

Financial Partnership **Portfolio Service**



Creating financial independence since 1846



Financial Partnership **Portfolio Service** Employer Superannuation

Member forms booklet

Dated: 1 October 2012

Issuer: IOOF Investment Management Limited | ABN 53 006 695 021 | AFS Licence No. 230524
as Trustee of the IOOF Portfolio Service Superannuation Fund | ABN 70 815 369 818.

Which forms should you complete?

Form name	Form letter	When to complete this form
Request to transfer a superannuation benefit	Form A	You need to complete this form if you wish to transfer monies from another super fund or income stream. Please ensure you also complete the proof of identity requirements.
Binding Death Benefit Nomination	Form B	You need to complete this form if you wish to make a Binding Death Benefit Nomination.
Non-Binding Death Benefit Nomination	Form C	You need to complete this form if you wish to make a Non-Binding Death Benefit Nomination.
Change of personal details	Form D	You need to complete this form if you wish to change any of your details.
Investment Authority	Form E	<p>You need to complete this form to indicate:</p> <ul style="list-style-type: none"> • in which investment option(s) you wish to invest • how you want to establish your investment instructions. <p>You may also need to complete this form if you wish to:</p> <ul style="list-style-type: none"> • switch from one investment option to another or to re-weight your portfolio • switch cash from your Cash Account to one or more investment options • change your Investment Instructions.
Direct Share Choice Investment Authority	Form F	You need to complete this form if you wish to buy or sell listed investments through Direct Share Choice.
Direct Debit Request (DDR)	Form G	You need to complete this form if you wish to set up a personal Regular Contribution Plan. This will be separate to any payments from your employer.
Tax file number (TFN) notification	Form H	You need to complete this form if you need to inform us of your tax file number.
Application for insurance	Form I	You may need to complete this form if you are applying for or changing insurance cover and it is appropriate to your circumstances.
Super Choice – Fund Nomination	Form J	You may need to complete this form to notify your employer that IOOF is your chosen super fund.

Before you complete any application forms, please ensure that you have read the PDS. If you require further information or any assistance in completing the forms, please contact our client services team on 1800 000 137 or your financial adviser. Please note that our client services team is not authorised to give you investment or financial product advice.



Financial Partnership **Portfolio Service** – **Form A**

Creating financial independence since 1846

1 October 2012

Request to transfer a superannuation benefit

Employer Superannuation

Use this form when you wish to transfer monies from another superannuation fund or income stream into a superannuation product available through the IOOF Portfolio Service Superannuation Fund.

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 super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (www.ioof.com.au) 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 also 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 also ensure that you agree with your financial adviser on the amount of any fee that may be incurred.
- Please provide your certified proof of identity. Refer to the proof of identity requirements section for documentation you will need to provide.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

This form including the certificate of compliance should be forwarded 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"/>		
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"/>	/	<input type="text"/>
	<input type="text"/>		<input type="text"/>
		Tax file number*	<input type="text"/>

* Although you do not have to provide your tax file number by law, the 'From' fund may require your tax file number to process the transfer.

Please nominate the IOOF product that will receive the transfer of super benefit:

- IOOF Portfolio Service Employer Superannuation (SPIN IOF0056AU)
- IOOF Portfolio Service Corporate Superannuation (SPIN IOF0072AU)
- LifeTrack Corporate Superannuation (SPIN AMG0065AU)
- LifeTrack Employer Superannuation (SPIN AMG0063AU)
- Financial Partnership Portfolio Service Employer Superannuation (SPIN IOF0067AU)

each a product forming part of the IOOF Portfolio Service Superannuation Fund.

Account number (if known) - -

Step 2: Details required for transfer

Section A: Details of your FROM fund

I request and direct that the benefit held in my super fund or income stream as detailed below, be transferred to my account in the nominated super product specified in Step 1.

