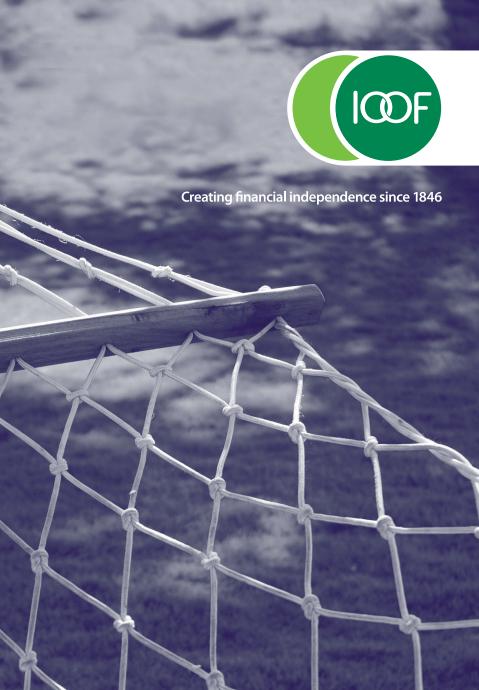
# Financial Partnership Portfolio Service



# Financial Partnership **Portfolio Service** Employer Superannuation

Member forms booklet

Dated: 1 October 2012

ssuer: 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	<ul> <li>You need to complete this form to indicate:</li> <li>in which investment option(s) you wish to invest</li> <li>how you want to establish your investment instructions.</li> <li>You may also need to complete this form if you wish to:</li> <li>switch from one investment option to another or to re-weight your portfolio</li> <li>switch cash from your Cash Account to one or more investment options</li> <li>change your Investment Instructions.</li> </ul>
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.

1 1	
Title (Dr/Mr/Mrs/Ms/Miss)	Surname Surname
Given name(s)	
Mailing address	
Suburb	State     Postcode
Phone (bh)	Phone (ah)
Phone (mobile)	Fax
Email	
Date of birth	/     /     Tax file number*

#### Step 1: Your personal details

\* 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.



## 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			 		 												 
ABN (if known) Account/membership number																	
Address									1								
Suburb								1		Sta	ate		Pos	stco	de		
Phone									 								
Name of previous employer (if applicable)																	
Date left employer (if applicable)		/		/													

#### 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
		,	Dute

Please sign and return this form by post to:

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

Enquiries:1800 000 137Fax:1800 558 539

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

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.

#### 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**

#### ONE of the following documents only:

- current driver's licence issued under state or territory law
- passport

#### OR B

#### ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

#### AND

#### ONE of the following documents:

- 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 Om

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

# Financial Partnership **Portfolio Service** – Form B



Creating financial independence since 1846

1 October 2012

# Binding Death Benefit Nomination

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

You must complete a separate 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 direct the Trustee to pay my benefit in accordance with the following direction:

- 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.

#### Part A: Dependants

#### Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)				*Surna														
(1/ 1011/ 1011 5/ 1015/ 101155)		-		Juiila										1				
*Given name(s)																		
*Residential address																		
*Suburb Mailing address (if different from above)										*Sta	ite		*Po	stco	de			
Suburb										Sta	ite 🔄		Po	stco	de			
Phone (bh)								Ph (mo	one bile)									
Email																		
*Date of birth		/	/				7				*Gende		М	ale			male	
*Relationship to member	SI	oouse	De	facto sp	oouse	2	Chi	ild			eraepe ationsh	ndency ip				ncial enda	nt	
*Percentage of benefit				%														
Dependant 2																		
Title (Dr/Mr/Mrs/Ms/Miss)				*Surna	me													
*Given name(s)																		
*Residential address																		
*Suburb Mailing address (if different from above)										*Sta	ite		*Po	stco	de L			
Suburb									lone	Sta	ite 🔄		Po	stco	de			
Phone (bh)								(mo										
Email																		
*Date of birth		/					7				*Gende	er ndency	М	ale		Fei ncial	male	
*Relationship to member	SI SI	oouse	De	facto sp	oouse		Chi	ild			ationsh					enda	nt	
*Percentage of benefit				%														

