



IOOF **PURSUIT**

FOCUS

Personal Superannuation

Forms Booklet

Dated: 1 December 2020

Issuer: IOOF Investment Management Limited | ABN 53 006 695 021 | AFSL 230524
as Trustee of the IOOF Portfolio Service Superannuation Fund | ABN 70 815 369 818

How to get started

This booklet contains the information and forms you need to set up your IOOF Pursuit Focus Personal Superannuation account.

Which forms to complete

Form name	Form letter	When to complete this form
Application for Personal Superannuation	Form A	You need to complete this form if you wish to set up a new account.
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.
Direct Debit Request (DDR)	Form D	You need to complete this form if you wish to set up a Regular Contribution Plan.
Application for Insurance	Form E	You may need to complete this form if you are applying for or changing insurance cover and it is appropriate to your circumstances.

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 your account	
Step 1	Complete the Application and all other forms that are relevant to you.
Step 2	<p>Make your cheque payable to:</p> <p>IPS – IOOF Pursuit – [your full name or account number]</p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p>IPS – IOOF Pursuit – Robert Brown</p> <p>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.</p>
Step 3	<p>Attach your cheque to your Application, and post the Application and all other completed forms to the following address:</p> <p>IOOF Pursuit Reply Paid 264 Melbourne VIC 8060</p>

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

BPAY details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	<p>Enter the relevant biller code for the type of contribution you wish to make:</p> <ul style="list-style-type: none"> Personal contribution 172320 Spouse contribution 172338
Step 3	<p>Enter the Customer Reference Number (CRN) for your account and the contribution amount.</p> <p>A CRN will be allocated to you upon you joining the Fund and will be communicated to you in your Statement of Membership.</p>
Step 4	Record the receipt number provided for your transaction. Please keep this for your personal records.

This page has been left blank intentionally.

Application for Personal Superannuation

If you are an existing member, please provide your client number

Step 1: Applicant details

If you are residing overseas, you must complete and submit

☐ Certified copies of your identification documents

- We will be able to accept all permitted contributions.
- Other than the tax that may ordinarily apply, you will not pay more tax than you need to.
- It will be easier to find different super accounts in your name.

Politically Exposed Person

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

Are you a Politically Exposed Person?

☐ Yes ☐ No

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)
- ☐ certified copies of your identification documents

Step 2: Initial contribution details

The minimum initial contribution is \$1,000 OR \$500 with a Regular Contribution Plan set up for a minimum contribution of \$50 per frequency.

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)
- ☐ certified copies of your identification documents

Part A: Transfer(s) from other superannuation funds

Name of superannuation fund	Approximate value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

If you would like IOOF to organise the transfer, please include with your Application a completed Request to Transfer form (Form B) for each superannuation fund.

Part B: Employer contribution(s)

- 1 Superannuation guarantee \$
- 2 Salary sacrifice \$
- 3 Other employer contribution \$

Part C: Non-concessional contribution(s)

- 1 Personal contribution \$

If you want to claim a tax deduction for your personal contribution, please complete a tax deduction notice which can be obtained from our website or contact ClientFirst on 1800 913 118.

- 2 Spouse contribution \$
- 3 Downsizer contribution¹ \$
- 4 Personal injury payment² \$
- 5 CGT small business contribution² \$

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.

Part D: Transfer from an existing IOOF Pursuit or IOOF Portfolio Service product

Account number - -

By providing your account number and by signing the applicant declaration at Step 13, you authorise the transfer of the balance (in full or in part) from your existing IOOF Pursuit or IOOF Portfolio Service account into your IOOF Pursuit Focus Personal Superannuation account.

Amount to be transferred to IOOF Pursuit Focus Personal Superannuation:

☐ Entire balance

OR

☐ Partial transfer of \$

Partial transfer details

If you are making a partial transfer, you may choose to transfer selected investment options (nominated below). The transferred amount will be the market value of these investment options as at the date of the transfer. If you do not specify the investment options, your funds will be transferred to your IOOF Pursuit Focus Personal Superannuation account on a pro-rata basis.

