



IOOF

30 September 2024

Protected Member

Use this form to inform the Trustee that a member should be classified as a Protected member.

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

Step 1: Account details

Account number (if known)

Account name

Date of birth (if account number is not known) / /

Name of person completing this form

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

Given name(s)

Capacity completing this form

(guardian, administrator, power of attorney, financial adviser)

Step 2: Protected Member Status

This account is subject to an order for the guardianship, administration or management of their estate under State, Territory or Commonwealth legislation.

I have attached a certified copy of the relevant court order.

OR

A copy of the relevant court order has previously been provided.

Step 3: Declaration

Please note: The Trustee collects the information in this form and court orders for the purpose of categorising this account as belonging to a protected person. Any personal information provided in this form will be handled in accordance with the privacy policy at www.ioof.com.au 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 the above information by the Trustee for the purposes specified.
- I declare that the details given in this form are true and correct.

Please note: if this form is signed under Power of Attorney, the attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have previously received it).

Signature

Date / /

Please forward all correspondence and enquiries to

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Telephone
Web

1800 913 118¹

www.ioof.com.au

¹ Please select 1 for insurance.