

# IOOF

30 November 2019

# Regular Withdrawal Plan and Automatic Distribution Facility

Use this form to establish, change or cancel a Regular Withdrawal Plan and/or an Automatic Distribution Facility for the following product:

- Pursuit Select Investment Service
- **Pursuit Focus Investment Service**

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

# **Step 1: Investor details**

Account number (if known)			
Status of investor			
Individual Investor (complete Part	A)		Incorporated/Unincorporated Club/Body
Joint Investors (complete Part A)			 (complete Part B)
Corporate Investor (complete Part	B)		Self Managed Superannuation Fund (complete Part B)
Trust (complete Part B)			Deceased Estate (complete Part B)

# Part A – Individual Investor or Joint Investors

## **Investor 1**

Title (Dr/Mr/Mrs/Ms/Miss) Given name(s)		Surname												
Investor 2 (if applicable)														
Title (Dr/Mr/Mrs/Ms/Miss)		Surname												
Given name(s)														

Given name(s)

Part B - Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Incorporated/Unincorporated Club/Body, Self Managed Superannuation Fund, **Deceased Estate** 

Name of Entity/Company														
Name of Trust														

# Name of Contact Person

Title (Dr/Mr/Mrs/Ms/Miss)	Surname			
Given name(s)				

# Step 2: Regular Withdrawal Plan

Establish a Regular Withdrawal Plan
OR
Change a Regular Withdrawal Plan
OR
Cancel a Regular Withdrawal Plan – Please complete the date field below.
Effective date
Regular withdrawal amount required \$ (minimum \$200)
Desired debit frequency Monthly Quarterly

#### Please note:

- Complete Step 4 if you are establishing this facility or wishing to change the details of your nominated financial institution account into which the regular withdrawal payments are to be credited.
- Regular withdrawals may be delayed if there is insufficient cash in your Cash Account to meet the regular withdrawal amount.
- Regular withdrawals are paid out of your Cash Account on the 1st day of the month or the nearest business day after, according to the frequency you selected.

# Step 3: Automatic Distribution Facility – for automatic payment of accumulated income distributions

Establish an Automatic Dist	ribution Facility
OR	
Cancel an Automatic Distril	oution Facility
Desired debit frequency	Quarterly

\_\_\_\_ Half yearly

#### Please note:

- Complete Step 4 if you are establishing this facility or wishing to change the details of your nominated financial institution account into which the income distributions are to be credited.
- Accumulated income distributions from the Cash Account are withdrawn either quarterly or half-yearly and paid into your nominated
  account with your financial institution.
- Amounts less than \$200 will be held in your Cash Account until the next payment period.
- The Automatic Distribution Facility is run on the 20th day of the month (or the next business day) following the end of the relevant calendar quarter or half-year.

# Step 4: Financial institution details for Regular Withdrawal Plan and Automatic Distribution Facility

Please provide the details of your nominated account with your financial institution to have your regular withdrawals and/or income distributions paid to you.

## **Financial institution**

Name															
Branch															
Address		 							 		 				
Account name															
BSB		_		Ac	coui	nt ni	umb	ber [							

#### Important note:

• The account name with the above financial institution must be the same as the name of the investment account.

# **Step 5: Declaration**

**Important note:** The Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be managed in accordance with the Privacy Policy at www.ioof.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

I consent to the collection and use of my information by the Service Operator as specified.

I request the Service Operator, IOOF Investment Services Ltd ABN 80 007 350 405 AFSL 230703, to make the changes in this form to my account.

I confirm that I received, read and understood the current IOOF Pursuit Investment Offer Document (and any supplementary Offer Documents) and agree to be bound by its terms and conditions.

I understand that any directions which I have given here will override any similar directions I have previously given.

I declare that all details in this form are true and correct.

# Note for Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney with this form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

# Joint investors

If there are joint investors, both investors are required to sign below unless instructions to accept one signature have previously been given to IOOF in writing.

## Part A - Individual Investor or Joint Investors

Signatory 1	Date / /
Full name	
Signatory 2 (if applicable)	Date / / /
Full name	

# Note for corporate account holders

This application must be signed either:

- under common seal; and/or
- by two directors or a director and the company secretary; or
- by the sole director (where applicable) who is also the sole company secretary.

# Part B – Corporate Investor, Trust, Self Managed Superannuation Fund, Incorporated/ Unincorporated Club/Body or Deceased Estate

Signatory 1									Date		/		/		
Title (such as Director/Sole Director/ Company Secretary/Trustee)															
Full name															
Signatory 2		1	1	 	 	 	 		Date		/		/		
Title (such as Director/Sole Director/ Company Secretary/Trustee)															
Full name															
													ſ	 	 
Signatory 3 (for additional Trustees if applicable)					 	 	 		Date		/		/		
Title (if applicable)															
Full name															
										 			ſ	 	 
Signatory 4 (for additional Trustees if applicable)					 	 	 		Date		/		/		
Title (if applicable)															
Full name															
Comment															
Common seal (of company) if required				 	 										

Please sign and return this form to:

PostIOOF Pursuit, GPO Box 264 Melbourne VIC 3001Telephone1800 913 118Emailclientfirst@ioof.com.auWebwww.ioof.com.au