Investment options not available in IOOF Pursuit Focus Personal Superannuation will be redeemed and invested in the Cash Account until you provide us with Investment Instructions.

APIR code	Name of investment option	% or \$ amount
<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"/>	<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"/>	<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"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

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 5.

☐ Re-weight my portfolio as per my Specific instruction. Complete Step 5.

If no selection is made, your investments will remain unchanged.

Step 5: 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 1% against the Cash Account.
- 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.
- The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- Where you supply a Specific Instruction in Step 5(b), this instruction only applies to contributions made by cheque and Direct Debit Request (DDR), attached to this form.

APIR code	Asset code	Name of investment option	Step 5(a)	Step 5(b)		
			Primary Instruction	Specific Instruction (if different to Primary Instruction) (cheque and DDR contributions only)		
–	CA0001	Cash Account (mandatory minimum 1%)	MANDATORY %	\$ MANDATORY	OR	MANDATORY %
Easy Choice						
IOOF Diversified Multi – Conservative						
IOF0253AU	UU1651	IOOF MultiSeries 30	%	\$	OR	%
IOF0094AU	UU1154	IOOF MultiMix Capital Stable Trust	%	\$	OR	%
IOF0095AU	UU1148	IOOF MultiMix Conservative Trust	%	\$	OR	%
IOOF Diversified Multi – Balanced						
IOF0254AU	UU1650	IOOF MultiSeries 50	%	\$	OR	%
IOF0090AU	UU1105	IOOF MultiSeries 70	%	\$	OR	%
UFM0051AU	UU1417	IOOF MultiMix Moderate Trust	%	\$	OR	%
IOF0093AU	UU1149	IOOF MultiMix Balanced Growth Trust	%	\$	OR	%
IOOF Diversified Multi – Growth						
IOF0255AU	UU1649	IOOF MultiSeries 90	%	\$	OR	%
IOF0097AU	UU1147	IOOF MultiMix Growth Trust	%	\$	OR	%
IOOF Sectoral Multi – Cash						
AUX0021AU	UU1471	IOOF Cash Management Trust	%	\$	OR	%
IOF0091AU	UU1153	IOOF MultiMix Cash Enhanced Trust	%	\$	OR	%
IOOF Sectoral Multi – Fixed Interest						
IOF0096AU	UU1152	IOOF MultiMix Diversified Fixed Interest Trust	%	\$	OR	%
IOOF Sectoral Multi – Australian Shares						
IOF0092AU	UU1150	IOOF MultiMix Australian Shares Trust	%	\$	OR	%
IOOF Sectoral Multi – Global Shares						
IOF0098AU	UU1151	IOOF MultiMix International Shares Trust	%	\$	OR	%
You can include new investment option(s) added since this form was printed below						
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
			%	\$	OR	%
Total			%	\$	OR	%

Must add up to 100% including the Cash Account allocation

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

Step 6: Income distributions

I direct the Trustee to manage any income distributions that I receive from my investment option(s) as follows:

☐

Re-invest (default option)

Re-invest 100% of the income distributions back into the same investment option that made the income distribution. This is the default option, which means it will apply automatically even if a selection is not made.

OR

☐

Retain in Cash Account

Leave all income distributions to accumulate in my Cash Account.

Step 7: Cash Account top-up

If the balance in your Cash Account is likely to fall below zero in the next seven days, you authorise the Trustee to top up the balance to the minimum Cash Account requirement of 1% of your account balance and amounts expected to fall due within the next seven days.

If you would like to set a higher minimum Cash Account requirement, please specify the percentage amount here:

 %

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) with the highest balance.

Step 8: Automatic Re-weight Facility (optional)

The Automatic Re-weight Facility allows managed investments to be automatically rebalanced to the Primary Instruction or a nominated Re-weight Instruction.

