

Creating financial independence since 1846

Pursuit Select

IOOF **Pursuit Select** Investment Service

Forms Booklet

Dated: 1 July 2015

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How to get started

In this guide you will find out about:

- the forms included in this booklet
- the steps you need to follow to set up your account
- how to make additional deposits to your account (once it has been set up) using BPAY®.

Which forms to complete

Form name	Form letter	When to complete this form
Application for Investment Service	Form A	 You need to complete this form if you wish to set up a new account and to: indicate which investment option(s) you wish to invest in how you want to manage your income distributions your preferred top up cash option how you want to establish your Investment Instructions.
Fee Aggregation Application	Form B	You need to complete this form if you wish to apply for Fee Aggregation.
Direct Debit Request (DDR)	Form C	You need to complete this form if you wish to set up a Regular Savings Plan.

Before you complete any forms, please ensure you have read the Offer Document. If you require further information or any assistance in completing the forms, please contact our client services team on 1800 062 963 or your financial adviser. Please note that our client services team is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your account

Once you have read the Offer Document and discussed your investment strategy with your financial adviser (if applicable), you are ready to set up your account.

How to set up your account	
Step 1	Complete the Application (Form A) and all other forms that are relevant to you.
Step 2	Make your cheque payable to:
	IPS – IOOF Pursuit – [your full name or account number]
	For example, if your name is Robert Brown, your cheque should be made payable as follows:
	IPS – IOOF Pursuit – Robert Brown
Step 3	Attach your cheque to your Application, and post the Application and all other completed forms to the following address:
	IOOF Pursuit Reply Paid 264 Melbourne VIC 8060

We will send you an Investor Schedule, normally within seven business days of joining, confirming your personal details and Investment Instructions.

BPAY details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	Enter the biller code: 172312
Step 3	Enter the Customer Reference Number (CRN) for your account and the deposit amount. A CRN will be allocated to you upon you joining the Service and will be communicated to you in your Investor Schedule.
Step 4	Record the receipt number provided for your transaction. Please keep this for your personal records.

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IOOF Pursuit Select – Form A

Creating financial independence since 1846

1 July 2015

Application for Investment Service

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

If you are an existing investor, please provide your client number.

Client number

Step 1: Applicant details

You will need to complete certain sections of this Application depending on your investor type.

What part of Step 1 do I need to complete?

Complete Part A if you are: Complete Part B an Individual Investor'; or if you are a Joint Investors Company ²	Complete Part C if you are a Trust (including a Family or Charitable Trust, Deceased Estate, or an account set up for a Minor Child) ²	Complete Part B (a), (b) and (h) only if you are an 'Other ² investor' such as a Partnership, Associate (such as Incorporated/ Unincorporated club/ body), Registered Co-operative or Government Entity then go straight to Step 2
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1 Individual Investors include individuals acting for themselves or as sole traders.

2 New applicants from this category will also need to complete a separate client identification form. For a copy of the applicable form, please contact our client services team on 1800 062 963 or visit our website (www.ioof.com.au).

Part A - Individual or Joint Investors

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

Title (Dr/Mr/Mrs/Ms/Miss)				Surna	me 🗌												
Given name(s)																	
This section must be complet	ted. Not	e: PO Bo	x can on	ly be pro	ovided	below	und	er 'M	lailir	ng ad	ddre	ss'.					
Residential address																	
Suburb											Stat	te 📃		Pos	stcode		
Mailing address (if different from above)																	
Suburb										Г	Stat	te		Pos	stcode		
Phone (bh)								Phor	ne (a	h) [
Phone (mobile)									Fa	ax L							
Email																	
Date of birth		/	/									Gen	der	Ma	ale 🗌	Female	
Occupation																	
Industry of occupation																	

Are you an Australian resident for tax purposes?

Yes If no, country If no, country No of residence
Are you a United States citizen or resident for tax purposes? No (go to next question) Yes Please provide your United States Tax Identification Number (TIN)
If you have answered YES to the above question you must complete and send in an FSC identification form (available from our website) together with this Application.

For Sole Traders only

Please also complete this sec	tion	if yo	ou ar	e an	Indi	vidu	al In	vest	or ap	oply	ring a	as a :	sole	trad	er:												
Business name (if applicable)																											
Australian Business Number (ABN)] –				-] -																
If different from residential ac	ddre:	ss ab	ove	. PO	Box	not	acce	pteo	d.																		
Business address																											
Suburb																Sta	ite				Po	stco	de				
(b) Investor 2 (for Joint Inve	esto	rs or	nly)																								
Title (Dr/Mr/Mrs/Ms/Miss)]		Su	rnar	ne																		
Given name(s)																											
This section must be comple	ted.	Note	e: PC) Box	k car	n onl	y be	pro	vide	d b	elow	unc	der 'N	Mailii	ng a	ddre	ess'.										
Residential address																											
Suburb Mailing address (if different from above)																Sta	ite				Po	stco	de				
Suburb																Sta	ite				Po	stco	de [
Phone (bh)]		1								Pho	ne (a	ah)												
Phone (mobile)														F	ax												
Email																											
Date of birth			/			/											(Geno	ler		Ma	ale		F	emal	e	
Occupation																											
Industry of occupation																											
Are you an Australian residen	t for	tax	purp	oose	s?																						
Yes If no, country																											
No of residence																											
Are you a United States citiz	n)																										
Yes Please provide you	ur Ur	nited	i Sta	tes T	ax lo	denti	ficat	ion l	Num	nber	r (FIN	1)															
If you have answered YES to together with this Applicati		e abo	ove	ques	tion	you	mus	st co	mpl	ete	and	seno	d in a	an FS	SC id	lenti	ficat	ion f	form	n (ava	ailab	le fro	om o	ur w	'ebsit	e)	
Operating your account	0.01)erat	o th	e 20		nt an	d bi	nd th		ther		ıt Inv	(Actor	or for	· fut	Ire †	rang	activ	ne l	'inclu	ıdin	hs n	ditio	nali		mer	

switches and withdrawals) please tick this box.

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the home page of our website. You can only register for this service after you have received a client number.

Part B – Companies or Other Investors

If you are investing as a:

Domestic Company, please complete applicable sections below.

Foreign Company (domiciled in Australia), please complete subsection (a) only (below).

 \perp 'Other Investor' as described in Step 1, please complete subsections (a), (b) and (h) only (below).

You will also need to complete a separate client identification form. For a copy of the relevant FSC identification form, please contact our client services team on 1800 062 963 or visit our website.

