



IOOF

# WEALTHBUILDER

October 2021

## Transfer of Ownership form

For assistance please contact Investor Services on 1800 002 217

### Important information:

- Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.
- All policy owners registered on the IOOF WealthBuilder policies (or accounts) listed for transfer need to complete this section.
- Upon registration of the transfer by IOOF, complete ownership of the IOOF WealthBuilder policy(ies) will be transferred from the current policy owner(s) to the new policy owner(s).
- If multiple policies/accounts are listed for transfer, the same policy owner(s) must be registered on each policy or account nominated for transfer. If the policy owner(s) registered for each account are different, then separate Transfer of Ownership Forms will be required.
- The transfer revokes any existing beneficiary nominations.
- The transfer revokes any existing investor advice fee (IAF) arrangements. IAFs (if required) will need to be re-negotiated/agreed between the new policy owner and adviser.
- Transfer of ownership does not automatically change the life insured(s). The existing life insured(s) will remain registered on the IOOF WealthBuilder account(s) following the transfer of ownership until we receive alternative instructions. **Step 3** of this form can be completed to change the life insured to the new policy owner(s) or other person(s) as nominated by the new policy owner(s).
- Under a Child's Advancement Policy, the life insured (child) **cannot** be changed and transfer can only be made to a single policy owner.

### Step 1: Current policy owner(s) and policy(ies) to be transferred (for completion by existing policy owner)

#### Policies to be transferred

List IOOF WealthBuilder account number(s) to be transferred to new investor/policy owners.

IOOF WealthBuilder account numbers


**Note:** Where multiple accounts are to be transferred, the registered policy owners of all accounts listed must be the same.

#### Investor details

##### Current investor 1

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

Given name(s)

Residential address

Suburb  State  Postcode

Mailing address

Suburb  State  Postcode

Date of birth  /  /



### PART A – Individual or joint investors

**Investor 1** (all notices and correspondence will be forwarded to the address of Investor 1)

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

Given name(s)

This section must be completed. Note: PO Box can only be provided below under 'Mailing address'.

Residential address

Suburb                      State   Postcode

Country

Mailing address (if different from above)

Suburb                      State   Postcode

Phone (bh)                      Phone (ah)

Phone (mobile)                      Fax

Email

Date of birth   /   /       Gender Male  Female

Occupation

Industry of occupation

Is the new investor a child between 10 and 16 years?  
 Yes (If yes, please attach written consent of parent or guardian)  
 No

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

Are you a tax resident of Australia?  Yes  No

Are you a tax resident of another country?  Yes  No

Please answer both tax residency questions as you can be a tax resident of more than one country. If you are only a tax resident of Australia and no other country please proceed to '**Security Password**'.

**FOREIGN RESIDENTS ONLY – Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)**

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person’s residence or place of work. This information will be reported to the relevant tax authority with Australia and internationally.

For all countries where you are a tax resident please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Country	TIN	Reason for no TIN <sup>(A, B or C)</sup> #

**#Reasons for not providing a TIN**

- Reason **A** – The country of tax residency does not issue TINs to tax residents, OR
- Reason **B** – You have not been issued with a TIN, OR
- Reason **C** – The country of tax residency does not require the TIN to be disclosed.

**Security Password**

For security purposes and easier access to your account information via the telephone, please provide a password:

Security password

**Please note:** When a representative is nominated, no account information will be provided via the telephone unless this password is quoted.

**Investor 2** (for joint investors only\*)

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

This section must be completed. Note: PO Box can only be provided below under 'Mailing address'.

Residential address   
 Suburb  State  Postcode   
 Country   
 Mailing address (if different from above)   
 Suburb  State  Postcode   
 Phone (bh)     Phone (ah)      
 Phone (mobile)     Fax      
 Email   
 Date of birth   /   /      Gender Male  Female   
 Occupation   
 Industry of occupation

Is the new investor a child between 10 and 16 years?  
 Yes (If yes, please attach written consent of parent or guardian)  
 No

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 Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))  
 Are you a tax resident of Australia?  Yes  No  
 Are you a tax resident of another country?  Yes  No

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**Investor 3** (for joint investors only\*)

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

Given name(s)

This section must be completed. Note: PO Box can only be provided below under ‘Mailing address’.

Residential address

Suburb  State  Postcode

Country

Mailing address (if different from above)

Suburb  State  Postcode

Phone (bh)  Phone (ah)

Phone (mobile)  Fax

Email

Date of birth  /  /  Gender Male  Female

Occupation

Industry of occupation

Is the new investor a child between 10 and 16 years?