Name of your FROM fund	<input type="text"/>																																				
ABN (if known)	<input type="text"/>																																				
Account/membership number	<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"/>																														
Name of previous employer (if applicable)	<input type="text"/>																																				
Date left employer (if applicable)	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>																														

Section B: Benefit to be transferred

Amount to be transferred

Entire balance (account in the FROM fund will be closed)

Approximate value \$

Partial balance of \$

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 instruction to FROM fund:

Please forward cheque made payable to 'IOOF – full member name and/or account number' with any related documentation to:

Financial Partnership Portfolio Service, 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 super 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 IOOF Investment Management Limited (IIML) (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 super product (subject to legislative restrictions).

Member/Applicant signature

Signature

Date / /

Please sign and return this form by post to:

Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Enquiries: 1800 000 137

Fax: 1800 558 539

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

Proof of identity requirements

You need to provide a certified copy of a document(s) with this transfer request that clearly shows your full name, your signature, date of birth and residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER A
<p>ONE of the following documents only:</p> <ul style="list-style-type: none"> • current driver's licence issued under state or territory law • passport
OR B
<p>ONE of the following documents:</p> <ul style="list-style-type: none"> • birth certificate or birth extract • citizenship certificate issued by the Commonwealth • pension card issued by Centrelink that entitles the person to financial benefits <p>AND</p> <p>ONE of the following documents:</p> <ul style="list-style-type: none"> • letter from Centrelink regarding a government assistance payment • notice issued by Commonwealth, state or territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (such as Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a state or territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court.



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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 Portfolio Service Employer Superannuation (SPIN IOF0056AU)
- IOOF Portfolio Service Corporate Superannuation (SPIN IOF0072AU)
- LifeTrack Corporate Superannuation (SPIN AMG0065AU)
- LifeTrack Employer Superannuation (SPIN AMG0063AU)
- Financial Partnership Portfolio Service Employer Superannuation (SPIN IOF0067AU)

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 (Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 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 benefits to be transferred/rolled over to the Fund.

Julie Orr
General Manager Operations
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address: Reply Paid 264, Melbourne, VIC 8060
Phone: 1800 653 894
Fax: 1800 558 539
Email: clientservices@ioof.com.au

Step 3: Member/Applicant declaration and signature

* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

I understand that:

- I must be 18 years of age to complete a Binding Nomination
- the nomination must be in favour of one or more of my dependants or my Legal Personal Representative
- each dependant nominated must be my dependant at the date of nomination and at the date of my death
- the allocation of my benefit must be clearly set out
- 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 Binding Nomination in the presence of 2 witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my Binding Nomination will not be in effect until it has been received and accepted by the Trustee
- my Binding Nomination will expire 3 years after the date it is first signed or last confirmed or amended (confirmation of Binding Nomination form available at www.ioof.com.au)
- I can revoke my Binding Nomination at any time in accordance with the Trustee's procedures
- if my Binding 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
- it is my responsibility to ensure my Binding Nomination remains valid and current.

Member/Applicant signature

Please ensure that you sign and date this Binding Nomination form in the presence of 2 witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a beneficiary in this Binding Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Nomination form at the same time as you do and in each other's presence, otherwise your Binding Nomination will be invalid.

*Signature

*Date / /

Please complete Step 4: Witness declaration and signature below.

Step 4: Witness declaration and signature

* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Each witness must sign and date the Binding Nomination form in each other's presence and at the same time as the member, otherwise the Binding Nomination will be invalid.

I declare that I am at least 18 years of age, I have not been nominated as a beneficiary and that this Binding Nomination form was signed and dated by the member 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 signs) / /

Witness 2

*Surname

*Given name

*Witness signature 2

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

Please sign and return this form to:

Post: Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060
Email: clientservices@ioof.com.au
Fax: 1800 558 539
Enquires: 1800 000 137
Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524



1 October 2012

Non-Binding Death Benefit Nomination

Please complete this form to make or amend an existing Non-Binding Nomination. You should read the section 'Dependants – paying benefits if you die' in the Product Disclosure Statement before completing this Non-Binding Nomination form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

Step 1: Applicant details

* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

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

You must complete a separate Non-Binding Nomination form for each account that you hold.