(a) Company/Entity details

Registered name														
of company/entity														
Australian Company		_		_										
Number (ACN)						OR								
Australian Registered Body] _ [
Number (ARBN) (if applicable)] - [
Foreign registration number] _ [
(if unregistered in Australia)														
Registered business														
address														
Suburb							(State		F	Postco	bde		
Country (if applicable)														
Principal business address														
(if different from above)														
Suburb							(State		F	Postco	bde		
Country (if applicable)														
Industry in which														
company operates														

(b) Please list Directors/Officeholders/Partners full names (as applicable)

Director/Officeholder/Part	ner 1										I	I	I	1	I	1	1		I	
Title (Dr/Mr/Mrs/Ms/Miss)						Sui	rnan	ne												
Given name(s)																				
Director/Officeholder/Part	ner 2														 	 		 	 	
Title (Dr/Mr/Mrs/Ms/Miss)						Sui	rnan	ne												
Given name(s)																				
Director/Officeholder/Part	ner 3																			
Title (Dr/Mr/Mrs/Ms/Miss)						Sui	rnan	ne												
Given name(s)																				
Director/Officeholder/Part	ner 4																			
Title (Dr/Mr/Mrs/Ms/Miss)						Sui	rnan	ne												
Given name(s)																				
(c) Is the company regu	lated?	,																		
Yes			lease	spe	cify re	egul	lator	· (su	ch as	5 ASI	IC, A	PRA)							
Regulator																				
Licence number																				

8

No

(d) Is the company liste	d wi	th t	he As	SX?																						
No																										
(e) Is the company a ma	ijori	ty o	wnec	l su	bsi	dia	ry of	a lis	ted	con	npa	ny?														
Yes	lf ye	s, pl	ease p	rovic	de n	iam	e of th	e list	ed c	omp	any	:			-	-				-						
No (go to sub-section (f	F))																									
(f) Company type																										
Public																										
Private/Proprietary	lf a p	orop	orietary	con	npa	ny,	compl	ete s	ub-s	ectio	on (g	g) be	low.													
(g) For proprietary com	pan	ies	– plea:	se lis	st fu	ll na	ames a	nd a	ddre	esses	of s	hare	hold	lers	who	OW	n ma	ore t	han	25 p	er ce	ent c	of the	e cor	mpa	iny
Shareholder 1	ele (Dr/Mr/Mrs/Ms/Miss)																									
Title (Dr/Mr/Mrs/Ms/Miss)							Surna	ime																		
Given name(s)																										
Note: PO Box not accepted									1	_		1	1				1		1							
Residential address														1												
Suburb]	Sta	ate				Po	stco	de				
Country of residence																										
Shareholder 2		1		_										1	1	1		1								
Title (Dr/Mr/Mrs/Ms/Miss)							Surna	ime																		
Given name(s)																										
Note: PO Box not accepted									1		1	1	1				1									
Residential address																										
Suburb]	Sta	ate				Po	stco	de				
Country of residence																										
Shareholder 3				_								1		1	1		1									
Title (Dr/Mr/Mrs/Ms/Miss)							Surna	ime																		
Given name(s)																										
Note: PO Box not accepted																										
Residential address														1												
Suburb															Sta	ate				Po	stco	de				
Country of residence																										

Shareholder 4														
Title (Dr/Mr/Mrs/Ms/Miss)			Surna	me										
Given name(s)														
Note: PO Box not accepted	 	 			 	 	 						 	
Residential address														
Suburb							Sta	te 🔄		Pos	stco	de		
Country of residence														

(h) Contact Person

A Contact Person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss)			Suri	name													
Given name(s) Mailing address (if different from above)																	
Suburb								Г	State			P	ostco	de			
Phone (bh)						 Phor	ie (a	h) [
Phone (mobile)							Fa	ax									
Email																	
Date of birth	/	/								Gend	er	Ν	Nale		Fei	male	

- All future notices and correspondence will be forwarded to the Contact Person
- The Contact Person must be one of the signatories on the account
- If the Contact Person is intended to have authority to transact on the account, on behalf of the company/entity, Step 17: Representative appointment must be completed. Conditions applying to the appointment of a representative are detailed in the Offer Document.

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the homepage of our website. You can only register for this service after you have received a client number.

Part C – Trusts (Trust with a Corporate Trustee or Individual Trustees)

You will also need to complete a separate client identification form. For a copy of the relevant FSC identification form, please contact our client services team on 1800 062 963 or visit our website.

a) Full name of the Trust

(b) Full business name (if any) of the trustee in respect of the Trust	
(c) Country of establishment of Trust	

(d) Type of Trust

Managed Investment Sch	eme																									
Registered (provide /	٩RSN	if reg	jister	red)																						
ARSI	N																									
OR																										
Unregistered																										
Regulated Trust (such as a	Self N	Mana	ged	Sup	eran	nuat	ion	Fund	d)																	
Name of regulator (such as ASIC, APRA, ATO)																										
Registration number	ion fi																						1	<u> </u>	<u> </u>	
Government superannuat	lon IU																									
fund is established																										
Other Trust type (such as	family	, cha	ritab	ole, d	ecea	sed	esta	ite o	r mi	nor c	hild)														
Please specify																										
Note for Trustees:																										
• For Trusts with a Corpora	te Tru	ıstee	<u>,</u> cor	mple	te su	ıbse	ctio	n (e)	-i b	elow	and	subs	sect	ion ((f), if	app	olical	ole.								
• For Trusts with Individual	Trus	tees,	, plea	ase c	omp	lete	sub	sect	ion	(e)-ii	belo	ow ar	nd s	ubse	ectic	on (f	[:]), if a	ppli	cabl	e.						
• All trustees must sign the	Appl	icant	: dec	clarat	ion i	n Ste	ep 1	8.																		
e) Details of Trustee(s)/Co	ntac	t Pe	rsoi	n (co	mpl	ete e	eithe	eri –	Co	rpora	ite Ti	ruste	e O	R ii -	- Ind	livid	lual 1	rust	ee(s) onl	y)					
i – Corporate Trustee																										
Company name																										
Contact Person				_																						
Title (Dr/Mr/Mrs/Ms/Miss)						Su	irna	me																		
Given name(s)																										
Mailing address																										
Suburb															Sta	ate				Po	ostco	ode				
Phone (bh)												Pho	ne (ah)												
Phone (mobile)]	F	ax												
Email																										
Date of birth		/			/												Gen	der		N	lale		,	Fem	ale	

ii – Individual Trustee(s)

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

Trustee 1 ³																				 					
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnan	ne																
Given name(s)																									
This section must be comple	ted.	Note	e: PC) Box	can	onl	y be	pro	vide	d ur	nder	'Ma	iling	add	ress'										
Residential address																									
Suburb Mailing address (if different from above)																Sta	te			Pos	stco	de			
Suburb																Sta	te			Po:	stco	de			
Phone (bh)													Pho	ne (a	ah)										
Phone (mobile)														F	ax										
Email			1																						
Date of birth			/			/											C	Gend	er	Ma	ale		F	ema	le
Occupation																									
Industry of occupation																									
Country of residence																									
Trustee 2	[1																							
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnan	ne																
Given name(s) Note: PO Box not accepted																									
Residential address																									
Suburb																Sta	te			Pos	stco	de			
Country of residence																									
Trustee 3	[
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnan	ne																
Given name(s)																									
Note: PO Box not accepted																									
Residential address																									
Suburb																Sta	te			Pos	stco	de			
Country of residence																									

3 All future notices and correspondence will be sent to the **Identified Trustee** (Trustee #1 for Individual Trustees) or the **Contact Person** (Corporate Trustee). The Identified Trustee or the Contact Person must be a signatory on the account. If the Identified Trustee or the Contact Person is intended to have authority to transact on the account on behalf of all trustees/signatories, Step 17 'Representative appointment', must be completed. Conditions applying to the appointment of a representative are located in the Offer Document.