The re-weight process will run on the 20th day of the month (or the nearest business day after) according to the frequency selected.

I direct the Trustee to manage my portfolio as follows:

Re-weight frequency:

☐

Quarterly

☐

Half-yearly

☐

Yearly

Preferred re-weight commencement date:

 /

If the preferred re-weight commencement date is not provided, the Automatic Re-weight Facility will commence on the next 20th day of the month.

Please note that if the portfolio contains investment options which cannot be selected as part of a Re-weight (for example investment options which cannot be sold), the Re-weight preference submitted will be applied to the remaining investment options within the portfolio.

Please ensure that the Re-weight preference includes at least the default minimum allocation to the Cash Account. The default Cash Account minimum is 1%.

Re-weight preference:

☐

Primary Instruction

Re-weight my portfolio in accordance with my Primary Instruction in Step 5(a).

OR

☐

Re-weight Instruction

Re-weight my portfolio in accordance with my Re-weight Instruction specified in the table below.

If you have selected the Re-weight Instruction option, please specify which managed investments are to be used and the respective allocations.

[illegible]

Must add up to 100% including the Cash Account allocation

Step 9: 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
- Member Advice Fee – Insurance

An FTA requires a start date and end date. The end date cannot exceed 12 months from the start date. The start and end dates will apply to **all fees** in the FTA. This form must be signed within 90 days of the FTA start date.

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 provide the Start date and End date of the FTA:

Start date

End date

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

Section B: Member advice fees

- 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 or pension benefits, insurance and investments.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 13.
- 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.

(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 Personal Superannuation.**
- **The Member Advice Fee – Upfront will be applicable to all future monies received through these methods.**

You can agree to nominate a different Member Advice Fee – Upfront for each of the following types of contributions:
Up to a maximum of 5.5% (inclusive of GST) of each contribution (including transfers).

Employer or personal contributions received via cheque	<input type="text"/>	%	(inclusive of GST)
Transfers from external superannuation funds	<input type="text"/>	%	(inclusive of GST)
Contributions received via Direct Debit Request (one-off and Regular Contribution Plan) and BPAY	<input type="text"/>	%	(inclusive of GST)

(2) Member Advice Fee (FTA or Ongoing)

The available fee options are:

(a) Percentage based fee options – flat percentage **or** tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance. % per annum (inclusive of GST)

OR

Tiered percentage fee

- Up to a maximum of 2.2% per annum (inclusive of GST) can be applied to the amount for each tier.
- Each subsequent tier percentage must be less than the previous tier percentage.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 5 tiers.

		Amount	% per annum (inclusive of GST)
Tier 1	Nil to	\$ <input type="text"/>	<input type="text"/>
Tier 2	Next	\$ <input type="text"/>	<input type="text"/>
Tier 3	Next	\$ <input type="text"/>	<input type="text"/>
Tier 4	Next	\$ <input type="text"/>	<input type="text"/>
Tier 5	Next	\$ <input type="text"/>	<input type="text"/>

AND/OR

(b) Flat dollar fee

Up to a maximum of \$1,500 per month (inclusive of GST) \$ per month (inclusive of GST)

(3) Member Advice Fee – One-Off

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

\$ per request (inclusive of GST)

(4) Member Advice Fee – Insurance (FTA or Ongoing)

The available fee options are:

(a) Flat percentage fee

You can agree to nominate a different Member Advice Fee – Insurance for each type of insurance. Applies to group life and income protection insurance only.

Up to a maximum of 50% per annum (inclusive of GST) of your insurance premium.

Death only cover	<input type="text"/>	% per annum (inclusive of GST)
Death & TPD cover	<input type="text"/>	% per annum (inclusive of GST)
Income protection cover	<input type="text"/>	% per annum (inclusive of GST)

OR

(b) Flat dollar fee

Up to a maximum of \$1,500 per month (inclusive of GST) \$ per month (inclusive of GST)

Step 10: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current AFSL
- is a representative of a current AFS Licensee.