Yes (If yes, please attach written consent of parent or guardian)

No

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Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

Are you a tax resident of Australia?  Yes  No

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Security password

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\* **Note for joint investors:** If each investor is able to operate the account and bind the other joint investor(s) for future transactions (including additional investments, switches and withdrawals) please tick this box.

### For Sole Traders only

In addition to completing **Investor 1**, please also complete this section if you are an individual investor applying as a sole trader:

Business name (if applicable)

Australian Business Number (ABN)  -  -  -

Business address

If different from residential address above. PO Box not accepted.

Suburb  State  Postcode

**IOOF Portfolio Online registration:** To register for IOOF Portfolio Online, please complete the online application form via the Portfolio Online area of the IOOF website at [www.ioof.com.au](http://www.ioof.com.au) You can only register for this service after you have received an investor number.

### Part B – Companies or other investors

If you are investing as a:

- Domestic Company**, please complete all applicable sections of **Step 2** including the relevant FSC/FPA Identification form(s) for an Australian Company and their beneficial owners (if you have a financial adviser) or an Additional Tax Information Form (if you do not have a financial adviser) as applicable to you.
- Foreign Company (domiciled in Australia)**, please complete all applicable sections of **Step 2**, including the relevant FSC/FPA Identification form(s) for a Foreign Company and their beneficial owners (if you have a financial adviser) or an Additional Tax Information Form (if you do not have a financial adviser) as applicable to you.
- Other Investor<sup>5</sup>**, please complete **subsections (a), (b) and (h) only** (below). You will also need to complete the relevant FSC/FPA Identification form(s) (if you have a financial adviser) , or an Additional Tax information Form (if you do not have a financial adviser) relevant to your investor type . For a copy of the relevant form, please contact Investor Services on 1800 002 217 or visit our website at [www.ioof.com.au](http://www.ioof.com.au)

#### (a) Company/entity details

Registered name of company/entity

Australian Company Number (ACN)  -  -  **OR**

Australian Registered Body Number (ARBN) (if applicable)  -  -  **OR**

Foreign registration number (if unregistered in Australia)

Registered business address

Suburb  State  Postcode

Country (if applicable)

Principal business address (if different from above)

Suburb  State  Postcode

Country (if applicable)

Industry in which company operates

#### (b) Please list full names of directors/officeholders/partners (as applicable)

##### Director/officeholder/partner 1

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

Given name(s)

<sup>5</sup> **Other investors** may include partnerships, associations (such as incorporated/unincorporated club/body), registered co-operatives, government entities.





**(g) Beneficial ownership** – please list full names and addresses of shareholders /beneficial owners who own more than 25 per cent of the company.

To be completed for proprietary companies or if the company is **not** regulated, listed with the ASX, or, a majority owned subsidiary of a listed company.

Proceed to sub-section (h) if no individuals are identified in this section.

**Shareholder/beneficial owner 1**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surname	<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"/>
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**Shareholder/beneficial owner 2**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surname	<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"/>
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Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Shareholder/beneficial owner 3**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surname	<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"/>
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**Shareholder/beneficial owner 4**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surname	<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"/>
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Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country of residence

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### (h) Other beneficial owners

To be completed if there are no individuals who meet the requirement of sub-section (g)

Please provide full details of individuals who directly or indirectly control the company.

This includes exercising control through the capacity to determine decisions about financial or operating policies, or by means of trusts, agreements, arrangements, understanding & practices, voting rights of 25% or more, or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

#### Other beneficial owner 1

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country of residence

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#### Other beneficial owner 2

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country of residence

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#### Identification and tax residency requirements

If you are applying as a company, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, and a separate form for individuals who are beneficial owners (as applicable), or, an Additional Tax Information Form if you do not have a financial adviser. To obtain a copy of the relevant form(s) or if your details change at any time please contact Investor Services on 1800 002 217 or visit our website at [www.ioof.com.au](http://www.ioof.com.au)

**(i) Contact person**

A contact person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Please note:**

- All future notices and correspondence will be forwarded to the **contact person**.
- The contact person must be one of the signatories on the account.
- If the contact person is intended to have authority to transact on the account, on behalf of the company/entity, **Step 6** 'Representative facility' must be completed. Conditions applying to the appointment of a representative are detailed in the IOOF WealthBuilder Product Disclosure Statements (PDS) and any Supplementary Product Disclosure Statements (SPDS).