Dependant 3																											
Title (Dr/Mr/Mrs/Ms/Miss)					]	1	*Su	rnar	ne																		
*Given name(s)																											
*Residential address															1						1						
*Suburb Mailing address (if different from above)																*St	ate				*Po	stco	de				
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Phone (bh)								]						Pho nob						]				]			
Email						1					1													1			
*Date of birth			/			/						1				lint		nde		<i></i>	M	ale			ema	ale	
*Relationship to member		Spo	ouse	2		De	fact	to sp	ous	e		Ch	ild					epen nshij		СУ			1	ianci peno			
*Percentage of benefit							%																				
Dependant 4																											
Title (Dr/Mr/Mrs/Ms/Miss)					]		*Su	rnar	ne																		
*Given name(s)																											
*Residential address															1												
*Suburb Mailing address (if different from above)																*St	ate				*Po	stco	de				
Suburb																St	ate				Po	stco	de				
Phone (bh)														Pho nob													
Email						1																					
*Date of birth			/			/						1				1.		nde			M	ale			ema	ale	
*Relationship to member		Spo	ouse	2		De	fact	to sp	ous	e		Ch	ild					epen nshij		су				ianci peno			
*Percentage of benefit							%																				
Part B: Legal Persona	al Re	epro	ese	nta	ativ	'e																					
Legal Personal Represer	ntativ	/e																									
Percentage of benefit				] .			%																				
If the percentage to be paid to be allocated to your depe																	ire tł	nat t	ne to	otal a	amo	unt d	of be	nefi	t		
Total of PART A and PART B							%																				
The percentages nominated Non-Binding Nomination.	in St	tep 2	mu	st ac	d u	p to	1009	% or	you	ır Bir	nding	g No	min	atior	ר wil	l be	inva	alid, a	and	will b	be tr	eate	d as	а			

PLA-5040

## 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.

\*Date

#### 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

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 2

#### Witness 1

*Surname	*Surname
*Given name	*Given name
*Witness signature 1	*Witness signature 2
*Date witnessed (must be same date the member signs)	*Date witnessed (must be same date the member signs)
Please sign and return this form to:	
Post:Financial Partnership Portfolio Service, Reply Paid 264, MelboEmail:clientservices@ioof.com.auFax:1800 558 539	urne, VIC 8060
Enquires: 1800 000 137 Trustee: IOOF Investment Management Limited, ABN 53 006 695 021,	AFS Licence No. 230524

# Financial Partnership **Portfolio Service** – Form C



Creating financial independence since 1846

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)				+	•Suri	nam	еL													
*Given name(s)																				
*Residential address																				
														7		[				
*Suburb											*Sta	ite 🗋		Pc	stco	de				
Mailing address																				
(if different from above)																				
														]		[				
Suburb											Sta	ite 🗋		] Pc	stco	de l				
		Γ							F	Phone							[			
Phone (bh)									(m	obile)										
Email																				
		, [		, [															ſ	
*Date of birth		′ [										*Ge	ender	Μ	ale		F	ema	le L	
						_ [		_ [												
Account number (if known)								_ [												

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 a	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.

#### Part A: Dependants

#### Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)				1	*Surnar	ne												
*Given name(s)																		
*Residential address																		
*Suburb Mailing address (if different from above)											*Sta	ite		_ *Pc	stco	de _		
Suburb											Sta	ite 🔄		Pc	stco	de		
Phone (bh)									Pn (mol	one pile)								
Email																		
*Date of birth		/		] /				٦		[		*Gende	er ndency	Μ	ale	Fina	male	
*Relationship to member	Sp	ouse		De	facto sp	ouse	e	Ch	ild			ationsh				dep		
*Percentage of benefit					%													
Dependant 2																		
Title (Dr/Mr/Mrs/Ms/Miss)				1	*Surnar	ne												
*Given name(s)																		
*Residential address																		
*Suburb Mailing address (if different from above)											*Sta	ite		*Pc	stco	de		
Suburb										one	Sta	ite 🔄		Pc	stco	de		
Phone (bh)									(mol									
Email				1														
*Date of birth		/		] /				٦				*Gende	er ndency	Μ	ale	Fina	male	
*Relationship to member	L Sp	ouse		De	facto sp	ouse	e	Ch	ild			ationsh				dep		
*Percentage of benefit			·		%													