Financial adviser details

Dealer name	<input type="text"/>
Financial adviser name	<input type="text"/>
Contact name	<input type="text"/>
AFSL	<input type="text"/> Financial adviser number <input type="text"/>

If you are a new financial adviser³ to IOOF Investment Management Limited please also complete the following details:

Business name	<input type="text"/>
Business 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	<input type="text"/> Phone (mobile) <input type="text"/>
Email	<input type="text"/>
Internal client reference number (if applicable)	<input type="text"/>

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 online withdrawal authority.
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS.
- I confirm that fees have been fully explained to the applicant and that any member advice fees relate to advice about the applicant's superannuation or pension benefits, insurance and investments in the Fund.
- I consent to provide the Trustee access to all proof of identification records for the purposes of this Application if requested (pursuant to the AML/CTF Rules Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law and:

☐

I have attached a certified copy of the applicant's identification document(s) with this Application;

(Please note: Compulsory where:

- initial contributions equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

OR

☐

I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained a certified copy of the applicant's identification document(s));

OR

☐

I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following Record of proof of identity table **(Please complete the following table and declaration).**

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. It also includes a list of persons authorised to certify copies of original documents.

I declare that I have sighted and retained certified copies of the documents recorded in the Record of proof of identity table.

Signature

Date

 / /

Name of financial adviser or
AFSL holder representative

Step 11: Electronic communications (optional)

☐ Please tick this box if you agree to receive communications from the Trustee that are available electronically via Portfolio Online.

Important notes:

Please ensure you have provided your email address on the first page of this Application. If you have ticked the above box but have not provided your email address, you will receive paper based communications.

The terms and conditions for electronic communications are set out in the PDS.

You must register for Portfolio Online (which can be accessed through the IOOF website) if you have consented to receive communications from the Trustee electronically.

If you do not complete the above steps or provide your email address, you will receive paper based communications.

Step 13: Applicant declaration and signature

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for IOOF Pursuit Focus Personal Superannuation 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 IOOF Pursuit Focus Personal Superannuation 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, that may be required for the purposes of the AML/CTF Law.

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening my 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 Law. 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 for Personal, downsizer, spouse contributions and contributions over age 67

If I decide to make personal contribution(s), downsizer contribution(s), have a spouse contribution made on my behalf or make or receive contributions after age 67, I have met 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 commencing with the investment option with the highest balance.

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 Focus Personal Superannuation, 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 my nominated bank account.
- 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 authorise the Trustee to charge the member advice fee(s) selected against my account. These fees are for advice I have or will receive about my superannuation/pension benefits, insurance and investments.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

Investment Instructions⁴

- 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 and all additional contributions (less any Member Advice Fee – Upfront), 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 (where offered)

- 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.

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.

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, 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 the IOOF group using your personal information for the purposes of marketing the products and services of the IOOF group from time to time, then please tick this box.

⁴ Investment Instructions refers to your Primary Instruction and/or Initial Instruction as applicable.

Member/Applicant signature

Member/Applicant
signature

Date / /

Member advice fees (if you completed step 9)

- I authorise the Trustee to charge the member advice fee(s) selected against my account. These fees are for advice I have or will receive about my superannuation/pension benefits, insurance and investments.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee until I instruct the Trustee to cease payment or when I change my nominated financial adviser.

Member/Applicant
signature

Date / /

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

IOOF Pursuit Focus Personal Superannuation options and important information

Regular Contribution Plan (via completing the Direct Debit Request form)

To commence a Regular Contribution Plan you must complete the Direct Debit Request form (Form E), or you can download the Direct Debit Request form, available online or call ClientFirst on 1800 913 118.

Transferring from another IOOF Pursuit or IOOF Portfolio Service product

To manage your account you should provide us with instructions for your investment option selections, managing your income distributions and topping up your Cash Account. To provide these instructions you need to complete the relevant parts of the Application.