**Security Password**

For security purposes and easier access to your account information via the telephone, please provide a password:

Security password

**Please note:** When a representative is nominated, no account information will be provided via the telephone unless this password is quoted.

**Part C Trusts (trust with a corporate trustee or individual trustees)**

**a) Full name of the trust**

  


**(b) Full business name (if any) of the trustee in respect of the trust**

**(c) Country of establishment of trust**

**(d) Type of trust** (tick all that apply)

**Other trust type** (such as family, charitable, deceased estate)

Please specify

**Managed investment scheme**

Registered (provide ARSN if registered)

**OR**

Unregistered

**Unregulated Trust** For unregulated Trusts please list the person(s) who settles the initial sum or assets to create the Trust.

Full name of settlor(s)

**Note for trustees:**

- For **trusts with a corporate trustee**, complete subsection (e)-i below and subsection (f), if applicable.
- For **trusts with individual trustees**, please complete subsection (e)-ii and subsection (f), if applicable.
- Note, additional client identification is required under AML/CTF legislation. To obtain a copy of the relevant 'FSC Identification form – for a Regulated or Unregulated Trust', as applicable, please contact Investor Services on 1800 002 217. Alternatively, you can download a copy from our website at [www.ioof.com.au](http://www.ioof.com.au)
- **All trustees must sign** the applicant declaration in **Step 8**.

**(e) Details of trustee(s)/contact person** (complete either i – Corporate trustee **OR** ii – Individual trustee(s) only)

**i – Corporate trustee**

Company name

**Contact person<sup>6</sup>**

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

Given name(s)

Mailing address

Suburb  State  Postcode

Country

Phone (bh)     Phone (ah)

Phone (mobile)     Fax

Email

Date of birth   /   /     Gender Male  Female

**ii – Individual trustee(s)**

Please list all trustee(s), including name(s) and address(es):

**Trustee 1<sup>6</sup>**

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

Given name(s)

This section must be completed. Note: PO Box can only be provided under 'Mailing address'.

Residential address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Country

Phone (bh)     Phone (ah)

Phone (mobile)     Fax

Email

Date of birth   /   /

Occupation

Industry of occupation

6 All future notices and correspondence will be sent to the **identified trustee** (trustee 1 for individual trustees) or the **contact person** (corporate trustee). The identified trustee or the contact person must be a signatory on the account. If the identified trustee or the contact person is intended to have authority to transact on the account on behalf of all trustees/signatories, the 'Nomination of Representative Facility' form must be completed. Conditions applying to the appointment of a representative as detailed in the PDS (and any SPDS).

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Trustee 2**

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Trustee 3**

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Trustee 4**

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**(f) Beneficiary details of trust** – to be completed only if ‘Other trust type’ was selected in subsection (d).

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

**Yes** If yes, please provide details of the beneficiary membership class(es) (such as unit holders, family members of named person or charitable purpose).

Class of membership

Class of membership

Class of membership

Class of membership

**No** If no, please provide the following beneficiary details:

**Beneficiary 1**

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country

Are you a politically exposed person?  Yes  No (If ‘yes’, complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If ‘yes’, complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Beneficiary 2**

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 ‘yes’, complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If ‘yes’, complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Beneficiary 3**

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

Given name(s)

Residential address (Note: PO Box not accepted)

Suburb  State  Postcode

Country

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 ‘yes’, complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If ‘yes’, complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Beneficiary 4**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address (Note: PO Box not accepted)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**(g) Beneficial owners – to be completed for unregulated Trusts**

Please confirm the Trustees listed in sub-section (e) ii are beneficial owner(s) of the Trust.

This includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Trustee 1  Yes  No

Trustee 2  Yes  No

Trustee 3  Yes  No

Trustee 4  Yes  No

Please also provide full details of other individuals who directly or indirectly control the Trust.

**Other beneficial owner 1**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address (Note: PO Box not accepted)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Other beneficial owner 2**

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address (Note: PO Box not accepted)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, 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 'yes', complete the Politically Exposed Persons Form at [www.ioof.com.au](http://www.ioof.com.au))

Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor form at [www.ioof.com.au](http://www.ioof.com.au))

**Identification and tax residency requirements**

If you are applying as a Trust, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, including a separate form for individuals who are beneficial owners (as applicable), or, an Additional Tax Information Form if you do not have a financial adviser. To obtain a copy of the relevant form or if your details change at any time please contact Investor Services on 1800 002 217.