Step 2: Nomination

Nomination status New nomination Amendment Revocation (do not nominate any beneficiaries)

* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

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

- To nominate one or more of your dependants complete Part A.
- To nominate a Legal Personal Representative complete Part B.
- To nominate both a dependant(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 nomination form and clearly state that the second form is a continuation of the first.

Step 3: Member/Applicant declaration and signature

* Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

I understand that:

- the persons nominated must be my dependants at the date of nomination and at the date of my death
- my Non-Binding Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee
- 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

Date / /

Please sign and return this form to:

Post: Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Fax: 1800 558 539

Enquires: 1800 000 137

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

Step 3: Change of contact details (if applicable)

Only complete this section if these details have changed.

New residential address

Address

Suburb State Postcode

New postal address (if different from residential address)

Address

Suburb State Postcode

New phone number(s)

Phone (bh) Phone (ah)

Phone (mobile)

Step 4: Change of preferred email address (if applicable)

Preferred email address

If you have previously registered to receive your communications about your investment electronically, by providing your new preferred email address you agree we will now send these communications to this updated email address.

Step 4: Member/Applicant declaration and signature

- I declare that the information provided on this form is true and correct.
- I have read, understood and consent to the collection, use, storage and disclosure of my personal information as described in the relevant Product Disclosure Statement and in the IOOF group Privacy Policy.

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.

Member/Applicant signature

Signature

Date / /

Please sign and return this form to:

Post: Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Fax: 1800 558 539

Enquires: 1800 000 137

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (such as Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- Chiropractor
- Dentist
- A legal practitioner, who is on the roll of the Supreme Court of a State or Territory or the High Court of Australia
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney

Other persons:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australia Diplomatic Officer (within the meaning of the Consular Fee Act 1955)
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - a in a country or place outside Australia; and
 - b authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - c exercising his or her function in that place
- Employee of the Commonwealth who is:
 - a in a country or place outside Australia; and
 - b authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - c exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961

- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - a an officer; or
 - b a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
 - c a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - a the Parliament of the Commonwealth; or
 - b the Parliament of a State; or
 - c a Territory legislature; or
 - d a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - a the Commonwealth or a Commonwealth authority; or
 - b a State or Territory or a State or Territory authority; or
 - c a local government authority; with 2 or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - a the Commonwealth or a Commonwealth authority; or
 - b a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy

This page has been left blank intentionally.

Step 2: Type of investment instructions

Please the type of investment instruction you wish to provide.

Instruction	Steps to read/complete (where applicable)
<input type="checkbox"/> New application Please nominate the amount for your Cash Account and establish your Investment Instructions.	Steps 3, 4(a), 4(c) and 7
<input type="checkbox"/> Additional contribution/deposit Provide a specific investment instruction for an initial/one-off contribution made by cheque.	Steps 4(a) and 7
<input type="checkbox"/> Change of existing investment strategy (re-weight* instruction) Provide a re-weight instruction for a full change of my investment options.	Steps 4(b), 4(c) if applicable and 7
<input type="checkbox"/> Standing instructions Establish or change my standing instructions.	Steps 4(c) and 7
<input type="checkbox"/> Term deposit Provide an instruction to invest in a term deposit.	Steps 4(a), 5 and 7
<input type="checkbox"/> Switch instruction Provide a switch (excluding a re-weight) instruction for my investment options and/or invest cash from my Cash Account into one or more investment options.	Steps 4(c) if applicable, 6 and 7

* Does not include term deposits.

Step 3: Investment instructions

Cash Account (compulsory for new applicants)

To allow sufficient funds to pay fees as they are due and to cover any insurance premiums/taxes (if applicable) from your account, a minimum amount is required to be maintained in your Cash Account. You must select from one of the two options below.

Standard minimum holding

Please note:

The minimum holding in your Cash Account must be the higher of:

- \$500

OR

- 2% of total account/portfolio value

PLUS

any payment obligations as described in the relevant PDS.

