AET

AET small APRA fund
Forms booklet

Dated 1 July 2020

Part of the IOOF group

Issuer: IOOF Investment Management Limited | ABN 53 006 695 021 | AFSL No 230524,
RSE License L0000406 as the Trustee of the AET small APRA fund.

How to get started

This booklet contains the information and forms you need to set up your AET small APRA fund (SAF).

Which forms should you complete?

Form		When to complete this form
AET small APRA fund – Accumulation account application form	Form A	Please complete this form if you would like to set up an AET small APRA fund accumulation account.
AET small APRA fund – Pension account application form	Form B	Please complete this form if you would like to set up an AET small APRA fund account-based pension account or an AET small APRA fund transition to retirement pension account.
Request to transfer a superannuation benefit	Form C	Please complete this form if you would like to transfer monies from another super fund or income stream. Please also complete the requirements outlined in the 'Proof of identity requirements' on page 22 .

Before you complete any application forms, please ensure that you have read the Product Disclosure Statement (PDS), investment guide and general reference guide and consulted your financial adviser. If you require further information or help to complete the forms, please contact our Client Services Team on 1800 254 180. Please note that our Client Services Team is not authorised to give you investment or financial product advice.

AET small APRA fund
Accumulation account application form

AET

Form A

Please complete this form using BLACK INK and CAPITAL LETTERS (except for your email address)

Section 1: Fund details

Please select (✓) the type of establishment you wish to make:

☐ I would like to establish a new AET small APRA fund with the following name:

☐ I would like to establish a new account within my existing AET small APRA fund. Details of my existing fund are:

Fund name

Fund number

☐ I would like to transfer my established self managed superannuation fund/small APRA fund with the following name:

Section 2: Personal details

Title

Surname

Given name(s)

Street address

Suburb

State

Postcode

Mailing address (if the same as above write 'as above')

Suburb

State

Postcode

Telephone

Date of birth: (dd/mm/yyyy)

Gender ☐ Male ☐ Female

Email address

Tax File Number (TFN) notification

Tax file number

We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has advantages:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

Section 3: Residency details

Please advise (✓) if you are an Australian resident:

☐ Yes, I am an Australian resident

☐ No, I am not an Australian resident. My country of residence is:

If you are a United States (U.S.) citizen or resident for tax purposes, please provide your U.S. Tax Identification Number (TIN):

Politically exposed person

Are you a politically exposed person (PEP)? (Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.)

☐ No ☐ Yes

Section 4: Employment status

If you are aged 67 and over please complete this section.

Work test

☐ I declare that I am aged 67 or over but not yet 75 and have worked for at least 40 hours in 30 consecutive days in the current financial year. Alternatively I have met the work test in the previous financial year, my total superannuation balance was less than $300,000 as at the previous 30 June and I have not previously used the work test exemption.

This declaration is required if you are making personal, salary sacrifice and other employer contributions to your AET small APRA fund.

OR

☐ I declare that I am aged 67 or over and would like to establish an AET small APRA fund to receive transfers (rollovers) from other superannuation funds, ADFs and superannuation annuities, or to receive superannuation guarantee contributions.

Section 5: Source of wealth and funds

Please note: if you are establishing a new account within your existing AET small APRA fund, you do not need to fill out this section.

Source of wealth

What is the source of your wealth? (Your source of wealth refers to the origin of your financial standing or total net worth ie how you have generated your wealth.)

☐ Employment
☐ Investments
☐ Other (please specify eg inheritance)

Source of funds

What is the source of your contributions into your SAF? (Your source of funds refers to the origin and the means of transfer of funds to service your SAF.)

☐ Employment
☐ Investments
☐ Other (please specify eg sale of real estate, inheritance)

Section 6: Initial contribution and rollover details

Please insert your initial contribution amount. Refer to the PDS and general reference guide for information about eligibility to contribute.

Member (non-concessional) contribution	$.
Spouse contribution	$.
Employer contribution	$.
Self-employed (member concessional) contribution	$.
Downsizer contribution*	$.

Rollover – Please provide name of fund and approximate value

Fund name	
	$.
	$.
	$.
Total amount deposited	$. 0.00

* You will need to complete the ATO downsizer contribution form when making, or prior to making, this contribution.

Section 7: Employer details

Please provide employer's details if employer contributions are made on your behalf.