**Security Password**

For security purposes and easier access to your account information via the telephone, please provide a password:

Security password

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**Please note:** When an investor is not an individual (eg a company or a trust) or when a representative is nominated, no account information will be provided via the telephone unless this password is quoted.

**IOOF Portfolio Online registration:** To register for IOOF Portfolio Online, please complete the online application form via the Portfolio Online area of the IOOF website at [www.ioof.com.au](http://www.ioof.com.au) You can only register for this service after you have received an investor number.

**Step 3: Change of life insured<sup>7</sup> (for completion by new policy owner(s))**

This section must be completed to update the life insured(s) details on the WealthBuilder account(s) listed in Step 1 upon transfer to the new policy owner(s).

**Please note:**

- If the account(s) listed are set up as Child’s Advancement Policies, the existing life insured (child) **cannot** be changed.

Please tick the applicable boxes depending on your type of instruction and complete the relevant Steps as indicated.

This is a request to (select a box):

keep existing nominated life insured(s) (all Child’s Advancement Policies will automatically carry over)<sup>8</sup>

**OR**

replace the existing life insured(s) with the new life insured(s) detailed below<sup>8</sup>

**OR**

add the following additional life insured to the existing life insured(s) registered on the WealthBuilder account(s)<sup>8</sup>.

**Life insured 1**

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

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 Surname 

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Given name(s) 

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Mailing address 

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Suburb 

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 State 

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 Postcode 

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Phone (bh) 

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 Phone (ah) 

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Email 

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Date of birth 

D	D
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 / 

M	M
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 / 

Y	Y	Y	Y
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 Gender Male  Female

**Life insured 2 (if applicable)**

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

--	--	--	--

 Surname 

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Given name(s) 

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Mailing address 

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Suburb 

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 State 

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 Postcode 

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Phone (bh) 

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 Phone (ah) 

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Email 

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Date of birth 

D	D
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 / 

M	M
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Y	Y	Y	Y
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 Gender Male  Female

<sup>7</sup> This section is not applicable for accounts set up as a Child’s Advancement Policy.

<sup>8</sup> The life insured(s) will be applied to all accounts listed in Step 1.



## Step 4: Proof of identity requirements (for completion by new policy owner(s) if applicable)

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act), your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF Ltd's compliance with AML/CTF legislation). AML/CTF legislation obligates IOOF Ltd to verify the identity of each of its investors before providing financial services to them.

**Please note, generally existing investors within the IOOF group do not need to provide the proof of identity listed below.**

### Individual investors

If you will be the new policy owner(s) of the IOOF WealthBuilder account(s) listed in Step 1 and you are not an existing investor within the IOOF group, you will need to provide originals or original **certified copies** of one or more of the following documents. The proof of identity documents are required to be submitted with your Transfer of Ownership Form.

Type of investor (please ✓ appropriate box)	Proof of identity – please provide the relevant document(s).
<p>(a) <input type="checkbox"/> Individuals acting for themselves</p> <p><b>Note</b>, for joint investors, the necessary proof of identity is required for each investor.</p> <p>OR</p> <p><input type="checkbox"/> Individuals acting as a sole trader</p>	<p><b>Either one of the following Acceptable Primary Photographic ID documents:</b></p> <ul style="list-style-type: none"> <li>• Current driver's licence (issued under Australian State/Territory, or a foreign country equivalent, containing a photograph of the individual). Please copy front and back of licence.</li> <li>• Australian passport (an Australian passport that has expired within the preceding 2 years is acceptable).</li> <li>• Foreign passport or an international travel document issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph and signature of the person whose name the document is issued*.</li> <li>• Card issued under Australian State or Territory law for the purposes of providing a person's age containing a photograph.</li> <li>• A National Identity Card issued by a foreign government, the UN or an agency of the UN, containing a photograph and signature of the person whose name the card is issued*.</li> </ul> <p><b>OR (Acceptable Secondary ID documents):</b></p> <ul style="list-style-type: none"> <li>• A notice issued to an individual (showing the current residential address such as a tax notice within last 12 months or a utilities bill within last 3 months) that contains their residential address and records the provision of financial benefits/services or the debt owed by the individual.</li> </ul> <p><b>AND one of the following documents:</b></p> <ul style="list-style-type: none"> <li>• Birth certificate or birth extract issued under Australian State/Territory.</li> <li>• Birth certificate issued by a foreign government, the UN or an agency of the UN.</li> <li>• Citizenship certificate issued by the Commonwealth.</li> <li>• Citizenship certificate issued by a foreign government.</li> <li>• A concession (health or pension) card issued by the Department of Human Services or Centrelink.</li> </ul>
<p>(b) <input type="checkbox"/> Individuals who have been nominated as a Representative or Power of Attorney</p>	<p><b>Either one of the following documents:</b></p> <ul style="list-style-type: none"> <li>• For verification of the identity of a nominated representative or Power of Attorney, refer to the proof of identity requirements listed in Section (a) above.</li> </ul> <p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>• Where a <b>Power of Attorney</b> has been granted, a certified copy of the Power of Attorney must be provided.</li> </ul>

\* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

### Who can certify your documents?

The **'Completing Proof of Identity'** document provides a list of persons authorised to certify copies of original documents. To obtain a copy please contact Investor Services on 1800 002 217. Alternatively, you can download a copy from our website at [www.ioof.com.au](http://www.ioof.com.au)

**All non-individual investors** (such as companies, trusts or partnerships)

## All non-individual investor applicants (eg companies or partnerships and other types of investors)

When completing the relevant FSC/FPA Identification form(s), the identification requirements are included in these forms (if you have a financial adviser). An Additional Tax Information Form must be completed if you do not have a financial adviser. As a guide you can refer to the proof of identity requirements included in the 'Completing Proof of Identity' document. To obtain a copy please contact Investor Services on 1800 002 217. Alternatively, you can download a copy from our website at [www.ioof.com.au](http://www.ioof.com.au)

Additional proof of identity is also required.

## Step 5: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current Australian Financial Services (AFS) Licence
- is an authorised representative of a current AFS Licensee.

### Financial adviser details

Dealer group																				
License name																				
Financial adviser name																				
Financial adviser number						AFS licence number														
Phone (bh)									Phone (ah)											
Phone (mobile)																				
Email																				

If you are a new financial adviser\* please also complete the following details:

Business name																				
Business address																				
Suburb											State			Postcode						
Mailing address (if different from above)																				
Suburb											State			Postcode						

\* An email notifying you of your new financial adviser number will be forwarded to your office shortly after receipt of this application.

### Declaration by financial adviser

In submitting this application form:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS (and any SPDS)
- I consent to provide IOOF access to all proof of identification records for the purposes of this application if requested (pursuant to the AML/CTF Act Part 7.2)
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF Act, and  I have attached a certified copy of the applicant's identification document(s) for an individual/sole trader with this application form

Please note: Compulsory where:

- initial contribution is 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 confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF Act, and I have attached a certified copy of the applicant's identification document(s) for an individual/sole trader with this application form

**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 table and declaration below).

Record of proof of identity (ID)^	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

Record of proof of identity (ID)^	ID document 3	ID document 4
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

Record of proof of identity (ID)^	ID document 5	ID document 6
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

^ 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 which is located on our website at [www.ioof.com.au](http://www.ioof.com.au). This document also includes a list of persons authorised to certify copies of original documents.

Signature

Date  /  /

Dealer stamp

For assistance, financial advisers can contact Investor Services on 1800 002 217

**Investor advice fees** (optional) for completion by new policy owner and their financial adviser if applicable

All existing investor advice fees (IAFs) in place prior to the transfer of ownership will be automatically revoked on transfer to the new policy owner(s). If you have agreed with your financial adviser to have IAFs deducted from the investment account(s) listed in Step 1<sup>^</sup> please complete this section. IOOF facilitates the payment of investor advice fees (IAFs) by deducting them from your account and paying them to your financial adviser directly. IOOF, as issuer of IOOF WealthBuilder, is required to obtain specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.

You may alter your fees or revoke your consent at any time by contacting IOOF. Once your consent is revoked, no further fees will be deducted from your account, however any amount paid before you revoke your consent will not be automatically refunded.

**I/we confirm that I/we have agreed with my/our financial adviser to have the following IAFs deducted:****IAF – upfront**

% (maximum of 3.00% inclusive of GST)

To be applied to your initial contribution **only**.

Please complete **Standing IAF – upfront** if you would like to apply the same rate or to nominate a different rate to be applied to future additional contributions.

**Standing IAF – upfront**

For nomination of a standing IAF – upfront for future additional contributions.

% (maximum of 3.00% inclusive of GST)

To be applied to additional contributions received unless individually instructed otherwise on receipt of each contribution.

Your adviser has estimated a fee of \$   
for the 12 months<sup>^</sup> commencing  /  /  will be deducted from your account.