Trustee 3			7																 	
Title (Dr/Mr/Mrs/Ms/Miss)					Surna	me														
Given name(s)																				
Note: PO Box not accepted																		-	 	
Residential address																				
Suburb												Sta	te			P	ostco	ode		
Country of residence																				
Trustee 4																				
Title (Dr/Mr/Mrs/Ms/Miss)					Surna	me														
Given name(s)																				
Note: PO Box not accepted																		1	 	
Residential address																				
Suburb												Sta	te			P	ostco	ode		
Country of residence																				
(f) Beneficiary details –	to be co	ompleted	d only	if 'Ot	her Tr	rust t	vpe' v	was se	electe	ed in	subs	ectic	on (d)	abo	ve					
Do the terms of the Trust idea													(0)	2.00						
	iny the	DENENCI	ianes l	Jy Tel	erenc	.e i0	menn	DEL21	10 01		22:									

Yes	If yes, please provide details of the beneficiary membership class/es (such as	s unit holders, family members
	of named person or charitable purpose).	
Class of membership		
Class of membership		
Class of membership		
Class of membership		
No	If no, please provide the following beneficiary details	
Beneficiary 1		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname Surname	
Given name(s)		
Note: PO Box not accepted		
Note. I O box not accepted		
Residential address		
Suburb	State	Postcode
Country of residence		
Country of residence		
Beneficiary 2		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname Surname	
Given name(s)		
Note: PO Box not accepted		
Note. 1 0 box not accepted		
Residential address		
Suburb	State	Postcode
Country of residence		

Beneficiary 3																
Title (Dr/Mr/Mrs/Ms/Miss)			Sur	nan												
			Jui	Tiali	ie i						 					
Given name(s)																
Note: PO Box not accepted	 	 						 				 				
Residential address																
Suburb									Sta	ite (Po	stco	de		
545415								,								
Country of residence																
Beneficiary 4	 	 			ſ	 	 	 				 				
Title (Dr/Mr/Mrs/Ms/Miss)			 Sur	nan	ne						 					
Given name(s)																
Note: PO Box not accepted																
Residential address																
Suburb									Sta	ite [Po	stco	de		
Country of residence																

IOOF Portfolio Online registration: To register for IOOF Portfolio Online, please complete the online Application form by clicking on the login button on the homepage of our website. You can only register for this service after you have received a client number.

Step 2: Margin lending

Is any of your investment amount being provided by a margin lender?

____ No (go to Step 3)

____ Yes

Please ensure your margin loan is from an IOOF approved margin lender. For details of approved margin lenders please call our client services team on 1800 062 963.

Loan account number														
Margin lender										, [/		
authorised signatory 1		 		 	 		[Date				<u> </u>		
Full name														
Loan account number														
Margin lender authorised signatory 2							[Date		/		/		
							[Date		/		/		
authorised signatory 2								Date		/		/		
authorised signatory 2								Date		/		/ [
authorised signatory 2								Date		/		/		

Step 3: Initial deposit details

The minimum initial deposit is \$10,000 OR \$2,500 with a Regular Savings Plan. Please complete Part A below if your initial deposit is made by cheque. Please complete Part B below if your initial deposit is made by transfer from an existing IOOF investment service account.

Part A – Initial deposit made by cheque

Ś

Initial deposit

Please make cheque payable to: IPS - IOOF Pursuit - [your full name or account number]

Part B – Transfer from an existing IOOF investment service account

Please complete this section if you are transferring from any of these IOOF investment service accounts:

- IOOF Pursuit Core Investment Service
- IOOF Portfolio Service Investments
- IOOF Portfolio Service Wholesale Investments
- Bendigo Financial Solutions Personal Investments
- Financial Partnership Portfolio Service Investments

Account number (if known)				-		_		

By providing your account number and by signing the Applicant declaration in Step 18, you authorise the transfer of the balance (in full or in part) from your existing IOOF investment service account into your new IOOF Pursuit Select Investment Service account.

Please complete the Investment Instructions form (available from our website) if you wish to provide a Re-weight Instruction for your investment options.

Investment options not available in your IOOF Pursuit Select Investment Service will be redeemed and invested in the Cash Account until you provide us with Investment Instructions.

Step 4: Automatic Distribution Facility (optional)

Do you wish to set up an Automatic Distribution Facility to withdraw accumulated income distributions from your Cash Account and pay them into your nominated account with your financial institution?

___ No (go to Step 5)

Yes

Please complete the financial institution details in Step 6.

Please transfer accumulated income distributions to my/our nominated account:

Quarterly
Half-yearly

The Automatic Distribution Facility will run on the 20th day of the month (or next business day) following the end of the relevant quarter or half-year and distributions will remain in the Cash Account until the date of payment. Any amounts less than \$200 will be held in your Cash Account until the next payment period.

Step 5: Regular Withdrawal Plan (optional)

Do you wish to set up a Re	egular Withdrawal Plan?
No (go to Step 6)	
Yes	Please complete the financial institution details in Step 6.
	To utilise this facility you must nominate a minimum regular withdrawal of \$200.
Commence regular withdrawals from	
	Monthly
	Quarterly
Regular withdrawal amount required	\$

Regular withdrawals will be paid out of your Cash Account on the 1st day of the month or the nearest business day after, according to the frequency you selected; and Regular withdrawals may not be paid if there is insufficient cash in your Cash Account to meet the regular withdrawal amount.

Step 6: Financial institution details (optional)

Financial institution															
Branch															
Account name															
BSB		_		A	.ccol	int n	umb	ber [

Step 7: Tax File Number (TFN) or Australian Business Number (ABN) notification

Before providing your TFN/ABN please ensure you read the 'Tax Office notifications' section in the Offer Document, which outlines important information regarding the collection of your TFN/ABN. An ABN may be used as an alternative to a TFN if your investment is undertaken by a business.

Part A – Individual/Joint Applicants/Companies/Trusts or Other Investors

Applicant 1

									 	 	 	 	 	 · · · ·	 	 	
TFN OR ABN																	
OR															 		
I authorise IOOF to use th	ho T	ENLO	Nr ADA	Lalr	a di	vbold	on fi										
	ne i	FIN C	DI ADI	N alle	au	y neid i	JULI	ie.									
OR I choose not to disclose r	my T	FN (or AB	N.													
OR																	
I am not an Australian re	side	nt fc	or tax	purp	oose	es.											
				· ·													
Country of residence																	
OR																	
I claim an exemption from	m qı	uotii	ng my	/ TFN	۱or	ABN.											
Reason for exemption																	
Applicant 2 (for joint appli	cant	s or	nly)														
TFN OR ABN OR															<u> </u>		
	-						c										
I authorise IOOF to use the OR	he I	FN C	or ABN	l alre	ead	y held	on fi	le.									
I choose not to disclose i	my T	FN (or AB	N.													
I am not an Australian re	side	nt fc	or tax	purp	oose	es.				 					 	 	
Country of residence																	
OR																	
I claim an exemption from	m ai	uotii	na m	/ TFN	l or	ABN											
	9			,		, (D1 1.											
Reason for exemption																	

Step 8: Investment Instructions – Primary and Initial

Please note:

- Please ensure that the Primary Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must be whole numbers and add up to 100%.
- For a full list of investment options available for selection within IOOF Pursuit Select go to our website and select from the IOOF Pursuit Select Investment Service investment guide (PSI.11) and list your selections in the space provided on the next page.
- To ensure your investment option selections are processed correctly please add the correct APIR code along with the name of the investment option.
- Where you supply an Initial Instruction in Step 8(b), this Instruction only applies to a contribution made by cheque attached to this form OR the Initial deposit details noted in your Application.