Your existing investment options which are available in the IOOF Pursuit Focus Personal Superannuation account will be transferred to your new IOOF Pursuit Focus Personal Superannuation account. Cash from any investment options which had to be redeemed will be transferred to and remain in your IOOF Pursuit Focus Personal Superannuation Cash Account until you provide a Re-weight or Switch Instruction.

If you wish to provide a Re-weight or Switch Instruction of existing investment options, speak to your financial adviser about completing it on your behalf via Portfolio Online. Alternatively, you can complete the relevant parts of the Investment Instructions form which is available on www.ioof.com.au, or you can call ClientFirst on 1800 913 118 for a copy.

Estate planning options (Beneficiary nominations)

If you are transferring your entire balance from another IOOF Pursuit or IOOF Portfolio Service account, any existing Beneficiary Nomination for that account will be transferred to your IOOF Pursuit Focus Personal Superannuation account unless you make a new Beneficiary Nomination.

If you wish to make a Beneficiary Nomination, please complete the Beneficiary Nomination form.

If you do not make a Beneficiary Nomination, your death benefit will normally be paid to your Legal Personal Representative in the event of your death.

This page has been left blank intentionally.

IOOF PURSUIT FOCUS – FORM B



1 December 2020

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 Focus.

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 ✓ 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)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Date of birth	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Please nominate the IOOF Pursuit Focus product that will receive the transfer of superannuation benefit:

- ☐ IOOF Pursuit Focus Personal Superannuation (Unique Superannuation Identifier (USI) IOF0186AU)
- ☐ IOOF Pursuit Focus Allocated Pension (Unique Superannuation Identifier (USI) IOF0185AU)

Account number (if known)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
ABN	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

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 fund¹	<input type="text"/>																																
ABN¹	<input type="text"/>			-	<input type="text"/>			-	<input type="text"/>			-	<input type="text"/>																				
Unique Superannuation Identifier (USI)¹	<input type="text"/>																																
Account/member number¹	<input type="text"/>																																
Member client identifier¹ <small>(if different from Account/member number)</small>	<input type="text"/>																																
Address	<input type="text"/>																																
Suburb	<input type="text"/>															State	<input type="text"/>		Postcode	<input type="text"/>													
Phone	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																		
Name of previous employer (if applicable)	<input type="text"/>																																
Date left employer (if applicable)	<input type="text"/>		<input type="text"/>		/	<input type="text"/>		<input type="text"/>		/	<input type="text"/>		<input type="text"/>																				

¹ You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

Section B: Benefit to be transferred

Amount to be transferred

<input type="checkbox"/>	Entire balance (account in the FROM fund will be closed). Approximate value	\$	<input type="text"/>
<input type="checkbox"/>	Partial balance of	\$	<input type="text"/>

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. 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 have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.
- I understand that my personal information will be managed in accordance with the privacy policy (available at www.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.

Member/Applicant signature

Signature

Date

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 Focus Personal Superannuation (Unique Superannuation Identifier (USI) IOF0186AU)
- IOOF Pursuit Focus Allocated Pension (Unique Superannuation Identifier (USI) IOF0185AU)

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
Group General Manager Client & Process
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

1 December 2020

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 **'Death benefit nominations'** section in the IOOF Pursuit Personal Superannuation general reference guide (**PSS.01**) before completing this form.

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

Step 1: Applicant details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<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"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Account number (if known)	<input type="text"/> - <input type="text"/> - <input type="text"/>		

Step 2: Nomination

New nomination type

☐ Binding Nomination

Please ensure Step 4 is completed. We will not be able to accept this Binding Nomination instruction if Step 4 is not completed.

☐ Non-binding Nomination

Please complete Step 4 if you are replacing a Binding Nomination.