OR

Nomination of higher minimum holding

If you wish to nominate a higher minimum holding, please indicate this percentage

. %

Please note:

- We recommend you speak to a financial adviser prior to completing this section.
- If no selection is made for the Cash Account minimum on initial application, then the standard minimum holding, as described above, will apply.

Initial or additional contribution/deposit or change of existing investment strategy

Indicate the percentage allocation (%) for your initial or additional contribution/deposit (including rollovers and transfers) against your selected Easy Choice, Premier Investor Choice and Investor Choice investment options in the table in Step 4.

Please note: The total percentage allocation must equal 100% not including the minimum Cash Account requirements.

Standing instructions

Investment

Use the 'Investment' column in the table in Step 4(c) to indicate which investment option(s) you wish the excess cash in your Cash Account to be invested into.

Please refer to the relevant PDS for the process we follow when you do not provide us with a standing investment instruction.

Redemption

Use the 'Redemption' column in the table in Step 4(c) to indicate which investment option(s) you wish to redeem to top-up your Cash Account or in the event you request a one-off lump sum withdrawal* (in the absence of a specific instruction in this circumstance).

Please refer to the relevant PDS for the process we follow when you do not provide us with a standing redemption instruction.

* There are Government restrictions on withdrawals from a superannuation product.

Please note:

- Standing instruction proportions must be expressed as a whole percentage and the total must add up to 100%.
- Direct Share Choice investment options, annuity funds and term deposits cannot form part of your standing instructions.
- After submitting a switch, change of investment strategy request or a change to standing instructions, it may take up to ten business days to finalise.
- Where an investment option is no longer available (or if you have fully redeemed your holding in an investment option) and we have not received alternative investment instructions from you, the portion of your standing investment/redemption instruction relating to the unavailable (or fully redeemed) investment option will be reweighted in proportion against the remaining investment options you have nominated in your standing investment/redemption instruction. If there are no remaining investment options, your standing investment/redemption instruction will be deemed invalid, in which case contributions/deposits will remain in the Cash Account and the amount redeemed from each managed investment will be weighted in proportion to the balance of your investment options. Refer to the relevant PDS which explains this process in further detail.

Step 5: Term deposit details

Please indicate how the term deposit is to be opened:

By transfer(s) from other superannuation funds
 (Please ensure you complete and attach a 'Request to transfer a superannuation benefit form(s)').

OR

By cheque attached to this form.

AND/OR one of the following options (for existing members only)

Amount \$

Please ensure you have completed Step 4(a).

OR

Redeem funds using my existing nominated standing redemption instructions in place.

OR

Redeem funds from all of my existing investment options proportionately (excluding listed investments where applicable).

OR

Redeem funds from all of my existing investment options or from the Cash Account as per the instructions in the table below.

From

APIR code	Asset code	Name of investment option(s)	% 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"/>
Total			<input type="text"/>

Where you elect to redeem assets to open the term deposit, we will not purchase your term deposit until the proceeds from all redemptions necessary have been received into the Cash Account. Please ensure you have read the terms and conditions, which are outlined in the investment guide.

Step 7: Member/Applicant declaration and signature

In signing this Investment Authority, I direct the Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524, to process the transaction instructions specified in this form and I acknowledge the following:

- The Trustee provided me with the product disclosure statements or product guides (as applicable) for the underlying investment options I have selected via the IOOF website (www.ioof.com.au) and I agree to receive these product disclosure statements or product guides (as applicable) by obtaining them from the website.
- I have received (either from the IOOF website or from a financial adviser), read and understood the current Product Disclosure Statement (PDS) and any supplementary PDS for the relevant product and the current product disclosure statement or product guide (as applicable) of the underlying investment option(s) I have selected.
- I may not have the most current product disclosure statement and continuous disclosure information for an investment option when switches and/or further investments are made into the fund.
- I have either obtained financial advice from a licensed financial adviser concerning my investment option(s) or chosen not to seek such advice. I acknowledge that I understand the risks and effects of this transaction and take full responsibility for my choice of investment options, including the consequences of any switching instructions.
- I have read and understood the privacy information in the relevant PDS and consent to the collection, use, storage and disclosure of my personal information as described in the relevant PDS. I also acknowledge that a copy of the IOOF group Privacy Policy is available on the website (www.ioof.com.au) or can be obtained from the client services team on 1800 000 137.