Company name

Contact name

Telephone

ABN

		–				–				–				

ACN

			–				–			

Street address

Suburb

State

Postcode

Section 8: Nominated beneficiary(ies)

If you do not provide beneficiary details, your benefit will be paid to your Legal Personal Representative. Refer to the general reference guide for definition of 'dependant'.

Name of beneficiary Please print full name	Date of birth	Relationship of beneficiary to member Only the following options can be accepted	Percentage of benefit
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
Total must equal 100% or all nominations will be invalid. You can nominate a percentage up to two decimal places.		TOTAL	0.00 %

Section 9: Investment strategy

Please select your investment strategy. Please refer to the investment guide for further information about investment strategies.

☐ Strategy 1 – Conservative
☐ Strategy 2 – Moderately conservative
☐ Strategy 3 – Balanced
☐ Strategy 4 – Balanced to moderate growth
☐ Strategy 5 – Growth

Section 10: AET My Portfolio access

Please advise whether you would like access to AET My Portfolio

☐ Yes
☐ No

Note: Please make sure you provide your email address in section 2 of this application form. By requesting access, you agree to be bound by the AET My Portfolio terms and conditions as amended from time-to-time.

Section 11: Financial adviser details

I authorise the following financial adviser (or their nominated staff) to provide investment instructions to the Trustee on my behalf, and until I notify the Trustee in writing otherwise.

Licensee name

Name of financial adviser

Telephone

Email address

Street address

Suburb

State

Postcode

Section 12: Financial adviser remuneration

Please refer to the PDS and the general reference guide for further information about fee options.

Member Advice Fee

1 **Member Advice Fee – Upfront**

☐ Flat fee (dollar amount) $.

2 **Member Advice Fee – Ongoing**

☐ Flat fee (percentage) . % pa

OR

☐ Flat fee (dollar amount) $. pa

3 **Member Advice Fee – Once-off**

☐ Flat fee (dollar amount) $. pa

Section 13: Applicant/Member declaration and signature

In signing this application form, I declare that:

- I have received, read and understood the current Product Disclosure Statement (PDS), investment guide and general reference guide for the AET small APRA fund.
- All details in this application form are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I will be bound by the Trust Deed governing my fund (as amended from time-to-time).
- I consent to IOOF Investment Management Limited acting as Trustee of my fund.
- I confirm that the investment strategy selected in Section 9 is appropriate and relevant to my personal needs and circumstances.
- I agree to notify the Trustee if I become a non-resident.
- I have correctly indicated my U.S. tax residency status in Section 3.

Privacy

Information provided to the Trustee is primarily used for the purpose of opening a superannuation account and for other ancillary purposes detailed in the PDS, investment guide and general reference guide and Privacy Policy, for example: assisting your financial adviser in providing you with advice, facilitating insurance and to provide you with statements through mail houses.

The Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, mail houses, professional advisers, businesses that may have referred you to the Trustee, banks and other financial institutions. The Trustee is required to collect your personal information under the *Superannuation Industry (Supervision) Act 1993 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. If you do not provide all of the requested information, the Trustee will not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients however any overseas disclosure does not affect the Trustee's commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient complies with the *Privacy Act 1988*. Your personal information will be used in accordance with the Trustee's Privacy Policy, which contains information about how you may access or correct your personal information held by the Trustee and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Privacy Policy by contacting the Trustee on 1800 254 180 or at www.ioof.com.au/privacy.

Personal, downsizer and spouse contributions

- If I decide to either make a personal contribution(s), downsizer contribution(s) or have a spouse contribution(s) made on my behalf, I declare that I'm eligible to receive contributions.

Pooled investment funds

- I acknowledge and understand that if the fund's investments are pooled with any other member/s that all investment decisions are made in consultation with a financial adviser and with the agreement of all members.
- I release and indemnify the Trustee 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, any investment.

Financial adviser

- I understand that the financial adviser nominated in section 11 of this application form has been authorised by me to provide investment directions to the Trustee on my behalf.
- I release and indemnify the Trustee 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 Trustee acting or omitting to act on instructions given by my financial adviser under this authority.
- I understand that the financial adviser nominated in section 11 of this application form has been authorised by me to receive correspondence from the Trustee on behalf of my Fund. I agree that confirmation of transactions for my account may be provided to me, and to my financial adviser, through AET My Portfolio.
- I authorise the Trustee to pay, from my accumulation account, the adviser remuneration as set out in the PDS and section 12 of this application form.