☐ Non-lapsing Binding Nomination

If you nominate a beneficiary other than your spouse, further details may be required before your nomination is accepted.

Please complete Step 4 if you are replacing a Binding Nomination.

☐ No Nomination (to cancel/revoke an existing Beneficiary Nomination)

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

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

- to nominate one or more Dependants, complete Part A
- to nominate a Legal Personal Representative, complete Part B
- to nominate both a Dependand(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

Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<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"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹
Percentage of benefit	<input type="text"/> • <input type="text"/> %	<input type="checkbox"/> Financial Dependant	

Dependant 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<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"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹
Percentage of benefit	<input type="text"/> • <input type="text"/> %	<input type="checkbox"/> Financial Dependant	

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)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<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"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹
Percentage of benefit	<input type="text"/> • <input type="text"/> %	<input type="checkbox"/> Financial Dependant	

Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>	Postcode	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Phone (mobile)	<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"/>
Relationship to member	<input type="checkbox"/> Spouse (including de facto)	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship ¹
Percentage of benefit	<input type="text"/> • <input type="text"/> %	<input type="checkbox"/> Financial Dependant	

Part B: Legal Personal Representative

☐ Legal Personal Representative

Percentage of benefit • %

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 Dependents and your Legal Personal Representative adds up to 100%.

Total of Part A and Part B • %

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.
- 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) (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 _____

Surname

[illegible]

Date

--	--

 /

--	--

 /

--	--	--	--

Given Name

[illegible]

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

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness signature 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date witnessed (must be same date the member/applicant signs)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness 2

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness signature 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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
Telephone 1800 913 118
Facsimile 03 8614 4431
Trustee IOOF Investment Management Limited, ABN 53 006 695 021, AFSL 230524

This page has been left blank intentionally.

Direct Debit Request (DDR)

Step 1: Your personal details

Step 2: Type of instruction

- Steps 3, 6 and 7
- Steps 4, 5, 6 and 7
- Steps 4 and 7
- Steps 5 and 7
- Steps 6 and 7
- Step 7

Step 3: One-off contribution

Step 4: Regular Contribution Plan

Please indicate the commencement date of the first payment

2	8	/			/	2	0		
---	---	---	--	--	---	---	---	--	--

Please note that applications to establish a direct debit must be received at least five business days before the 28th of the month to ensure that your deduction is processed that month. If an application is not received within this timeframe, it will be processed either that month or the following month (and then continue regularly according to the frequency you select).

Please indicate the regular amount to be debited from your nominated account with a financial institution and deposited into your Cash Account:

<input type="checkbox"/> Personal contribution ¹	\$	<input type="text"/>
<input type="checkbox"/> Spouse contribution	\$	<input type="text"/>
<input type="checkbox"/> Total regular amount to be debited (minimum \$50)	\$	<input type="text"/>

¹ For information on claiming a tax deduction for personal superannuation contributions please refer to the 'Claiming a tax deduction for personal contributions' information sheet available on our website.

If the financial institution account details are not held solely in the name of the member, please refer to Step 8 for signatory requirements relating to third parties.

Please note:

- For new applicants, a direct debit will not normally be established until an initial contribution of at least \$500 has been made or a transfer/rollover to meet this requirement has been authorised.
- The amount of regular contributions will be debited from your nominated account with a financial institution on the 28th day of the relevant month (or the nearest business day after the 28th).
- You will need to complete an Investment Instructions form to provide us with an Investment Instruction specifying the managed investment(s) you wish to utilise for regular contributions.
- If you do not provide an Investment Instruction, the regular contributions will remain in your Cash Account, until an instruction is provided.

Step 5: Debit frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly
----------------------------------	------------------------------------	--------------------------------------

Step 6: Financial institution details

Name	<input type="text"/>																							
Branch	<input type="text"/>																							
Address	<input type="text"/>																							
Suburb	<input type="text"/>												State	<input type="text"/>			Postcode	<input type="text"/>						
Account name	<input type="text"/>																							
BSB	<input type="text"/>			-	<input type="text"/>			Account number	<input type="text"/>															

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 7: 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

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account holder signature 2*

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* If the bank account is held in a joint name, please ensure both account holders sign here.