If I have invested in term deposits:

- I have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the PDS.
- The Trustee provided me with the product guide for the underlying term deposit I selected via the IOOF website (www.ioof.com.au) and I agree to receive the product guide by obtaining it from the website.
- I have received (either from the IOOF website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying term deposit I have selected.
- I acknowledge that where this Investment Instruction for a term deposit is made at the same time as a new application for an IOOF product, this Investment Instruction will be processed before any other Investment Instruction in relation to my new account is processed.

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 our website (www.ioof.com.au)), 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 in (a) above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

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 and the proof of identity documents for the Attorney with this form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Member/Applicant signature

Signature

Date / /

Please sign and return this form to:

- Post:** Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060
Email: clientservices@ioof.com.au
Fax: 1800 558 539
Enquires: 1800 000 137
Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

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Step 3: Member/Applicant declaration and signature

In signing this Investment Authority (Form F), I direct the Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524, to process the transaction instructions specified in this form and I acknowledge that:

- I have received (either from the IOOF website or from a financial adviser), read and understood the current Product Disclosure Statement (PDS) and understand the Direct Share Choice investment option(s) I have selected.
- I have either obtained financial advice from a licensed financial adviser concerning my investment option(s) or chosen not to seek such advice. I acknowledge that I understand the risks and effects of this transaction and take full responsibility for my choice of investment options, including the consequences of any switching instructions.
- I have read and understood the privacy information in the relevant PDS and consent to the collection, use, storage and disclosure of my personal information as described in the relevant PDS. I also acknowledge that a copy of the IOOF group Privacy Policy is available on the website (www.ioof.com.au) or can be obtained from the client services team on 1800 000 137.

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 and the proof of identity documents for the Attorney with this form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Member/Applicant signature

Signature

Date / /

Please sign and return this form to:

Post: Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Fax: 1800 558 539

Enquires: 1800 000 137

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

Step 3: Regular Contribution Amount

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

Contribution type

<input type="checkbox"/> Personal contribution*	\$	<input type="text"/>
<input type="checkbox"/> Spouse contribution	\$	<input type="text"/>
<input type="checkbox"/> Total regular amount to be debited (minimum \$200)	\$	<input type="text"/>

* If eligible after each 1 July, a Section 290-170 ITAA notice will be forwarded to you for completion. You can only claim a tax deduction for your personal contributions after completing this form before you lodge your tax return, and receiving confirmation from us.

If the financial institution account details are not held solely in the name of the member, please refer to Step 6 for signatory requirements relating to third parties.

- 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 a Standing investment instruction in the Investment Authority form (Form E) (located in the Financial Partnership Portfolio Service Employer Superannuation Forms Booklet or available online at www.ioof.com.au) 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 a standing investment instruction is provided.

Step 4: Debit frequency

Monthly
 Quarterly
 Half-yearly

Step 5: 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"/>

I/We, the holder(s) of the above account, authorise and request the Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021 (Debit User ID 032105) until further notice in writing, 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 (DDRSA) as amended from time to time. This authority allows the debiting of amounts payable by the member under the agreement between the customer and IIML.

Step 6: Member/Applicant declaration and signature

I/We acknowledge that I/we have read and understood the privacy section in the relevant Financial Partnership Portfolio Service Product Disclosure Statement (PDS). I/We consent to the collection, use, storage and disclosure of my/our personal information as provided in this form and understand that if I/we do not provide the information requested, IOOF may not be able to process any direct debits requested.

Note for third party

If the financial institution account in Step 5 is held in the name of the member and a third party, or third party/ies only, the third party/ies must also sign under the heading 'Third party' below.

A third party is a person/company/employer who is not the member of the IOOF Portfolio Service Superannuation Fund that this direct debit arrangement relates to.

If the third party is a company, please ensure that the form is 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.

