

Application to Participate

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for the email address).

1 Fund details

Please provide the name of the company that administers the super fund:

Fund administrator																									
Name of superannuation fund																									
SFN				Unique Superannuation Identifier (USI)						A U															
Fund ABN																									
Postal address																									
Suburb																			State			Postcode			
Business address																									
Suburb																			State			Postcode			
Contact person																			Position						
Telephone											Facsimile														
Email address*																									

* We will correspond with you via email to confirm acceptance of your application and supply you with our bank account details, an approved format to supply your electronic data to and our contact details. While hardcopy is accepted, our preferred method of receipt of data and funds is electronic (irrespective of member numbers).

2 Acknowledgement and declaration

I/We nominate the SMF Eligible Rollover Fund (Fund) as the approved eligible rollover fund for our members.

I/We acknowledge that:

- an investment in the Fund does not represent either a deposit or liability of the Trustee
- the Trustee does not guarantee the repayment of capital or the performance of the Fund
- the holding of an investment in the Fund is subject to investment and other risks, including delays in repayment and loss of principal and interest
- twice each year a list will be prepared and issued to each participant identifying members that have been transferred to the SMF ERF from that participant. You will be requested to conduct a search of your records to ascertain if any of those former members have since opened an account with you, that therefore could be a reunification opportunity.

I/We have read and understood the Product Disclosure Statement and hereby apply to be admitted as a Participant in the SMF Eligible Rollover Fund and agree to be bound by the provisions of the Trust Deed constituting the SMF Eligible Rollover Fund, as amended from time to time. I/We agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.

I/We declare that all the information on this form is true and correct.

Director/Sole director/Sole trader/Partner name (1)																			Place Company Seal here if applicable
Signature (1)																			
Director/Secretary/Partner name (2)																			
Signature (2)																			
Date			/			/													

Please sign and return this form to:

Post:	SMF Eligible Rollover Fund, GPO Box 529, Hobart TAS 7001	Client services team:	1800 677 306
Email:	email@ioof.com.au	Facsimile:	03 6215 5933
Website:	www.ioof.com.au	Trustee:	IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524