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

1 December 2020

Direct Debit Request (DDR) service agreement

Please retain this service agreement for your records.

Direct Debit Request facility

- In addition to making one-off contributions, as a member of IOOF Pursuit Focus Personal Superannuation you have the opportunity to make a one-off contribution or implement a Regular Contribution Plan 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 one or more deductions 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 periodically debit from your nominated account with a financial institution, a specified amount or amounts for deposit into your Cash Account.

Drawing arrangements

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.

Regular Contribution Plan

Deposits will be deducted from your financial institution account on the 28th day of each month, or nearest business day after the 28th day of the month, in accordance with the frequency you have nominated.

If you are uncertain as to when a deduction will be made, please contact us. We may, in our absolute discretion, at any time by notice in writing to you, suspend or terminate the drawing arrangement.

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.

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.

Application for Insurance

This form should also be used to apply for or change any existing insurance you may have EXCLUDING any retail insurance cover. To apply for or vary any retail insurance cover, you must contact your financial adviser.

Step 1: Applicant details

How many hours do you work per week? hours per week

Are you self-employed? ☐ Yes ☐ No

Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

☐ Death and TPD cover \$

Step 3: Income protection cover

Please complete Step 3 to apply for, or increase your existing income protection cover.

This is an application for:

☐

New cover

☐

Increase of existing income protection cover

Please note: You can have a monthly benefit of up to \$30,000 providing that amount is below the total of 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary.

Specify cover required (mandatory information)

Income level (% of your salary) ☐ 75% ☐ Other up to 75%

Waiting period (days) ☐ 30 ☐ 60 ☐ 90

Benefit payment period ☐ 2 years ☐ 5 years ☐ to age 65

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit? ☐ Yes ☐ No

Income level (% of your salary, up to 10% of your salary) %

For more information see the IOOF Pursuit insurance guide (PIN.03) available on the IOOF website.

Step 4: Personal Health Statement

Before you answer any questions, you must first understand your duty of disclosure rights and obligations shown in step 5. If you do not disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it. Non-disclosure can impact a future claim so it is important to be as open and honest as possible.

1 Have you smoked in the last 12 months?

☐

Yes

☐

No

If you have answered Yes, how many cigarettes do you smoke per day?

2 Have you smoked any substance other than tobacco?

☐

Yes

☐

No

If you have answered Yes, please specify the type of substance.

3 Do you consume alcohol?

☐

Yes

☐

No

If yes, please specify:

a Quantity of alcohol consumed per day (in standard units)

Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, 285ml glass of beer

b Type of alcohol

4 Height in centimetres

cm

5 Weight in kilograms

kg

Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your occupation and the percentage of time performing each (to a total of 100%):

Principal duties	Percentage of time spent (%)
1. Clerical/administration/managerial	
2. Light manual (such as qualified tradespeople, coffee shop owner)	
3. Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
4. Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
5. Other – please specify:	

Activities

9 Do you currently intend to participate in any of the following activities?

a Aviation other than as a fare paying passenger on a commercial airline

☐ Yes ☐ No

b Any activity generally classified as hazardous or extreme in nature

☐ Yes ☐ No

(such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving)

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

Residence and Travel

10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months?

☐ Yes ☐ No

If you have answered Yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11 Are you an Australian or New Zealand citizen?

☐ Yes ☐ No

If you have answered Yes, please go to Previous Insurance section of the form

12 Do you hold an Australian Permanent Resident's Visa?

☐ Yes ☐ No

If you have answered No, please provide your residency details below:

Previous Insurance

13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the IOOF group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits?

☐ Yes ☐ No

14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused?