Signatory

Surname

Given name

Signature

Date

 / /

Third party 1

Surname

Given name

Title (if applicable)

Signature

Date

 / /

Third party 2

Surname

Given name

Title (if applicable)

Signature

Date

 / /

Common seal (of company) if required

Please sign and return this form to:

Post: Financial Partnership Portfolio Service,
Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Fax: 1800 558 539

Enquires: 1800 000 137

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

Direct Debit Request Service Agreement (DDRSA)

Please retain this service agreement for your records.

Direct Debit Request facility

- In addition to making one-off contributions, you have the opportunity to 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, AFS Licence No. 230524, (Debit User ID 032105) to make regular monthly, quarterly or half-yearly 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 through BECS is not 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.

Our service commitment

This agreement outlines our service commitment to you in respect of the DDR arrangements made between you and IIML.

It also sets out your rights and responsibilities.

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

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 if the 28th is not a business day, in accordance with the frequency you have nominated. If you are uncertain as to when a deduction will be made, please contact us.

IIML may, in its absolute discretion, by giving 14 days notice in writing to you:

- suspend or terminate the drawing arrangement, and/or
- change the operation of your DDR facility.

Your rights

Changes to the arrangement:

- You may stop or defer an individual debit or cancel or suspend your DDR arrangement by giving written instructions to IIML. If you suspend your DDR arrangement you may restart it by giving written instructions to IIML.
- You may alter payments by forwarding to us, a new DDR form from our website or a current Financial Partnership Portfolio Service Forms Booklet.
- We will endeavour to act upon your request within 5 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 our client services team on 1800 000 137, email us at clientservices@ioof.com.au or write to us at:

**Financial Partnership
Reply Paid 264
Melbourne VIC 3001**

Complaints

If you have a complaint or dispute in relation to your DDR arrangement, you should contact the Manager, Customer Care on 1800 000 137, or the relevant financial institution. IIML will consider and deal with the complaint within 90 days of receiving details of your complaint. If our investigations show that your Account has been incorrectly debited, we will arrange for the financial institution to adjust your account accordingly. We will also notify you in writing of the amount by which your Account has been adjusted.

If, following our investigations, we believe on reasonable grounds that your Account has been correctly debited, we will respond to your query by providing you with reasons and copies of any evidence for this finding.

If we cannot resolve the matter, you can still refer it to your financial institution, which will obtain details from you of the disputed payment and may lodge a claim on your behalf.

Confidentiality

All information held by IIML in relation to your DDR arrangement will be kept confidential by us, except where:

- such information is required to be provided to IIML's financial institution to initiate, change or cancel your drawing arrangement
- disclosure is required or authorised by law
- the bank may require such information to be provided in the event of a claim or relating to an alleged incorrect or wrongful debit
- 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 account details are correct
- 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.

IIML will notify you if your debit is dishonoured or rejected.

We may, with 14 days 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.

Where the designated bank account is that of a third party (typically your employer), it is your responsibility to advise IIML to cease deductions on that account if contributions from that account are to cease (typically, when you leave the service of that employer). No refund of overpaid contributions will be made if we are not advised to cease deduction of contributions from a third party account.

Fairness

If any provision of this DDRSA is found to be illegal, void or unenforceable for unfairness or any other reason (for example, if a court or other tribunal or authority declares it so), the remaining provisions of this DDRSA will continue to apply to the extent possible as if the void or unenforceable provision had never existed.

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

Please complete Step 2 to apply for, or increase/decrease your existing Death or Death and TPD cover.

	Fixed dollar cover		Fixed premium cover per week (such as \$1, \$2, other)
<input type="checkbox"/> Total Death cover	\$ <input type="text"/>	OR \$	<input type="text"/>
<input type="checkbox"/> Total Death and TPD cover	\$ <input type="text"/>	OR \$	<input type="text"/>

Please note: TPD cover is unavailable without Death cover. You must apply for Death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of Death cover.

Step 3: Income protection cover

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

No (go to Step 4)
 Yes

Please note: Maximum benefit for income protection cover is 75% of your Salary or \$25,000 per month, whichever is the lesser.