Dependant																											
Title (Dr/Mr/Mrs/Ms/Miss)							*Su	rnar	ne																		
*Given name(s)																											
*Residential address															1												
*Suburb Mailing address (if different from above)															]	*Sta	ate				*Po	stco	de				
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*Relationship to member		Sp	ouse			De	fact	io sp	ous	e		Ch	ild					peno Iship		-У				oenc			
*Percentage of benefit							%																				
Dependant 4																											
Title (Dr/Mr/Mrs/Ms/Miss)							*Su	rnar	ne																		
*Given name(s)																											
*Residential address															1												
*Suburb Mailing address (if different from above)																*Sta	ate				*Po	stco	de				
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Email											1																
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*Relationship to member		Sp	ouse			De	fact	io sp	ous	e		Ch	ild					peno Iship		сy				anci penc			
*Percentage of benefit							%																				
Part B: Legal Persona	l Re	epr	ese	nta	tiv	е																					
Legal Personal Represer	itativ	/e																									
Percentage of benefit							%																				
If the percentage to be paid to be allocated to your depen																	re th	at th	e to	tal a	moi	unt (	of be	nefi	t		
								-	, ,	-			- 1-	-	. ,												
Total of PART A and PART B				·			%																				
The percentages nominated	in St	ep 2	mu	st ad	ld up	o to í	1009	%.																			

## 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

		/				
Data		· ·		l '		
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

# Financial Partnership **Portfolio Service** – Form D



Creating financial independence since 1846

1 October 2012

# Change of personal details

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

#### Step 1: Your current personal details (as recorded by us)

Account number (if known)						- [		-								
Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnan	ne									
Given name(s)																
Date of birth		/		/												

#### Step 2: Change of name details (if applicable)

Only complete this section if your name has changed.

We require supporting documentation to action your request.

#### New name

Title (Dr/Mr/Mrs/Ms/Miss)				Su	ırnar	ne									
Given name(s)															

Please enclose one of the following proof of change of name documents (please tick appropriate box(es)):

A certified copy of your marriage certificate

A certified copy of your change of name certificate

A certified copy of your marriage certificate and Decree Nisi (Divorce Papers)

AND one of the following primary identification documents issued in your new name:

A certified copy of your driver's licence issued under State or Territory law

A certified copy of your passport

For name changes, a certified copy of the original documents will need to be provided. A 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 (eg Justice of the Peace, Police Officer, etc) and date.

## Step 3: Change of contact details (if applicable)

Only complete this section if these details have changed.

New residential address																							
Address															1								
Suburb																Sta	ate		Po	stco	de		
New postal address (if diff	eren	t fro	om r	esid	lenti	ial a	ddre	ess)															
Address																							
Suburb																Sta	ate		Po	stco	de		
New phone number(s)																							
Phone (bh)					]			]					] Pho	ne (i	ah)								
Phone (mobile)					]				]				]										
Step 4: Change of	pr	efe	erre	ed e	em	ail	ad	dr	ess	(if a	appl	icab	ole)										
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

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# Financial Partnership **Portfolio Service** – Form E



Creating financial independence since 1846

1 October 2012

# Investment Authority

#### Please note:

Where the applicant/member fails to clearly advise the Trustee of the investment option(s) for their contributions, these monies will be invested in the default fund specified by your employer or the Trustee's default investment strategy advised in the relevant product disclosure statement.