**IAF – ongoing**

**either**  % pa (inclusive of GST) **OR** \$  (inclusive of GST)

Note: both % and \$ cannot be nominated

To be deducted from my/our account:

monthly  quarterly  half yearly  yearly commencing from\*  /  /

Your adviser has estimated a fee of \$   
for the 12 months<sup>^</sup> commencing  /  /  will be deducted from your account.

**Consent expiry date (required)**

Where I have chosen IAF – standing upfront and/or IAF – ongoing, I understand the consent for IOOF to pay the ongoing fee to my

adviser will cease on  /  /  which is 150 days after the anniversary date for an ongoing fee arrangement or the end date for a fixed term advice agreement.

**IAF – one-off**

\$  (inclusive of GST) to be deducted from my/our account on  /  /

\* The date from which the IAF - ongoing will be calculated. The IAF – ongoing will generally be deducted on the first day of the month following the end of the nominated frequency.

<sup>^</sup> or less if you have a fixed term advice agreement.

**Please note:**

- IAFs are not fees associated with IOOF. They are separately negotiated between you and your financial adviser for the provision of advice and services
- IAFs may not be deducted on the 1st of the nominated month in certain circumstances, for example, if there are insufficient funds where switches or withdrawals are pending.
- Asset (percentage) based IAFs are not permitted for accounts established with borrowed funds.
- Upon transfer of policy ownership, or a change of adviser, existing IAF arrangements will be cancelled and will need to be re-negotiated/agreed between the new policy owner/adviser.

## Step 6: Representative facility (optional) (for completion by new policy owner(s) if applicable)

Note, on registration of the transfer of ownership of the IOOF WealthBuilder account(s) to the new policy owner(s), any existing representative or Power of Attorney nominated to act on behalf of the existing policy owner(s) will be automatically revoked.

For new policy owner(s) – do you wish to nominate a representative on your WealthBuilder account?

**Yes** Please complete the section below

**No** Go to **Step 7**

### Power of Attorney

If this application is signed under a Power of Attorney, you **do not** need to complete this section.

If you wish to nominate a representative please complete all sections below.

### Nomination of representative

I/We nominate the following person as my/our representative:

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"/> Postcode <input type="text"/>
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Phone (bh)	<input type="text"/>	Phone (ah)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to investor	<input type="text"/>		

Proof of identity is required for all nominated representatives.

Please ensure the required proof of identity documents are included with this Transfer of Ownership Form, as detailed in **Step 4**.

### Declaration of representative

I, the representative, have read and agree to the conditions as detailed in the IOOF WealthBuilder PDS (and any SPDS), section entitled 'Representative facility'.

Representative signature

Date

### Investor(s) authority to nominate a representative

I/we:

- have read the conditions applying to the appointment of a representative in the IOOF WealthBuilder PDS (and any SPDS) and agree to those conditions
- release, discharge and agree to indemnify IOOF and any other related body corporate within the IOOF group and any investment management company appointed to manage the investment assets of the IOOF WealthBuilder Funds, against any and all losses, liabilities, actions, proceedings, accounts, claims and demands, (whether authorised by me/us or not) arising from the appointment of or exercise of powers by the representative
- agree that a payment made to my/our representative in accordance with the requests or instructions of the representative shall be in complete satisfaction of the obligation of IOOF to the extent of the payment, notwithstanding any fact or circumstance, including that the payment was requested, made or received without my/our knowledge or authority
- agree that if the payment is made in accordance with the request or instructions of the representative, I/we shall have no claim in relation to the payment against IOOF or any other related body corporate within the IOOF group; nor any investment management company appointed to manage the assets of the IOOF WealthBuilder Funds
- understand and acknowledge that I/we are bound by the actions of my/our representative in relation to the operation of my/our investments in IOOF WealthBuilder
- authorise IOOF to continue to follow instructions regarding this authority, until further notice in writing to cancel this authority is received by IOOF.

### Corporate investors

This nomination must be signed either:

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

**Important note**  
**Only sign the below if nominating a representative. All new investor(s)/policy owner(s) must also sign the declaration at Step 8.**

If not signing under common seal, please state your title, eg Director, Company Secretary or Sole Director and Company Secretary.