Specify cover required (mandatory information)

Income level (% of your Salary) 50% 66²/₃% 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, limited to the actual level of contribution made)

See the **IPS insurance in your employer super guide (IPS.18)** for more information.

Step 4: Health and medical history – personal health statement

Please complete questions 1 to 5

1. Name and address of your usual doctor

2. Details of last medical consultation with your usual doctor

Date / /

Reason for your last medical consultation

Outcome/Results of your last medical consultation

3. If you have attended that doctor for less than 12 months, name and address of previous doctor

4. (a) Within the LAST FIVE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist or any other health care professional (naturopath, etc.) or been in a hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquilisers? Yes No
- (b) Have you EVER had an ECG, X-ray, transfusion, mammogram, surgery or any other investigation? Yes No
- (c) Have you EVER had any blood tests which revealed an abnormality eg raised blood sugar, liver function, renal function results, or anaemia, etc? Yes No
- (d) Do you contemplate seeking any medical examination, advice, treatment or surgery, in the future? Yes No

Please provide full details for all 'Yes' answers for Questions 4 (a), (b), (c) and (d)

Question	Dates (from/to)	Name and address of doctor, hospital or clinic	Condition, medications, treatment and time off work	Recovery %

Please attach a separate sheet if there is insufficient space.

5.1 Have you ever had, been advised that you had, or received advice or treatment for any of the following:

- (a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder? Yes No
- (b) Bowel, stomach or intestinal problem, gallbladder or liver disease? Yes No
- (c) Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks? Yes No
- (d) Depression, anxiety, panic attacks, stress, chronic fatigue or any mental or nervous condition? Yes No
- (e) Diabetes, sugar in urine, pancreatic or thyroid problem? Yes No
- (f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind? Yes No
- (g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis? Yes No
- (h) Impairment of sight, hearing or speech? Yes No
- (i) Asthma, bronchitis, any lung complaint? Yes No
- (j) Leukaemia, haemochromatosis, any blood problems? Yes No
- (k) Kidney, bladder problems? Yes No
- (l) Psoriasis, eczema, any skin problem? Yes No
- (m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? Yes No
- (n) To the best of your knowledge, do you, or any of your current or past sexual partners, have HIV/AIDS, or are you experiencing any unexplained night sweats or unintentional weight loss, or do you/have you engaged in any activity/ies reasonably accepted as having an increased risk of exposure to the virus? Yes No

Females only

- (o) Have you ever had gynaecological conditions (eg endometriosis, abnormal pap smear, etc.)? Yes No
- (p) Have you ever had any complications of pregnancy or childbirth? Yes No
- (q) Are you currently pregnant? If 'Yes' when is the expected delivery? Date / / Yes No
- (r) Have you ever had a breast lump (even if you have not seen a doctor about it)? Yes No

5.2 Please give details of your family history

Immediate family member	Living immediate family member			Deceased immediate family member	
	Current age	Current state of health		Age at death	Specify cause of death
		Specify current state of health	Age at diagnosis of any illness or disease (if any)		
Mother					
Father					
Sisters					
Brothers					

5.3 Have any of your immediate family (living or deceased) suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental problems or breakdown, haemophilia, Huntington's Chorea, Parkinson's Disease, Alzheimer's or Dementia, Multiple Sclerosis or any hereditary disease? Yes No

If 'Yes', please provide full details

Step 5: Additional medical information

Please provide details for all 'Yes' answers in 5.1 (a) to (r). Please place the question number with the Yes answer at the top of the column (such as 5.1(a) and then respond to question (1) to (13) in the column 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.

Questions	Question no	Question no	Question no	Question no
Please select the relevant question (on pages 37 and 38) with a Yes answer, (such as 5.1 (a)) and place to the right at the top of the column.				
Specific condition	Specific condition	Specific condition	Specific condition	Specific condition
Please state your specific condition to the right.				
(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.				