Marketing material

- I agree to receive information on other products and services offered by the Trustee or its related parties.
  If you do not wish to receive such information, please select this box ☐

Member's signature

✗ Date ☐☐ / ☐☐ / ☐☐☐☐

Section 14: Financial adviser declaration and signature

In submitting this application form:

- I declare that I hold a current Australian Financial Services Licence OR I am a Representative or an Authorised Representative nominated to act on behalf of a holder of a current Australian Financial Services Licence.
- I confirm that I have provided the applicant with all the necessary information concerning the AET small APRA fund, including the PDS, investment guide and general reference guide.
- I confirm that the fees have been fully explained to the applicant and that the applicable Member Advice Fees are solely for the provision of advice in relation to the member's benefits held within the Fund.
- In selecting an investment strategy for the applicant I have:
  - taken into account the personal needs and circumstances of the applicant, and have supplied all the necessary information about their chosen investment(s), including the PDS as relevant to the investment(s).
  - considered the following issues:
    (i) the risk involved in making, holding and realising, and the likely return from, the account's investment having regard to the applicant's objectives and expected cash flow requirements
    (ii) the composition of the account's investments as a whole including the extent to which the investments are diverse or involve the entity in being exposed to risk from inadequate diversification
    (iii) the liquidity of the account's investments having regard to its expected cash flow requirements
    (iv) the ability of the account to discharge its existing and prospective liabilities.
- I confirm that the applicant information is correct and that the applicant is a client of my licensee group. I acknowledge that there will be no conflict of interest between a decision made by the client and myself as a result of information obtained from AET My Portfolio.
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF law, and have attached the completed 'Identification form – individuals and sole traders'.

Signature of financial adviser

✗ Date ☐☐ / ☐☐ / ☐☐☐☐

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AET small APRA fund
Pension account application form

AET

Form B

Please complete this form using BLACK INK and CAPITAL LETTERS (except for your email address)

Section 1: Fund details

Please select (✓) the type of establishment you wish to make:

☐ I would like to establish a new AET small APRA fund with the following name:

☐ I would like to establish a new account within my existing AET small APRA fund. Details of my existing fund are:

Fund name

Fund number

☐ I would like to transfer an established self-managed superannuation fund/small APRA fund with the following name:

Section 2: Personal details

Title

Surname

Given name(s)

Street address

Suburb

State

Postcode

Mailing address (if the same as above write 'as above')

Suburb

State

Postcode

Telephone

Date of birth: (dd/mm/yyyy) / /

Gender ☐ Male ☐ Female

Email address

Tax File Number (TFN) notification

☐ I am age 60 or over and my TFN is

– –

☐ I am less than 60 years of age and have attached my completed Tax File Number declaration

If you are less than 60 years of age, a TFN declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has advantages:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more than you need to, and
- it will be easier to find different super and/or pension accounts in your name.

Section 3: Residency details

Please advise (✓) if you are an Australian resident:

☐ Yes, I am an Australian resident

☐ No, I am not an Australian resident. My country of residence is:

If you are a United States (U.S.) citizen or resident for tax purposes, please provide your U.S. Tax Identification Number (TIN).

Politically exposed person

Are you a politically exposed person (PEP)? (Politically exposed persons are individuals who occupy a prominent public position or functions in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.)

☐ No ☐ Yes

Section 4: Source of wealth and funds

Please note: if you are establishing a new account within your existing AET small APRA fund, you do not need to fill in this section.

Source of wealth

What is the source of your wealth? (Your source of wealth refers to the origin of your financial standing or total net worth ie how you have generated your wealth.)

☐ Employment

☐ Investments

☐ Other (please specify eg inheritance)

Source of funds

What is the source of your contributions into your SAF? (Your source of funds refers to the origin and the means of transfer of funds to service your SAF.)

☐ Employment
☐ Investments
☐ Other (please specify eg sale of real estate, inheritance)

Section 5: Pension type

Please advise (✓) the type of pension you would like to receive:

☐ Account-based pension – please complete section 5(a)
– is this a death benefit pension ☐ Yes ☐ No
☐ Transition to retirement pension – please complete section 5(b)

5(a) Account-based pension income payments

Please nominate an annual pension amount:

☐ Minimum
☐ Other amount* pa $.