APIR code	Asset	Name of investment option(s)	Step 8(a)	Step 8(b)				
	code		Primary Instruction		nent Instruction rimary Instruction)			
-	CA0001	Cash Account (mandatory)	MANDATORY %	\$ MANDATORY	OR MANDATORY			
Easy Choice								
IOOF Diversif	ied Multi – (Conservative						
IOF0094AU	UU1154	IOOF MultiMix Capital Stable Trust	%	\$	OR			
IOF0095AU	UU1148	IOOF MultiMix Conservative Trust	%	\$	OR			
IOOF Diversif	ied Multi –	Balanced						
UFM0051AU	UU1417	IOOF MultiMix Moderate Trust	%	\$	OR			
IOF0090AU	UU1105	IOOF Multi Series Balanced Trust	%	\$	OR			
IOF0093AU	UU1149	IOOF MultiMix Balanced Growth Trust	%	\$	OR			
IOOF Diversif	ied Multi –	Growth						
IOF0097AU	UU1147	IOOF MultiMix Growth Trust	%	\$	OR			
IOOF Sectora	l Multi – Ca	sh						
AUX0021AU	UU1471	IOOF Cash Management Trust	%	\$	OR			
IOF0091AU	UU1153	IOOF MultiMix Cash Enhanced Trust	%	\$	OR			
IOOF Sectora	l Multi – Fix	ed Interest						
IOF0096AU	UU1152	IOOF MultiMix Diversified Fixed Interest Trust	%	\$	OR			
IOOF Sectora	l Multi – Au	stralian Shares						
IOF0092AU	UU1150	IOOF MultiMix Australian Shares Trust	%	\$	OR			
IOOF Sectora	l Multi – Glo	bal Shares						
IOF0098AU	UU1151	IOOF MultiMix International Shares Trust	%	\$	OR			
Please list you	ur investme	nt options as selected from the IOOF Pursuit Select Investment S	service investmer	t guide (PSI.11)				
			%	\$	OR			
			%	\$	OR			
			%	\$	OR			
			0/	\$	00			
			%	Ş	OR			
			%	\$	OR			
			%	\$	OR			
			%	\$	OR			
			%	\$	OR			
					OR			

APIR code	Asset	Name of investment option(s)	Step 8(a)	Step 8(b)					
	code		Primary Instruction		ent Instruction imary Instruction)				
			%	\$ C	DR %				
			%	\$ C	DR %				
			%	\$ C	DR %				
			%	\$ C	DR %				
			%	\$ (DR %				
			%	\$ C	DR %				
Total			%	\$ C	DR %				

If % used, must add up to 100% including the Cash Account allocation

Step 9: Income distributions

I/We direct the Service Operator to manage any income distributions that I/we receive from my/our investment option(s) as follows:

Re-invest (default option)

Re-invest 100% of the income distributions back into the same managed investment that made the income distribution. This is the default option, which means it will apply automatically even if a selection is not made.

OR

Retain in Cash Account

Leave all income distributions to accumulate in my/our Cash Account.

OR Distribution Instruction

Income distributions are to be invested in accordance with my/our Primary Instruction in Step 8(a), or

Income distributions are to be invested in accordance with my/our Distribution Instruction specified in the table below.

APIR code

Asset code														
С	А	0	0	0	1									
L														

lame of investment option(s)	(must be in whole numbers)
Cash Account	

Total

Must add up to 100% including the Cash Account allocation

% allocation

If you select the 'Distribution Instruction' as your re-investment/distribution method but do not provide a Distribution Instruction in the above table, income distributions will be invested in accordance with your Primary Instruction.

OR

Automatic Distribution Facility

Pay all accumulated income distributions to my/our nominated bank account below.

Please transfer accumulated income distributions to my/our nominated bank account:

Quarterly
Half-yearly

Financial institution

Financial institution																
Branch																
Account name																
BSB		_			A	ccol	unt n	umł	oer (

The Automatic Distribution Facility will run on the 20th day of the month (or next business day) following the end of the relevant quarter or half-year and distributions will remain the Cash Account until date of payment and any amounts less than \$200 will be held in your Cash Account until the next payment period.

Step 10: Cash Account top-up

If the balance in your Cash Account is likely to fall below zero in the next seven days, you authorise the Service Operator to top up the balance to the minimum Cash Account requirement of 1% of your account balance.

If you would like to set a higher minimum Cash Account requirement, please specify the percentage amount here:

%

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the option you have selected below:

Highest balance (default option)

Redeem funds from the managed investment with the highest balance.

This is the default option, which means it will apply automatically even if a selection is not made.

OR

Pro-rata

Redeem funds across all managed investments according to the proportion invested in each managed investment.

OR

Pecking order

Redeem funds from my managed investment(s) according to a prioritised list specified below.

If you selected the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time. Please note, you can not include listed investments, annuity funds, term deposits or investments with extended redemption periods.

Pecking order	APIR code	Asset code	Name of investment option(s)
1			
2			
3			
4			
5			
6			
7			

Step 11: Direct Share Choice opt-in (optional)

If you wish to elect to invest in listed investments available in Direct Share Choice through your IOOF Pursuit Select Investment Service account, you must sign and date below the following declaration.

By signing below I/we declare that:

- I/We elect to invest in listed investments available under the Direct Share Choice and agree to incur the Listed Security Administration Fee charged by the Service Operator, together with the fees and charges incurred to buy or sell listed investments as described in the Offer Document.
- I/We have read, understood and agree to be bound by the terms and conditions, investment limits, order rules, dividend reinvestment plan and corporate action requirements and other listed investments information set out in the IOOF Pursuit Select Investment Service investment guide (PSI.11).

Signature	Date] /		/		

Please ensure you have provided your email address on the first page of this Application or below:

Fmail														
Email		 			 									

If you opt-in to invest in listed investments through IOOF Pursuit Select Investment Service, you must supply an email address and also register for Portfolio Online. When your Application is accepted you will receive a client number. Use this client number to register for Portfolio Online by clicking on the login button on the homepage of our website. Once you complete the online Application form we will send you an email allowing you to create your own password.

Step 12: Regular Savings Plan and BPAY Instruction (optional)

Would you like to set up a Regular Savings Plan and BPAY Instruction that is different to your Primary Instruction?

____ No

I/We acknowledge that my/our deposits will be invested in accordance with my/our Primary Instruction.

OR

____ Yes

I/We would like all my/our deposits received via a Regular Savings Plan or BPAY to be invested in accordance with my/our Regular Savings Plan and BPAY Instruction specified in the table below.

APII	APIR code												
										С			

Asset code													
С	А	0	0	0	1								

Name	Name of investment option(s)													
Cash	Accou	nt												

The percentage allocation against the Cash Account must be at least the default minimum or the higher percentage nominated in your Primary Instruction (if applicable).



% allocation (must be in whole numbers)

Step 13: Term deposit details (optional)

Please select the term deposit provider:



National Australia Bank

Please select the timeframe of the term deposit to be opened:

\$

6 months	OR	12 months
----------	----	-----------

Amount of term deposit

Step 14: Financial adviser remuneration

- The default value for each investor advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Where you agree to an investor advice fee, please ensure you sign the 'Investor advice fees' declaration in Step 18.
- Asset-based fees cannot be charged where geared or borrowed funds have been used to invest. This means a percentage-based investor advice fee cannot be charged where you have borrowed funds through a margin lending facility. This restriction also applies where any other borrowed funds have been used to invest, in any form.

(1) Investor Advice Fee – Upfront

The Investor Advice Fee – Upfront does not apply to transfers of investments from an existing IOOF investment service account into IOOF Pursuit Select Investment Service.

You can agree to nominate a different Investor Advice Fee – Upfront for each of the following types of deposits:

Up to a maximum of 5.5% (inclusive of GST) of each deposit.

Initial or additional (one-off) deposits received by cheque

Deposits received through a Regular Savings Plan/BPAY

(2) Investor Advice Fee – Ongoing

The available fee options are:

(a) Percentage based fee options – flat percentage **or** tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance.

OR

Tiered percentage fee

- Up to a maximum of 2.2% pa (inclusive of GST) can be applied to the amount for each tier.
- Each subsequent tier percentage must be less than the previous tier percentage.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 5 tiers.