☐ Yes ☐ No

15 Do you have, or are you applying for, any other life or disability cover?

☐ Yes ☐ No

If you answer Yes to question 13, 14 or 15 above please provide full details below:

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/exclusion/declined	To be replaced? (Yes/No)

Medical Practitioner

16 Please provide details about your doctor and your last consultation.

a Name and address of your usual doctor

b Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

c If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

- 17** Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you have answered Yes to any of the following questions, please complete the table on the following page.

- | | | |
|---|------------------------------|-----------------------------|
| a Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder, rheumatic fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c Impairment of sight, hearing or speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate or gall bladder, thyroid problem | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e Leukaemia, hepatitis, hemochromatosis, or any blood problem | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f Asthma, bronchitis or other respiratory disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i Cancer, tumour, melanoma, sun spot, mole or growth of any kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k Psoriasis, eczema or any skin problem | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Females only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m Gynaecological conditions (such as endometriosis, abnormal pap smear)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n Complications of pregnancy or childbirth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o Are you currently pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered yes, when is the expected delivery?

- | | | |
|---|------------------------------|-----------------------------|
| p Breast lump (even if you have not seen a doctor about it)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Other Medical (both males and females to complete)

- | | | |
|--|------------------------------|-----------------------------|
| q Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r Apart from the questions a to q in question 17, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide details for all Yes answers in questions 17a to 17r above in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 17a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 17) with a Yes answer (for example Q17A)			
Question no:	Q17__	Q17__	Q17__	Q17__
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				
13 Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Family history

- 18 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65?

☐ Yes ☐ No

19 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

Lifestyle

20 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)?

☐ Yes ☐ No

Work health history

21 Are you, at the date of this application, due to injury, accident or illness:

a off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis?

☐ Yes ☐ No

b have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years?

☐ Yes ☐ No

Step 5: Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for
- is common knowledge
- they know or should know as an insurer
- they have waived your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may void the contract within three years of entering into it.

If the insurer chooses not to void the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to void the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

Step 6: Privacy statement

The way in which the Trustee and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available at www.ioof.com.au/privacy (IIML) and www.tal.com.au/privacy (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including financial and sensitive health information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 913 118 or TAL:

Telephone 1300 209 088
Facsimile 02 9448 9100
Postal address TAL Services, GPO 5380, Sydney NSW 2001

Step 7: Member/Applicant declaration and signature

- I, the applicant, acknowledge that I have read the notice explaining my duty of disclosure in Step 5 on this application form and understand that this duty also applies until formal notification of acceptance by TAL. I have read and checked any answers not completed in my handwriting and, to the best of my knowledge and belief, all the answers to the questions in this application form and any supplementary application form or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that I have received, read and understood the PDS in relation to this insurance.
- I have read the privacy statement in Step 6 of this application form, and consent to my personal information (including sensitive health information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form; including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any personal information (including sensitive health information) IIML and TAL collect on this form or future forms in relation to this insurance.
- I elect to apply for insurance even if I'm under age 25 and/or my account balance is less than \$6,000.
- If I provided IIML and/or TAL with information about another person, I undertake to advise them that:
 - their personal information, will be collected, held and used as set out in this application form and IIML's and TAL's privacy policies
 - their personal information may be disclosed to a third party; or
 - they may access or correct any personal information held about them.

Insurance inactivity opt-in

☐ I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member/Applicant signature

Signature

Date

 / /

Please sign and return this form to:

Post IOOF, Reply Paid 264, Melbourne, VIC 8060
Email PursuitApplications@ioof.com.au
Telephone 1800 913 118
Facsimile 03 8614 4431

This page has been left blank intentionally.

Contact us

Postal address

GPO Box 264
Melbourne VIC 3001

Telephone

1800 913 118

Facsimile

03 8614 4431

Email

clientfirst@ioof.com.au

Website

www.ioof.com.au

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFSL 230524

Registered address

Level 6, 161 Collins Street
Melbourne VIC 3000