<b>New investor/signatory 1</b>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Title (such as Director/Sole Director/Company Secretary)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
Full name	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
<b>New investor/signatory 2</b> <small>(for joint investors or additional trustees, if applicable)</small>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Title (such as Director/Sole Director/Company Secretary)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
Full name	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
<b>New investor/signatory 3</b> <small>(for joint investors or additional trustees, if applicable)</small>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Title (if applicable)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
Full name	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
<b>Signatory 4</b> <small>(for additional Trustees if applicable)</small>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Title (if applicable)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
Full name	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>											
Common seal (of company) if required	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>											

## Step 7: Declaration and signature of current policy owner(s)

All current policy owner(s) of the account(s) listed in Step 1 must sign this section.

I/we the current registered policy owner(s) of the IOOF WealthBuilder account(s) listed in **Step 1** of this Transfer of Ownership Form, authorise and request IOOF to transfer the ownership of the policy(ies), including full investment rights regarding the IOOF WealthBuilder account(s) listed in **Step 1**, to the new policy owner(s) as detailed in **Step 2** of this form.

I/we confirm that:

- all details provided in this Transfer of Ownership Form are true and correct
- I/we have read the transfer of ownership section in the current IOOF WealthBuilder PDS (and any SPDS) and understand the implications of the transfer, including that, upon registration of the transfer by IOOF, I/we will have no further rights in relation to the policy(ies).

### Who needs to sign?

All original investors registered on the policy(ies)/account(s) must sign this section. Individual investors must sign in the presence of a witness, who must also sign this section overleaf.

### Corporate investors

This form must be signed either:

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

### Power of Attorney

If signed under a Power of Attorney, the attorney certifies that they have not received notice of revocation of that power.

The attorney's signature must be witnessed and the witness must sign overleaf.

If this form is signed under a new Power of Attorney which has not been previously registered with IOOF, please complete the Power of Attorney section in **Step 1** of this form and attach a certified copy of the Power of Attorney and the required proof of identification documents in accordance with AML/CTF legislation. For further information, please refer to the 'Completing Proof of Identity' on our website at [www.ioof.com.au](http://www.ioof.com.au) or alternatively call Investor Services on 1800 002 217.





## Step 8: Declaration and signature of new policy owner(s)

**All new policy owner(s) listed in Step 2 of this Transfer of Ownership Form must sign this section.**

As the new policy owner(s) of the IOOF WealthBuilder account number(s) listed in **Step 1** of this Transfer of Ownership Form, I/we accept transfer of the policy(ies) and acknowledge and agree that by signing this declaration.

I/We declare that:

- agree to assume policy ownership (including all investment rights) of the IOOF WealthBuilder account(s) detailed in **Step 1** of this Transfer of Ownership Form
- all details in this application form are true and correct
- I/we have received and accepted this offer in Australia
- I/we acknowledge that I/we will promptly advise my/our financial adviser and/or IOOF<sup>^</sup> if any of my/our details change at any time
- I/we certify that I/we am/are the applicant(s) named in Step 2 of this application form OR I/we am/are authorised to provide information and complete this application form on their behalf (ie by way of Power of Attorney)
- I/we am/are aware that information provided about me/us and my/our accounts may be provided to the relevant tax authority within Australia and internationally
- I/we agree to provide any information that may be required for the identification purposes of AML/CTF, FATCA and CRS laws (as applicable).

I/We confirm that I/we have read and understood:

- that an investment made in IOOF WealthBuilder does not represent an investment in IOOF, nor any related body corporate within the IOOF group, nor any investment management company appointed to manage the investment assets of the IOOF WealthBuilder Funds
- that neither IOOF nor any related body corporate within the IOOF group, nor any investment management company appointed to manage the investment assets of the IOOF WealthBuilder Funds, guarantees the performance of any IOOF WealthBuilder Fund
- that investments in IOOF WealthBuilder are subject to investment risks including possible delays in repayment and loss of income and principal invested
- the PDS (and any SPDS) in full and on becoming an investor, I/we agree to be bound by the provisions of the PDS (and any SPDS) and the Benefit Fund Rule 7.4 (as amended).

### Target Market Confirmation (mandatory)

I/We declare that:

I/We have received personal financial advice in relation to IOOF WealthBuilder

**OR**

I/We have reviewed and understand the Target Market Determination for IOOF WealthBuilder and confirm that IOOF WealthBuilder meets my objectives, financial situation and needs

*Please note: if your investment objective(s), timeframe and/or risk profile are inconsistent with IOOF WealthBuilder then we suggest you seek financial advice that takes into account your personal circumstances.*

### Financial adviser (if applicable)

If I have acquired the services of a financial adviser to obtain advice concerning my investment in IOOF WealthBuilder 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.

I acknowledge that I will promptly advise my financial adviser and/or IOOF if any of my details change at any time.