		Amount	% pa (inclusive of GST)
Tier 1	Nil to	\$	
Tier 2	Next	\$	
Tier 3	Next	\$	
Tier 4	Next	\$	
Tier 5	Next	\$	

AND/OR

(b) Flat dollar fee

Up to a maximum of \$1,500 per month (inclusive of GST)

_____ per month (inclusive of GST)

(inclusive of GST)

%

%

(inclusive of GST)

% per annum (inclusive of GST)

IOOF **Pursuit Select** | Forms booklet

(inclusive of GST)

% per annum (inclusive of GST)

per request

(3) Investor Advice Fee - One-Off

Up to a maximum of \$11,000 (inclusive of GST).

(4) Investor Advice Fee – Licensee

The available fee options are:

(a) Flat percentage fee

Up to a maximum of 1.1% per annum (inclusive of GST) of your account balance.

OR

(b) Tiered percentage fee

• Up to a maximum of 1.1% pa (inclusive of GST) can be applied to the amount for each tier.

\$

- Each subsequent tier percentage must be less than the previous tier percentage.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 5 tiers.

		Amount	% pa (inclusive of GST)
Tier 1	Nil to	\$	
Tier 2	Next	\$	
Tier 3	Next	\$	
Tier 4	Next	\$	
Tier 5	Next	\$	

\$

0	R

(c) Flat dollar fee

Up to a maximum of \$750 per month (inclusive of GST)

per month (inclusive of GST)

(5) Investor Advice Fee – Transaction (listed investments)

Up to a maximum of \$110 (inclusive of GST) per order.

Listed Investment Buy

Listed Investment Sell

\$	per order	(inclusive of GST)
\$	per order	(inclusive of GST)

Step 15: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

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

Financial adviser details

Dealer name													
Financial adviser name													
Contact name													
AFS license number						Fina	adv num						

If you are a new financial adviser⁴ to IOOF please also complete the following details:

Business name						
Business address						
Suburb				State	Postcoc	le
Mailing address (if different from above)						
Suburb				State	Postcoc	
Phone (bh)			Phone (mobile)			
Fax			Fax			
Email Internal client reference						
number (if applicable)						

4 An email notifying you of your new financial adviser number will be forwarded to your office shortly.

Declaration by financial adviser

In submitting this Application form:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence.
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the Offer Document.
- I confirm that fees and commissions have been fully explained to the applicant.
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law:
 - I have attached the necessary proof of identity documents with this Application.
 - I have sighted and retained copies of the necessary proof of identity documents as recorded on the next page in the proof of identity table.
 - Where my client has indicated they are a United States citizen or resident for tax purposes in Step 1, I enclose the appropriately completed FSC form.
 - Where the Applicant is anything other than an individual or joint investor I enclose the appropriately completed FSC form.

Record of proof of identity (ID) ⁵	ID document 1	ID document 2
Verified from	Original Certified copy	Original Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	N/A Sighted	N/A Sighted

5 For further information on the types of proof of identity which can be attached or verified and retained, please refer to the proof of identity requirements section at the end of this application form. It also includes a list of persons authorised to certify copies of original documents.

Step 16: Electronic communications (optional)

If you wish to receive communications from us (as Service Operator) electronically, you consent to receive the following communications via Portfolio Online which can be accessed through the IOOF website.

Please ensure you have provided your email address on the first page of this Application or below:

Email														

Then, select one of the following options in relation to the communications you consent to receive electronically:

All communications, including my statements, confirmation of transactions required by law to be confirmed and notice of any change or event required by law to be given to investors.

OR

Tick the box(es) to select the communication(s) you consent to receive electronically:

____ Quarterly statement, annual portfolio statement and annual taxation statement

Confirmation of transactions which are required by law to be confirmed

All communications other than those listed above

The terms and conditions are set out in the Offer Document.

You must register for Portfolio Online if you have consented to receive any communications from the Service Operator electronically.

If you wish to receive communications from us electronically, but do not complete the above steps or provide your email address, you will receive paper based communications.

Step 17: Representative appointment (optional)

To appoint another person (such as spouse, relative, accountant or solicitor) to operate your investment account, please tick the box next to Representative facility and fill in the section below it.

	Representative	facility
--	----------------	----------

I/We have read and agree to the conditions as detailed in the section of the Offer Document entitled How to appoint a representative to act on your behalf. I/We appoint the following person as my/our representative:

Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnam	ne																		
Given name(s)																											
This section must be complet	ted.	Note	e: PC) Bo>	car	n onl	y be	pro	/ide	d un	nder	'mai	iling	add	ress'												
Residential address																											
Suburb																Stat	te				Pos	stco	de				
Mailing address (if different from above)																											
Suburb																Stat	te				Pos	stco	de [
Phone (bh)]										Pho	ne (a	ah)												
Phone (mobile)														F	ax												
Email																											
Date of birth			/			/											G	ende	er		Ма	ile		F	emal	le	
																	r			г			r		i		
Signature																Da	ate			/			/				

Step 18: Applicant declaration and signature(s)

In signing this Application, I/we declare that:

- I/we have received, read and understood all aspects of the Offer Document, accompanied by, or attached to this Application
- I/we wish to apply to establish an account in the IOOF Pursuit Select Investment Service (the Service)
- all details in this Application are true and correct and I/we undertake to inform the Service Operator of any changes to the information supplied as and when they occur
- I/we acknowledge that by investing through the Service, I/we do not have access to some of the rights and entitlements that would otherwise be available to me/us as a retail investor if I/we invested in the underlying investment options directly. I/We understand that this includes not having the same rights as direct retail investors or not having access to:
 - cooling-off rights (see the 'Cooling-off period' section of the Offer Document and the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of the IOOF Pursuit Select Investment Service investment guide (PSI.11))
 - withdrawal rights (see the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of PSI.11)
 - voting rights (see the 'Voting policy' section of the Offer Document and the 'Differences between investing directly and investing through an IDPS (such as the Service)' section of PSI.11)
 - corporate actions (see the paragraph entitled 'Corporate actions' in PSI.11)
- I/we are aware that if I/we invest in the Service without the assistance of a financial adviser, that we may not be fully aware of the risks and benefits of investing according to our personal circumstances and financial or tax position (see the 'What are the risks' section of the Offer Document).

Proof of identity

- I/We have provided the appropriate documents, as outlined in the proof of identity requirements section, that may be required for the purposes of AML/CTF Law.
- I/We confirm that we have correctly indicated our United States tax residency status in Part A of this application form and during the Customer Identification process.
- If I/we previously have opened an IOOF product and my/our adviser has not conducted the customer identification procedure under AML/CTF Law in conjunction with this application, I/we confirm that we are not U.S. citizens or residents for tax purposes, or are not purchasing this product on behalf of a U.S. citizen or resident for tax purposes.

Privacy

Information provided to the Service Operator is primarily used for the purpose of opening an investment account and for other ancillary purposes detailed in the Offer Document and Privacy Policy, for example: assisting my/our financial adviser in providing me/us with advice and to provide me/us with statements through mail houses. The Service Operator may disclose my/our personal information, such as, my/our name and contact details, along with my/our account information to its related bodies corporate, a person with whom I/we have a joint investment, my/our financial adviser, mail houses, professional advisers, businesses that may have referred me/us to the Service Operator, banks and other financial institutions. The Service Operator is required to collect my/our personal information under the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. If I/we do not provide all of the requested information, the Service Operator will not be able to action my/our request. In accordance with the IOOF Privacy Policy, the Service Operator's Privacy Policy. The Privacy Policy contains information about how I/we may access or correct my/our personal information held by the Service Operator's Privacy Policy. The Privacy Policy contains information about how I/we may access or correct my/our personal information held by the Service Operator and how I/we may complain about a breach of the Australian Privacy Principles. I/We may request a copy of the Privacy Policy by contacting the Service Operator on 1800 062 963 or at www.ioof.com.au/privacy

Margin Lending

I/We acknowledge that I/we have read and understood the obligations under margin lending arrangements in respect of my/our account in the Service as detailed in the Offer Document.