Step 6: Additional details

- 6.1** Is this an application to increase your existing insurance? Yes No
- 6.2** Have you ever held or applied for any life, disability, accident and sickness or trauma insurance, that was declined, postponed, premium increased or modified, or had a current policy cancelled or renewal refused? Yes No
- 6.3** Have you claimed, or are you eligible to claim on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation, another insurance policy or Motor Vehicle Third Party? Yes No
- 6.4** Do you have, or are you applying for, any other life or disability cover? Yes No

If 'Yes' to 6.2, 6.3 and/or 6.4, please provide full details below

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

- 6.5** Do you drink alcohol? Yes No

If Yes, state type and daily quantity

- 6.6** Have you smoked in the last 12 months? Yes No

If Yes, state type and daily quantity

- 6.7** Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs? Yes No

If 'Yes', please provide full details

- 6.8** Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger travelling over recognised routes), motor racing, diving, football, parachuting, hang-gliding or any other extreme sport? Yes No

If 'Yes', please complete Step 7

- 6.9** Do you intend travelling outside Australia within the next 2 years? Yes No

If 'Yes', please provide details below (where, when, duration and reason)

Step 8: Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* to disclose to the Trustee and the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer or Trustee before you apply:

- to vary your existing insurance cover;
- for new cover; or
- for any lapsed cover to be reinstated.

Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer
- is common knowledge
- the Insurer knows or, in the ordinary course of their business, ought to know
- the Insurer has waived.

Your duty of disclosure continues until the insurance cover has been accepted by the Insurer and confirmation is issued to the Trustee.

If you do not, or the Trustee on your behalf does 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.

If the Insurer is entitled to avoid insurance cover, it may elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

If your non-disclosure, or the Trustee's non-disclosure on your behalf, is fraudulent, the Insurer may avoid your cover at any time.

Step 9: Privacy statement

The way in which IOOF 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 ABN53 006 695 021 (IIML) and TAL Privacy Policies available at <http://www.ioof.com.au/privacy> (IIML) and <http://www.tal.com.au/en/privacy.aspx> (TAL) or on request.

IIML and TAL may collect and use your personal information (including health and financial 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 products and services.

Generally individuals are entitled to access information held about them by IIML and TAL unless there is a legal exemption. Information about privacy legislation is available at www.oaic.gov.au the Office of the Australian Information Commissioner.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 000 137 or TAL:

Telephone: 1300 209 088

Fax: +61 02 9465 2065

Write to: TAL Life Limited, PO Box 142, Milsons Point NSW 1565

Step 10: Member/Applicant declaration and signature

- I, the applicant, acknowledge that I have read the notice explaining my duty of disclosure in Step 5 and understand that this duty also applies until formal notification of acceptance by the Insurer. 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 and any supplementary application 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 above, and consent to my personal information (including health and sensitive 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 health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If I provided you with information about another person, I understand to advise them that:
 - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy policies
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.

Member/Applicant signature

Signature

Date / /

Please sign and return this form to:

Post: Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Facsimile: 1800 558 539

Enquires: 1800 000 137

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524



Creating financial independence since 1846

To whom it may concern

Certificate of compliance

IOOF Portfolio Service Superannuation Fund (ABN 70 815 369 818), incorporating:

- Financial Partnership Portfolio Service Personal Superannuation (SPIN IOF0069AU)
- Financial Partnership Portfolio Service Employer Superannuation (SPIN IOF00676AU)

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund ('the 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 (IOOF), ABN 53 006 695 021;
- 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
 - employer Superannuation Guarantee contributions to be made to the Fund
 - benefits to be rolled over or transferred to the Fund.

Julie Orr
General Manager Operations
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address: Reply Paid 264, Melbourne, VIC 8060
Phone: 1800 000 137
Fax: 1800 558 539
Email: clientservices@ioof.com.au

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Financial Partnership Portfolio Service

Contact us

Postal address

Client Services
GPO Box 264
Melbourne VIC 3001

Telephone

1800 000 137

Fax

1800 558 539

Email

clientservices@ioof.com.au

Website

www.ioof.com.au

Trustee

IOOF Investment Management Limited
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Melbourne VIC 3000