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

#### Account type

Financial Partnership Pc	inancial Partnership Portfolio Service Personal Superannuation												
Financial Partnership Portfolio Service Employer Superannuation													
Status of applicant/member													
New member													
Existing member		Account number (if known)											
Applicant/member details													
Title (Dr/Mr/Mrs/Ms/Miss)		Surname											
Given name(s)													
Mailing address													
Suburb				State	Postcode								
Phone (bh)			Phone (ah)										
Phone (mobile)			Fax										
Email													
Date of birth													

# Step 2: Type of investment instructions

#### Please $\checkmark$ the type of investment instruction you wish to provide.

Instru	iction	Steps to read/complete (where applicable)
	<b>New application</b> Please nominate the amount for your Cash Account and establish your Investment Instructions.	Steps 3, 4(a), 4(c) and 7
	<b>Additional contribution/deposit</b> Provide a specific investment instruction for an initial/one-off contribution made by cheque.	Steps 4(a) and 7
	<b>Change of existing investment strategy</b> (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
	<b>Standing instructions</b> Establish or change my standing instructions.	Steps 4(c) and 7
	<b>Term deposit</b> Provide an instruction to invest in a term deposit.	Steps 4(a), 5 and 7
	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 4: Please add your investment instructions

Please find a list of investment options at (www.ioof.com.au), under Documents (in the top right hand corner), Legacy products (on the left hand side), Financial Partnership Portfolio Service, Financial Partnership Portfolio Service Employer Superannuation, Forms, Investment Authority. Then write down your investment selections along with the relevant APIR code and percentage allocation.

#### Please note: The total percentage allocation in each column must equal 100% not including the minimum Cash Account requirements and the percentage allocation must be in whole figures.

APIR code	Easy Choice, Premier Investor Choice and	Asset	Step 4(	a)	Step 4(b)	Step 4(c)			
	Investor Choice investment options	code	tial or adc		Change of	Standing instructions			
			ition/dep tment ins	osit (specific struction)	investment strategy (re-weight)	Investment	Redemption		
			\$ OR	%	%	%	%		
			\$ OR	%	%	%	%		
			\$ OR	%	%	%	%		
			\$ OR	%	%	%	%		
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			\$ OR	%	%	%	%		
			\$ OR	%	%	%	%		
	Adelaide Bank 6 month Term Deposit		\$ OR	%	PI	ease ensure ye	ou		
	Adelaide Bank 12 month Term Derpost		\$ OR	%		omplete Step			
TOTAL			\$ OR	%	%	%	%		

Must add up Must add up Must add up to 100% if to 100% if to 100% if to 100% if completed completed completed

## Step 5: Term deposit details

Please indicate how the term deposit is to be opened:

6	By transfer(s)	from	other	superanni	Jation	funds

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

0	R

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

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

#### OR

 $\perp$ 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
			Total

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 6: Switch instructions

I wish to switch between the Easy Choice, Premier Investor Choice and Investor Choice investment options as indicated below::

FROM		% of investment option OR \$ amount of
Name of investment option(s)	APIR code	investment option
то		% of investment option OR \$ amount of

Name of investment option(s)	APIR code										investment option				

\* Please ensure that the total amount is equal to 100%.

Please note: switch requests cannot be finalised until proceeds from all redeemed investment options have been deposited into your Cash Account. You may incur a buy/sell spread or capital gains tax when switching between investment options.

## 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:

- a 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)
- b 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
- c 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	n and return this form to:					
Post: Email: Fax:	Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 806 clientservices@ioof.com.au 1800 558 539	0				
•	1800 000 137 IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence N	No. 230524				

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# Financial Partnership **Portfolio Service** – Form F



Creating financial independence since 1846

1 October 2012

# Direct Share Choice Investment Authority

#### **Investment limits**

A minimum of \$5,000 must be transacted for each parcel.

You may invest up to 80% of your account balance in listed investments and no more than 30% in any one company share.

#### **Direct share fees**

Please note that brokerage of \$45.65 applies to each order to buy or sell a listed investment.

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

#### Step 1: Your personal details

#### Appicant/member details

Title (Dr/Mr/Mrs/Ms/Miss)			Surna	ame								
Given name(s)												
Account number (if known)					 -							
Date of birth	/	/										

#### Step 2: Please add your Direct Share Choice investment selections

Please find a list of investment options at www.ioof.com.au, under Documents (in the top right hand corner), Legacy Products (on the left hand side), Financial Partnership Portfolio Service, Financial Partnership Portfolio Service Employer Superannuation, Forms, Direct Share Investment Authority. Then write down your investment selections along with the relevant ASX code and order.