Regular Savings Plan and Investment Instructions

- I/We acknowledge that at any time of purchase of the managed investments, I/we may not have been provided with the current product disclosure statements (or supplementary) for the applicable managed investments.
- I/We also acknowledge that these investments may continue to be purchased through the Service until I/we instruct otherwise or terminate the Service, the Regular Savings Plan or Investment Instruction.

Cash Account

If there are insufficient holdings in my/our Cash Account to meet future expenses, I/we direct the Service Operator to redeem all or part of my/our investment options in accordance with the top up cash Instruction.

Electronic communications

If I/we have consented to receive any communications from the Service Operator electronically, then I/we do so on the terms and conditions as set out in the Offer Document.

Transferring from an existing IOOF Portfolio Service Investments account

If I/we am/are transferring from another IOOF Portfolio Service Investments account, then I/we do so on the terms and conditions set out in the Offer Document.

Representative Appointment (if applicable)

- I/We have read and agreed to the conditions applying to the appointment of a representative in the Offer Document.
- I/We release, discharge and agree to indemnify the Service Operator and any other related body corporate within the IOOF group from and against any actions, proceedings, claims, losses, liabilities or costs arising from this authority, or the exercise of powers by the representative under this authority.
- I/We authorise the Service Operator to continue to follow instructions regarding this authority until notice in writing to cancel the authority is received.

Financial adviser (if applicable)

- I/We hereby authorise my/our current or any future financial adviser and their respective staff (my/our financial adviser), as my/our agent, to operate my/our account and to give any instructions on my/our behalf in relation to my/our account to the Service Operator by any method acceptable to it as set out in the Offer Document.
- I/We release and indemnify the Service Operator and any member of the IOOF group from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of or in connection with the Service Operator acting or omitting to act on instructions given by my/our financial adviser under this authority.
- I/We authorise the Service Operator to continue to follow instructions given under this authority until the Service Operator receives notice in writing signed by me/us to cancel the authority.

Investment Instructions

- The Service Operator, is directed to process the Investment Instructions specified on this form.
- The Investment Instructions provided in this form override any previous Investment Instructions.
- My/Our main Investment Instruction will be my/our Primary Instruction and will be used for my/our initial deposit and all additional deposits (less any Investor Advice Fee – Upfront) and income distributions (if applicable), unless I/we provide the Service Operator with alternate instructions. I/We understand that this does not apply to the transfer of investments from any existing account within the IOOF Pursuit or IOOF Portfolio Service product suite.
- If I/we have omitted to insert an amount against the Cash Account in my/our Investment Instruction, I/we authorise the Service Operator to
 deduct the amount necessary from the investment option with the highest percentage allocation to satisfy the required minimum allocation
 to the Cash Account.
- If there are two or more investment options that share the highest percentage allocation, I/we authorise the Service Operator to deduct the amount necessary from the first of such investment options that share the highest percentage allocation and that is listed in the table to satisfy the default minimum allocation to the Cash Account.

Investments with extended redemption periods

- I/We acknowledge that if I/we make an investment in an investment option that is designated as an investment option with an extended redemption period (in the investment menu as updated on my/our website), I/we have been informed that:
 - the Service Operator is not required to transfer the whole of my/our withdrawal amount (or a partial amount requested to be transferred) until after receiving all that is necessary to process my/our 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 which may be up to 365 days for some investment options with an extended redemption period.
- I/We understand and accept the conditions as outlined above when investing in an investment option with an extended redemption period because of the illiquid nature of the investment.

Product disclosure statements for managed investment options

- If I/we have acquired the services of a financial adviser to obtain advice concerning my/our investment in the Service, then I/we confirm that I/we have been fully informed of the nature and risks of the selected investment options and am/are satisfied these investments are suitable for my/our investment needs.
- The Service Operator will acquire the services of my/our financial adviser selected by me/us to provide financial advice and services in relation to my/our account in the Service.
- I/We have received, read and understood the current product disclosure statements for the relevant underlying managed investment(s). I/we have selected and I/we agree to be bound by the terms and conditions of those documents.
- The Service Operator has provided me/us with the product disclosure statement(s) for the managed investments I/we have selected via the IOOF website and I/we agree to receive these product disclosure statement(s) by obtaining them from the website.
- I/We may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Service.

Investment options

- If I/we choose not to acquire the services of a financial adviser, I/we understand the risks and effects of this investment and take full responsibility for my/our choice of investment options.
- I/We acknowledge that certain investment options are only available if I/we am/are a client of a particular financial adviser or AFS Licensee, and if I/we cease to be a client of that financial adviser or AFS Licensee, I/we will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the IOOF Pursuit Select Investment Service investment guide (PSI.11) for information on these exclusive investment options).

Term deposits

If I/we have invested in term deposits:

- I/we have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the Offer Document
- the Service Operator provided me/us with the product guide for the underlying term deposit I/we have selected via the IOOF website and I/we agree to receive the product guide by obtaining it from the website
- I/we 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/we have selected
- I/we acknowledge that this Investment Instruction for a term deposit will be processed before any other Investment Instruction relating to my/our new account is processed.

Marketing material

If you do not agree to the Service Operator or any related body corporate within the IOOF group using your personal information for the purposes of marketing the products and services of the IOOF group from time to time, then please tick this box.

Joint Investors

If the account is in joint names, then both applicants are required to sign overleaf.

Trustees or Applicants investing on behalf of another

- I/We acknowledge that if I/we are a trustee investing on behalf of another, the individual who is recorded in the Service as the investor (account holder) will be the only person recognised by the Service Operator as authorised to give instructions
- I/We warrant that I/we have full power and authority under the terms of the Trust to enter into and perform the terms and conditions as set out in the Offer Document, and I/we acknowledge and agree that these terms and conditions will bind me/us both personally and as a trustee
- I/We acknowledge that no beneficial interest holders will be recognised by the Service Operator.

Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the proof of identity requirements section on page 32, for both the Applicant and the Attorney with your Application form. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

/

Date

/

Corporate Investors

This Application must be signed either:

- a under common seal; and/or
- b by two directors or a director and the company secretary; or
- c by the sole director (where applicable) who is also the sole company secretary.

Applicant(s) signature(s)

Part A - Individual Investor or Joint Investors

Signatory 1		Date / / /
Full name		
Signatory 2 (if applicable)		Date / / / / / / / / / / / / / / / / / / /
Full name		
Part B – Companies o	or Other Investors	
Signatory 1		Date / /
Title (such as Director/Sole Director/Company Secretary)		
Full name		
Signatory 2		Date / / /
Title (such as Director/Sole Director/Company Secretary)		
Full name		
Signatory 3 (for additional Trustees if applicable)		Date / / /

Title (if applicable)

Full name

Signatory 4 (for additional Trustees if applicable)

Title (if applicable)

Full name

Common seal (of company) if required

30

Investor advice fees (if you completed Step 14)

- I/We authorise the Service Operator to charge the investor advice fee(s) selected against my/our account.
- The amount of any investor advice fee(s) that are paid to my/our financial adviser or their Australian Financial Services Licensee (Licensee) as agreed by me/us, will be an additional cost to me/us and charged against my/our account. An investor advice fee will not be charged unless I/we tell the Service Operator to do so.
- Any agreed investor advice fee(s) will be charged to my/our account and paid in full to the financial adviser, or their Licensee until I/we instruct the Service Operator to cease payment or when I/we change my/our nominated financial adviser.

