements made between you and the Trustee.

It also sets out your rights and responsibilities.

By giving 14 days notice in writing to you, we may change the operation of your DDR facility.

Initial terms of the arrangement

Under the terms of the DDR arrangement entered into with you, we undertake to debit from your nominated account with a financial institution, a specified amount for deposit into your Cash Account.

Drawing arrangements

Initial one-off contribution

Deposits will be deducted from your financial institution account on or around the preferred date you have nominated. If the due date for the debit falls on a non-business day or no date is specified, the one-off payment will be deducted on the first processing date possible.

Your rights

You have the right to change the arrangement as follows:

- You may stop an individual debit or cancel or suspend your DDR arrangement by giving written instructions to us or the relevant financial institution. If you suspend your DDR arrangement you may restart it by giving written instructions to us.
- You may alter payments by forwarding to us, a new DDR form from the current PDS.

We will endeavour to act upon your request within five business days of receipt.

Enquiries

If you have any enquiries about your DDR arrangement, or you believe a debit has been incorrectly made or processed, please call ClientFirst on 1800 913 118 or email: clientfirst@ioof.com.au

Complaints

If you have a complaint or dispute in relation to your DDR arrangement, please contact the Manager, Customer Care, IOOF Investment Management Limited, Reply Paid 264, Melbourne VIC 8060. Phone: 1800 913 118.

Where possible, concerns will be resolved immediately. If further investigation is required, our Customer Care Team will acknowledge your complaint in writing and will consider and respond to your complaint as quickly as possible. We are required by law to respond to your complaint within 90 days. If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au
Email: info@afca.org.au
Tel: 1800 931 678 (Free call)

Mail: Australian Financial Complaints Authority,

GPO Box 3, Melbourne VIC 3001

Confidentiality

All information held by us in relation to your DDR arrangement will be kept confidential, except where:

- such information is required to be provided to our financial institution to initiate, change or cancel your drawing arrangement
- disclosure is required or authorised by law
- you authorise or otherwise give your consent to the release
 of the information either directly or through a duly appointed
 agent or attorney.

Your obligations

It is your responsibility to ensure:

- your nominated account can accept direct debits
- there are sufficient cleared funds in the nominated account on the drawing date
- you advise us if the nominated account is altered, transferred or closed.

We will notify you if your debit is dishonoured or rejected. We may, without notice, cancel your DDR arrangement if there is insufficient funds in your account to honour the direct debit.

Should we be charged any dishonour fees as a result of insufficient funds in your nominated account, then we may deduct these charges from your Cash Account or charge these fees directly to you. To avoid dishonour fees, you should always ensure that there are enough cleared funds in your account before your direct debit falls due.

Contact us

Postal address

GPO Box 264
Melbourne VIC 300

Telephone

1800 913 118

Facsimile

03 8614 4431

Email

clientfirst@ioof.com.au

Website

www.ioof.com.au/product_list/infocus_pursuit

Trustee

OOF Investment Management Limited ABN 53 006 695 021 AFSL 230524

Registered address

Level 6, 161 Collins Street
Melbourne VIC 3000