Asset No.	ASX code	Direct Share Choice investment options	Buy (✔)	Sell (✔)	Number of shares	At market price (✔)	OR	At maximum (buy)/ minimum (sell) price \$

## 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 Please sign	and return this form to:	Date / / /	
Post: Email: Fax:	Financial Partnership Portfolio Service, Reply Paid 264, Melbourne, VIC 8060 clientservices@ioof.com.au 1800 558 539	0	
-	1800 000 137 IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence N	No. 230524	

# Financial Partnership **Portfolio Service** – Form G



Creating financial independence since 1846

1 October 2012

# Direct Debit Request (DDR)

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

#### Step 1: Your personal details

Account number (if known)		-	ME	] -							
Title (Dr/Mr/Mrs/Ms/Miss)		Surnar	ne 🗌								
Given name(s)											

#### Step 2: Type of instruction

Depending on the type of instruction(s) you wish to give to IOOF, please  $\checkmark$  tick the applicable box(es) and follow the relevant steps.

This is:

igA new direct debit request. Please complete all steps below.

Please indicate	the commenceme	ent date of the	e first payment

2 8 / /	
---------	--

Please note that applications to establish a direct debit must be received at least five business days before the 28th of the month to ensure that your deduction is processed that month. If an application is not received within these timeframes, it will be processed either that month or the following month (and then continue regularly according to the frequency you selected).

#### OR

An alteration to an existing direct debit request:

Change to regular contribution amount. Please complete Steps 3 and 6.

#### AND/OR

Change to debit frequency. Please complete Steps 4 and 6.

#### AND/OR

Change to your nominated account with a financial institution. Please complete Steps 5 and 6.

#### OR

Cancellation of a direct debit request. Please complete Step 6.

## 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:

Personal contribution*	\$
Spouse contribution	\$
Total regular amount to be debited (minimum \$200)	\$

\* 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																
Branch																
Address																
Suburb										State		Pos	stco	de		
Account name																
BSB		- [		/	Ассон	unt r	numl	ber								

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**

Surn	ame	<u>j</u>								
Give	n na	me								
Title	(if a	ppli	cabl	e)						
Sign	atur	e								
Date	2					 	 			
		/			/					

#### Common seal (of company) if required

Please sign and	l 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.

# Financial Partnership **Portfolio Service** – Form H



Creating financial independence since 1846

#### 1 October 2012

# Tax file number (TFN) notification

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

#### Step 1: Your personal details

Account number (if known)					-		_										
Title (Dr/Mr/Mrs/Ms/Miss)					Surna	me											
Given name(s)																	
Address																	
Suburb										Sta	ite		Pos	stco	de		
Date of birth		/		/													
Step 2: Tax file nur	nbe	r															
Tax file number			[		_												

#### Step 3: Member declaration

- I have a read and understood all the circumstances in which the trustee may use my TFN.
- I understand the purposes for which IOOF may use my TFN, as explained below.
- I acknowledge that I have read and understood the privacy information under the IOOF group Privacy Policy available on the website www.ioof.com.au which can also be obtained from the client services team on 1800 000 137. I consent to the collection, use, storage and disclosure of my personal information as provided

in this form and understand that if I do not provide the information requested, IOOF may not be able to process this tax file number notification.

#### Member/Applicant signature

Signature



#### TFN notification – important information

#### What if IOOF does not hold your TFN?

If we do not hold your TFN, by law we will be unable to accept contributions from you. This includes all spouse contributions and personal contributions (as all personal contributions are treated as not deductible until you notify the trustee to change their status to deductible). If you make personal or spouse contributions and have inadvertently not provided the trustee with your TFN, the contributions will not be credited to your account and must be refunded to you within 30 days (less any permissible deductions) unless you provide your TFN in the meantime.

#### What will IOOF use your TFN for?

Under superannuation law, IOOF as trustee is required to ask you for your TFN. If you provide your TFN to us, we will only use it for legal purposes such as providing it to the ATO for the purpose of calculating any excess contributions tax, providing it to another superannuation provider if your account balance is rolled over (unless you ask us not to), identifying your superannuation benefits where other information is insufficient or calculating tax on benefit payments you may be entitled to. It may also be difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts. These purposes may change in future.