Applicant(s) signature(s)

Part A – Individual Investor or Joint Investors

i arc/c intervieddarini				501			250	015												
																/		,		
Signatory 1	H	1								1			D	ate		′		<i>'</i>		
Full name																				
																,				
Signatory 2 (if applicable)								1	1	 			D	ate		/		/		
Full name																				
i un nume																				
Part B – Companies o	or O)th	er lı	nve	esto	ors														
																/		/		
Signatory 1	H							1	1				D	ate		<i>'</i>		/		
Title (such as Director/Sole Director/Company Secretary)																				
Full name																				
Signatory 2													D	ate		/		/		
Title (such as Director/Sole														ute						
Director/Company Secretary)	H					<u> </u>														 _
Full name																				
Signatory 3 (for additional																,		,		
Trustees if applicable)				1		1			1	 1			D	ate		/		/		
Title (if applicable)																				
Full name																				
Signatory 4 (for additional Trustees if applicable)													Π	ate		/		/		
nustees il applicable)														ale						۲
Title (if applicable)																				
Full name																				
Common seal (of company) if required																				

Please sign and return this form to:

 Post
 IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

 Email
 PursuitApplications@ioof.com.au

 Facsimile
 1800 558 539

 Enquiries
 1800 062 963

IOOF Pursuit Select Investment Service options and important information

Regular Savings Plan (via completing the Direct Debit Request form (Form C))

To commence a Regular Savings Plan you must complete the Direct Debit Request form (Form C) attached, or you can download the Direct Debit Request form, available online, or call our client services team on 1800 062 963.

Transferring from an existing IOOF investment service account

To manage your account you should provide us with instructions for your investment option selections, managing your income distributions and topping up your Cash Account. To provide these instructions you need to complete the relevant parts of the Application.

Your existing investment options which are available in the IOOF Pursuit Select Investment Service account will be transferred to your new IOOF Pursuit Select Investment Service account. Cash from any investment options which has to be redeemed will be transferred to and remain in your IOOF Pursuit Select Investment Service Cash Account until you provide a Re-weight or Switch Instruction.

If you wish to provide a Re-weight or Switch Instruction for existing investment options, you need to complete the relevant parts of the Investment Instructions form which is available online, or you can call our client services team on 1800 062 963 for a copy.

IOOF Pursuit Select | Application for Investment Service

- 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 either:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service; or
 - 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 either:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - 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 two or more years of continuous service with one or more licences
 - Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
 - Permanent employee of: •
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority: or
 - a local government authority; with two _ 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
 - the Commonwealth or a Commonwealth
 - a State or Territory or a State or Territory authority
 - Sheriff

 - Teacher employed on a full-time basis at a school or tertiary education institution
 - Member of the Australasian Institute of Mining and Metallurgy

Proof of identity requirements

AML/CTF law obligates the Service Operator to verify the identity of each applicant before providing financial services to them.

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 (such as 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

- Justice of the Peace

- - Senior Executive Service employee of either:

authority; or

- - Sheriff's officer

•

- of the Consular Fees Act 1955; and
- Association
- Finance company officer with two or more
- Holder of a statutory office not specified in another item in this list
- Judge of a court

vears of service Building society officer with two or more

of the Consular Fee Act 1955)

years of continuous service

Certification of personal documents

All copied pages of ORIGINAL proof of

The person who is authorised to certify

Australia Post employee) and date.

as true and correct copies:

Legal practitioner

Medical practitioner

Chiropractor

Dentist

Nurse

Optometrist

Pharmacist

Patent attorney

Physiotherapist

Veterinary surgeon

services to the public

Psychologist Trade marks attorney

Other persons:

Bailiff

•

identification documents (including any linking

documents) need to be certified as true copies

by any individual approved to do so (see below).

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,

The following can certify copies of the originals

Chief executive officer of a Commonwealth court

Bank officer with two or more continuous

Agent of the Australian Postal Corporation

Australian Consular Officer or Australia

Diplomatic Officer (within the meaning

who is in charge of an office supplying postal

- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955: and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
- authorised under paragraph 3(d)
- exercising his or her function in that place
- Fellow of the National Tax Accountants'
- years of continuous service

This page has been left blank intentionally.



IOOF Pursuit Select – Form B

Creating financial independence since 1846

1 July 2015

Fee Aggregation Application

Complete the following form to apply for Fee Aggregation across IOOF Pursuit Select products.¹

1 IOOF Pursuit Select products include: IOOF Pursuit Select Personal Superannuation, IOOF Pursuit Select Allocated Pension, IOOF Pursuit Select Term Allocated Pension and the IOOF Pursuit Select Investment Service.

Terms and conditions

- Each person applying to link for the purposes of Fee Aggregation must be a member of the same immediate family (such as husband, wife, son, daughter, de facto, partner, father, mother, brother or sister).
- A Fee Aggregation request can be rejected and a linking can be cancelled at any time by us.
- Any new Fee Aggregation nomination will override any previous nomination.
- A maximum of four accounts are allowed to be linked together for Fee Aggregation purposes.
- Accounts nominated for Fee Aggregation within the same group must be associated with the same financial adviser.

Any account(s) in the IOOF Pursuit Select Investment Service held in the name of a trust or company can be linked for the purposes of Fee Aggregation, provided that either a director or trustee has a linked account in their own name or the director or trustee is an immediate family member with another linked account.

The Service Operator collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

Please ensure that each linked member/investor, (including yourself) completes and signs this form, and that each member/ investor has read and understood the terms and conditions of this form and the information in the relevant PDS or Offer Document.

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

Linked member/investor 1

]														
Name of investor/member						Su	irnar	ne										
Given name(s)																		
Given hame(b)	 					1	1	[1		1			 				
Account number (if known)							_		_									
		,],]									
Date of birth		/] /													
Relationship to group																		
(such as husband, wife)																		

Declaration: I have read the current PDS and/or Offer Document, and the terms and conditions of Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature	Date	/		/		

Linked member/inve	sto	r 2																		
Name of investor/member							Su	irnar	me											
Given name(s)																				
Account number (if known)								-		_										
Date of birth			/			/						 			 		1		 	
Relationship to group (such as husband, wife)																				
Declaration: I have read the to be linked to other parties of I have disclosed in this form is	detai	led c	on th	nis fo	orm t											-				ıt(s)
Signature													C	ate		/		/		
Linked member/inve	sto	r 3																		
Name of investor/member							Su	irnar	me											
Given name(s)								1		1										
Account number (if known)								_		-										
Date of birth Relationship to group			/			/														
(such as husband, wife)																				
Declaration: I have read the to be linked to other parties of I have disclosed in this form is	detai	led c	on th	nis fo	orm f											-				ıt(s)
].				
Signature										 	 		C)ate		/		/		
Linked member/inve	sto	r 4																		
Name of investor/member							Su	irnar	me											
Given name(s)																				
Account number (if known)								-												

Date of birth Relationship to group (such as husband, wife)

Declaration: I have read the current PDS and/or Offer Document, and the terms and conditions of Fee Aggregation. I apply for my account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature	

|--|

Please sign and return this form to:

Post	IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
Email	PursuitApplications@ioof.com.au
Facsimile	1800 558 539
Enquiries	1800 062 963
Trustee/Service operator	IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524



IOOF Pursuit Select – Form C

Creating financial independence since 1846

1 July 2015

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: Investor details

Status of investor

Individual Investor (complete Part A below)

Joint Investors (complete Part A below)

Corporate Investor (complete Part B below)

Trust (complete Part B below)

Incorporated/Unincorporated club/body (complete Part B below)

Self-managed Superannuation Fund (complete Part B below)

Deceased Estate (complete Part B below)

Part A – Individual Investor or Joint Investors

Applicant/Investor 1

Title (Dr/Mr/Mrs/Ms/Miss)			Sur	name									
Given name(s)													
Date of birth	/	/]								

Applicant/Investor 2 (for joint investors only)

Title (Dr/Mr/Mrs/Ms/Miss)			Surnam	e 🗌							
Given name(s)											
Date of birth	,	/	/								

Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Self-managed Superannuation Fund, Incorporated/Unincorporated Club/Body or Deceased Estate

Name of Entity/Company														
Name of Trust														

Name of Contact Person

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

Step 2: Type of instruction

Depending on the type of instruction(s) you wish to give, please 🗸 tick the applicable box(es) and follow the relevant steps in this form.