### Investor advice fee(s) (if applicable)

- I authorise IOOF to charge the investor advice fee(s) selected against my account.
- The amount of any investor 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. An advice fee will not be charged unless I tell IOOF to do so.
- Any agreed investor advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, until I instruct IOOF to cease payment or when I change my nominated financial adviser.
- Where I have chosen ongoing fees, I understand the consent for IOOF to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date, or earlier for if you have a fixed term advice arrangement, for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid.
- I understand I can withdraw my consent or vary the ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting IOOF.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting IOOF before the fee is paid.

## AML/CTF, FATCA and CRS

- I/We have provided the appropriate documents, as outlined in the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au), that may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act)\*.
- I/We confirm that I/we have correctly indicated any applicable foreign or United States tax residency status, for Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws, in Step 2 of this application form and during the customer identification process.
- If I/we previously have opened an IOOF product and my/our adviser has not conducted the customer identification procedure under AML/CTF, FATCA and CRS laws, in conjunction with this application, I/we confirm that I/we are not a foreign resident or US citizen(s) or resident(s) for tax purposes, or are not purchasing this product on behalf of another foreign resident, and/or US citizen or resident for tax purposes.

\* Proof of identity requirements are generally not required for existing investors within the IOOF group as detailed in the PDS

## Privacy

Information (including my/our personal information) provided to IOOF is used for the purpose of opening an investment account and for other related purposes. IOOF may disclose my/our personal information to its related bodies corporate, a person with whom I/we have a joint investment, my/our financial adviser, professional advisers, businesses that have referred me/us to IOOF, banks and other financial institutions, or to provide me/us with information about other products or services that may be of interest to me/us.

IOOF is required to collect my/our personal information under the *Corporations Act 2001*, the AML/CTF, FATCA and CRS laws. If I/we do not provide all of the requested information, IOOF may not be able to action my/our request. To verify my/our identity for Know Your Customer (KYC) purposes, IOOF may also solicit personal information about me/us from reliable identity verification service providers.

My/Our personal information will be handled in accordance with IOOF's Privacy Policy. The Privacy Policy contains information about how I/we may access or correct my/our personal information held by IOOF and how I/we may complain about a breach of the Australian Privacy Principles. I/We may request a copy of the Privacy Policy by contacting IOOF on 1800 002 217 or at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy)

## Marketing material

If you **do not** agree to IOOF 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:

## Child's Advancement Policy

If any of the IOOF WealthBuilder accounts listed in **Step 1** are Child's Advancement Policies, by signing this declaration I understand and acknowledge that:

- I will hold the Child's Advancement Policy in trust for the existing life insured (child), until they reach vesting age
- the Child's Advancement Policy will be automatically transferred to the life insured when the vesting age is reached
- until the vesting age is reached, I will have full control over the Child's Advancement Policy
- I may apply the proceeds of the Child's Advancement Policy as I think fit for the maintenance or benefit of the life insured in accordance with section 220 of the *Life Insurance Act 1995*
- in the event of the death of the life insured before vesting age is reached, I will retain ownership of the Child's Advancement Policy.

## Individual investors

Individual investors must sign in the presence of a witness, who must also sign this section on page 25.

## Power of Attorney

If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power. The attorney's signature must be witnessed and the witness must sign overleaf.

Please attach a certified copy of the Power of Attorney and the required proof of identification documents in accordance with AML/CTF legislation. For further information, please refer to the 'Completing Proof of Identity' on our website at [www.ioof.com.au](http://www.ioof.com.au) or alternatively call our client services team on 1800 002 217.

## Corporate investors

This Transfer of Ownership Form must be signed either:

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

If not signing under common seal, please state your title, such as Director, Company Secretary or Sole Director and Company Secretary.

**New investor/signatory 1**  Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

Title (if applicable)

Full name

**New investor/signatory 2**  
(for joint investor or additional trustees, if applicable)  Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

Title (if applicable)

Full name

**New investor/signatory 3**  
(for joint investor or additional trustees, if applicable)  Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

Title (if applicable)

Full name

**Signatory 4**  
(for additional trustees, if applicable)  Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

Title (if applicable)

Full name

Common seal (if required)

**Witness signature**  Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
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Title (if applicable)

Full name

Please sign and return this completed form (including accompanying proof of identity documents as applicable) to:

**Post to:** IOOF WealthBuilder, Reply Paid 264, Melbourne VIC 8060

**Enquiries:** 1800 002 217