#### What if you do not want to provide your TFN?

It is not an offence if you do not provide your TFN to us, but the tax consequences of not doing so include that you will pay more tax on your super and we will be unable to accept contributions from you.

# For more information, please contact us or the ATO Superannuation Helpline on 13 10 20.

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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# Financial Partnership **Portfolio Service** – Form I



Creating financial independence since 1846

1 October 2012

# Application for insurance

#### Incorporates personal health statement

This form should also be used to change any existing insurance you may have EXCLUDING any retail insurance cover. To apply for or vary any retail insurance cover, you must contact your financial adviser.

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

#### Step 1: Applicant details Account number (if known) Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Email / Date of birth Are you an Australian resident? Yes No cm Female Height Weight kg Gender Male If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance. Phone Phone (bh) (mobile) Best time to call until **Occupation details** Employer's name Occupation Annual salary/remuneration package (gross)1 Ś Salary/remuneration package (gross) - comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of 'salary/remuneration package', see the relevant insurance guide Employment status Full-time Hours worked per week Less than 15 hours\* Part-time Hours worked per week 15 hours and over Casual/contractor Other

\* To be eligible to apply for income protection you must be employed and working 15 hours or more per week.

Please provide details of your daily duties and the percent of time doing each (such as clerical, light manual, counter sales, manual work, etc.)

Description of your duties (eg Clerical)	Percentage of time spent (%) (eg 50%)
1.	
2.	
3.	
4.	
5.	
6.	

## 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)
Total Death cover \$		OR \$	
Total Death and TPD cover \$		OR \$	

**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% 66 <sup>2</sup> / <sub>3</sub> % 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 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

### Financial Partnership Portfolio Service | Application for insurance

No

No

No

Nc

Yes

Yes

Yes

- **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?
  - (b) Have you EVER had an ECG, X-ray, transfusion, mammogram, surgery or any other investigation?
  - (c) Have you EVER had any blood tests which revealed an abnormality eg raised blood sugar, liver function, renal function results, or anaemia, etc?
  - (d) Do you contemplate seeking any medical examination, advice, treatment or surgery, in the future?

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

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

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
(I)	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.)?
- (p) Have you ever had any complications of pregnancy or childbirth?
- (q) Are you currently pregnant? If 'Yes' when is the expected delivery? Date
- (r) Have you ever had a breast lump (even if you have not seen a doctor about it)?

### 5.2 Please give details of your family history

Immediate		Living immediate family me	Deceased immediate family member						
family member	Current age	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

No

No

No

No

Yes

Yes

Yes

Yes

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.				

- 6.1 Is this an application to increase your existing insurance?
- **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?
- **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?
- 6.4 Do you have, or are you applying for, any other life or disability cover?

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

Yes	No
Yes	No
Yes	No
Yes	No

Name of Insurer	Cover type	Sum Insured	Date of applicatiom	Accepted/loaded/ exclusion/declined	To be replaced (Yes/No)
6.5 Do you drink alcohol	?	1	1		Yes No
If Yes, state type and dail	v quantity				

6.6 Have y	vou smoked ir	h the last 12	months?

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?

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

Yes

Yes

No

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)

6.11 Do you hold an Australian Permanent Resident's Visa?

Yes	No
Yes	] <sub>No</sub>

If 'No' to either 6.10 or 6.11, please provide details of your residency

### Step 7: Sports and pastimes statement

Complete sections of this Step as appropriate to your circumstances.

(a) Scuba or skin divi	ng
Specify diving qualification held	
Dive history	
Average depth	metres     No. of dives pa
Maximum depth	No. of dives pa
Do you use explosives while diving?	No Yes
Give details	
Do you dive in caves, potholes or wrecks?	No Yes
Give details	
Do you intend to change the scope of your diving activities?	No Yes
Give details	
Please specify additional info	ormation you think we may need to know. Include details of any injuries you have suffered.

### (b) Specify motorsport and type of vehicle

Motorsport											
Vehicle											
					Maxim	um					
Engine size					spe	eed					
Period											
Type of competition	Amateur	Profe	essional	No	. of races	ра					
Specify type of events, categ	ories or racing.										

Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

### (c) Football

Code of game played										
such as rugby union/league, soccer										
Type of competition	Amateur	Professional	No.	of times pa						
Please specify additional inf					v iniuries	vou hav	e suffere	ed.		
					,,	)			 	
(d) Mountain climbi	ng/abseiling/	caving								
Specific type of activity										
Location where activity										
is conducted										
Type of activity	Indoor	Outdoor	No.	of times pa						
Please specify additional inf	formation you thin	k we may need to kr	now. Include	details of an	y injuries	you hav	e suffere	ed.		
(e) Other activities (s	such as boxing, sl	kiing, bungy jumpi	ng, sky divin	g)						
Specific type of activity										
Type of competition	Amateur	Professional	No.	of times pa						
Please specify additional inf	formation you thin	k we may need to kr	now. Include	details of an	y injuries	you hav	e suffere	ed.		
Specific type of activity										
Type of competition	Amateur	Professional	No.	of times pa						
Please specify additional inf	formation you thin	k we may need to kr	now. Include	details of an	y injuries	you hav	e suffere	ed.		
Consider type of activity										
Specific type of activity									 <u> </u>	
Type of competition	Amateur	Professional	No.	of times pa						
Please specify additional inf	formation you thin	k we may need to kr	now. Include	details of an	y injuries	you hav	e suffere	ed.		

### 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

		/		/		
<b>D</b> =+=		/		/		
Jale						

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

# Financial Partnership **Portfolio Service** – Form J



Creating financial independence since 1846

1 October 2012

## Super Choice – Fund Nomination

Financial Partnership Portfolio Service Personal Superannuation | Financial Partnership Portfolio Service Employer Superannuation

If you would like IOOF Portfolio Service Superannuation Fund to become your chosen fund, please provide the completed form and Certificate of compliance to your employer. Do NOT send this form to IOOF Portfolio Service Superannuation Fund.

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

### Step 1: Employee/Member details

Title (Dr/Mr/Mrs/Ms/Miss)								
Given name(s)								
Street address								
Suburb	State Postcode							
Employer number								
Date of birth	Gender Male Female							
Step 2: Fund details								
Financial Partnership Portfolio Service Personal Superannuation Financial Partnership Portfolio Service Employer Superannuation								
Fund ABN:       70 815 369 818         Telephone:       1800 000 137         Fund address:       GPO Box 264, Melbourne VIC 3001         Email:       clientservices@ioof.com.au								
Account number (if known) The attached 'Certificate of compliance' confirms that the IOOF Portfolio Service Superannuation Fund is a complying fund that								
meets the requirements of the Superannuation Industry (Supervision) Act 1993 as may be amended or replaced from time to time.								

### Step 3: Member signature

For the purpose of s.32F of the Superannuation Guarantee (Administration) Act 1992, I request that all future Superannuation Guarantee contributions made on my behalf by my employer, be made to my chosen fund as set out in Step 2.

Signature	Date	/	/		
Jighatare					

### Step 4: Employer method of payment

There are a number of ways your employer can make contributions to your chosen fund:

• Payment by cheque

The cheque should be made payable to 'IOOF – member's full name and/or account number'. With the cheque please attach:

- The member's name and account number;
- How much of the cheque comprises Superannuation Guarantee (SG) contributions, other employer contributions (eg salary sacrifice) and/or personal contributions. Without detailed information we will assume that all employer contributions are SG contributions.
- Payment by BPAY®.

Your employer can make the contributions to the Fund by BPAY®. This facility is only available if your nominated financial institution offers this service. Each type of contribution has a separate Biller Code for identification purposes.

### The Biller Codes are:

Superannuation Guarantee	172304											
Spouse Contributions	172338											
Salary Sacrifice	212944											
Personal Contributions	172320											
Other Employer Contributions	5 172296.											
Customer reference number												
(CRN) for Bpay® purposes						 						

(available on your Statement of Membership)

\* Registered to BPAY Pty Ltd ABN 69 079 137 518



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 Om

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 806						
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

OOF Investment Management Limitec ABN 53 006 695 021 AFS Licence No. 230524

**Registered address** Level 6, 161 Collins Street Melbourne VIC 3000