Instruction	Steps to complete
Initial one-off deposit	Steps 3, 7 and 8
New Regular Savings Plan	Steps 4, 5, 6, 7 and 8
Change to an existing regular savings amount	Steps 5 and 8
Change to an existing debit frequency	Steps 6 and 8
Change to your nominated account with a financial institution	Steps 7 and 8
Cancellation of an existing direct debit request.	Step 8

Step 3: Initial one-off deposit (new applicants only)

Please indicate the preferred date of the one-off payment

Please note that applications to establish a one-off payment must be received at least five business days before the preferred date to ensure that your deduction is processed. If an application is not received within this timeframe or no date is specified, the one-off payment will be deducted on the final processing date possible.

Please indicate the one-off amount to be debited from your nominated account and deposited into your Cash Account:



Please ensure you have completed Step 3: Initial deposit details in the Application (Form A).

Step 4: Regular Savings Plan

Please indicate the commencement date of the first payment

1	5	/		/	2	0	

2 0

Please note that applications to establish a direct debit must be received at least five business days before the 15th of the month to ensure that your deduction is processed that month. If an application is not received within this timeframe, it will be processed either that month or the following month (and then continue regularly according to the frequency you select).

Step 5: Regular savings amount

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

Regular	amount	to	be	debited
---------	--------	----	----	---------

Please note:

- For new applicants, a direct debit will not normally be established until an initial deposit of at least \$2,500 has been made.
- The amount of regular savings will be debited from your nominated account with a financial institution on the 15th day of the relevant month (or the nearest business day after the 15th).
- You will need to complete an Investment Instructions form to provide us with an Investment Instruction specifying the managed investment(s) you wish to utilise for regular deposits.
- If you do not provide an Investment Instruction, the regular deposits will remain in your Cash Account, until an instruction is provided.

Step 6: Debit frequency

Monthly

Quarterly

Half-yearly

Step 7: Financial institution details

Name						
Branch						
Address						
Suburb				State	Post	code
Account name						
BSB	-	Account num	ber			

Until further notice in writing, I/We, the holder(s) of the above account, authorise and request the Service Operator, (Debit User ID 032105) 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 investor under the agreement between the investor and the Service Operator.

Step 8: Applicant/Investor declaration and signature(s)

The Service Operator collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

Note for joint investors

If the financial institution account in Step 7 is held in the names of joint investors, both investors must also sign under Part A.

Note for third parties

If the financial institution account in Step 7 is held in the name of the investor and a third party, or third party/ies only, the third party/ies must also sign under Part C on the next page.

A third party is a person/company/employer who is not the holder of the IOOF Pursuit Select Investment Service account that this direct debit arrangement relates to.

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 a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

Note for corporate investors

This Application must be 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.

Part A - Individual Investor or Joint Investors

								_	 -	 		 	
Signatory 1							Dat	eL	/		/		
Full name													
Signatory 2 (if applicable)							Dat	e] /		/		
Full name													

Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Self-managed Superannuation Fund, Incorporated/Unincorporated Club/Body or Deceased Estate

Signatory 1								D	ate		/		/		
Title (such as Director/Sole Director/Company Secretary)															
Full name															
Signatory 2								D	ate		/		/		
Title (such as Director/Sole Director/Company Secretary)															
Full name															
Signatory 3 (for additional Trustees if applicable)				 		 		D	ate		/		/		
Title (if applicable)															
Full name															
Signatory 4 (for additional Trustees if applicable)								D	ate		/		/		
Title (if applicable)															
Full name															
Common seal (of company) if required				 	 	 									

Part C – Third party 1

urname
Siven name
itle (if applicable)
ignature
Date / / / / / / / / / / / / / / / / / / /

Please sign and return this form to:

Post	IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060
Email	PursuitApplications@ioof.com.au
Facsimile	1800 558 539
Enquiries	1800 062 963
Service operator	IOOF Investment Management Limited,
	ABN 53 006 695 021, AFS Licence No. 230524

Third party 2

Surname								
Given name								
Title (if appli	cabl	e)						
Signature								
Date								
/			/					

Common seal (of company) if required

40



Creating financial independence since 1846

IOOF Pursuit Select – Form C

1 July 2015

Direct Debit Request (DDR) service agreement

Please retain this service agreement for your records.

Direct Debit Request facility

- In addition to making one-off deposits, investors in IOOF Pursuit Select Investment Service have the opportunity to make an initial one-off deposit or implement a Regular Savings Plan through a DDR arrangement.
- The DDR arrangement enables you to instruct the Service Operator – IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524, (User ID 032 105) to make one or more 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 may not be 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.

IIML's service commitment

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

It also sets out your rights and responsibilities.

By giving 14 days notice in writing to you, we may change the operation of your DDR facility.

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

Initial one-off deposit

Deposits will be deducted from your financial institution account on or around the preferred date you have nominated. If the due date for the debit falls on a non-business day or no date is specified, the one-off payment will be deducted on the first processing date possible.

Regular Savings Plan

Deposits will be deducted from your financial institution account on the 15th day of each month, or nearest business day after the 15th day of the month, in accordance with the frequency you have nominated.

If you are uncertain as to when a deduction will be made, please contact us. We may, in our absolute discretion, at any time by notice in writing to you, suspend or terminate the drawing arrangement.

Your rights

You have the right to change the arrangement as follows:

 You may stop an individual debit or cancel or suspend your DDR arrangement by giving written instructions to us or the relevant financial institution. If you suspend your DDR arrangement you may restart it by giving written instructions to us.

• You may alter payments by forwarding to us, a new DDR form from the current Offer Document for the Service.

We will endeavour to act upon your request within five 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 062 963 or email: clientservices@ioof.com.au

Complaints

If you have a complaint or dispute in relation to your DDR arrangement, you should contact the Manager, Customer Care on 1800 062 963 or the relevant financial institution. We will consider and deal with the complaint within 45 days of receiving details of your complaint.

Confidentiality

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

- such information is required to be provided to our financial institution to initiate, change or cancel your drawing arrangement
- disclosure is required or authorised by law
- 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 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.

We will notify you if your debit is dishonoured or rejected. We may, without 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, it is your responsibility to advise us to cease deductions on that account if payments from that account are to cease. No refund of over payments will be made if we are not advised to cease deduction of payments from a third party account. This page has been left blank intentionally.

Contact us

Postal address GPO Box 264 Melbourne VIC 3001

Telephone 1800 062 963

Facsimile 1800 558 539

Email clientservices@ioof.com.au

Website www.ioof.com.au Service Operator

IOOF Investment Management Limited Level 6, 161 Collins Street Melbourne VIC 3000