* If you commence your pension after July of the current financial year please nominate the gross amount you would like to receive for the entire financial year. We will pay you a proportion of your annual pension amount in the first year.

Please specify the first payment month:

Please nominate a payment frequency:

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Payment will be made on the 15th of the month.

5(b) Transition to retirement pension income payments

Please nominate an annual pension amount:

☐ Minimum
☐ Maximum – capped at 10% of account balance on commencement
☐ Other amount* $.

* If you commence your pension after July of the current financial year please nominate the gross amount you would like to receive for the entire financial year. We will pay you a proportion of your annual pension amount in the first year.

Please specify the first payment month:

Please nominate payment frequency:

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Payment will be made on the 15th of the month.

Section 6: Financial institution details

Pension payments will be paid to the Australian financial institution you nominate below.

Financial institution

Branch

BSB – Account number

Account name

Section 7: Initial contribution details

7(a) Transfer(s) from other super funds

Name of super fund

Approximate value $.

$.

$.

7(b) Non-concessional contribution(s)

Personal contribution $.

Spouse contribution $.

Downsizer contribution* $.

* You will need to complete the ATO downsizer contribution form when making, or prior to making, this contribution.

7(c) Transfer(s) from an AET small APRA fund accumulation account

Fund name

Account name

Fund number

Amount to be transferred:

☐ entire balance

☐ partial* $.

* Your benefits will be paid proportionately from your taxable and tax-free components.

Note: your pension will count towards your transfer balance cap. Please refer to the general reference guide for more information.

Please advise if you wish to:

☐ continue to make contributions to your accumulation account

☐ claim a tax deduction for contributions made to your accumulation account in the current financial year (please attach a completed 'Tax deduction notice' to your application which is available from the secure section of AET My Portfolio or by contacting our Client Services Team on 1800 254 180. We recommend that you speak to your financial adviser in relation to your eligibility to claim a personal tax deduction).

Please specify the assets you would like to transfer to your pension, (please note that we will transfer the entire holding for the assets you nominate below):

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Section 8: Nominated beneficiary(ies)

Please nominate one of the following three options below. If you do not provide beneficiary details, your benefit will be paid to your Legal Personal Representative. Please refer to the PDS and the general reference guide for definition of dependency.

☐ Upon my death, I would like the balance of my pension account to be paid to my Legal Personal Representative (my estate).

☐ Upon my death, I would like the balance of my pension account to be used to continue a pension to my reversionary beneficiary as follows:

Beneficiary's surname

Beneficiary's given name(s)

Beneficiary's date of birth ___ / ___ / ___

Relationship of beneficiary to the member

☐ Upon my death, I would like the balance of my pension account to be paid to my nominated dependants stated below:

Name of beneficiary Please print full name	Date of birth	Relationship of beneficiary to member Only the following options can be accepted	Percentage of benefit
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
		☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependency relationship	%
Total must equal 100% or all nominations will be invalid. You can nominate a percentage up to two decimal places.		TOTAL	0.00 %

Section 9: Investment strategy

Please select your investment strategy. Please refer to the investment guide for further information about investment strategies.

☐ Strategy 1 – Conservative
☐ Strategy 2 – Moderately conservative
☐ Strategy 3 – Balanced
☐ Strategy 4 – Balanced to moderate growth
☐ Strategy 5 – Growth

Section 10: AET My Portfolio access

Please advise whether you would like access to AET My Portfolio

☐ Yes
☐ No

Note: Please make sure you provide your email address in section 2 of this application form. By requesting access, you agree to be bound by the AET My Portfolio terms and conditions as may be amended from time-to-time.

Section 11: Financial adviser details

I authorise the following financial adviser (or their nominated staff) to provide investment instructions to the Trustee on my behalf and until I notify the Trustee in writing otherwise.

Licensee name

Name of financial adviser

Telephone

Email address

Street address

Suburb

State

Postcode

Section 12: Financial adviser remuneration

Member Advice Fee

Please refer to the PDS and the general reference guide for further information about fee options.

1 **Member Advice Fee – Upfront**

☐ Flat fee (dollar amount) $.

2 **Member Advice Fee – Ongoing**

☐ Flat fee (percentage) . % pa

OR

☐ Flat fee (dollar amount) $. pa

3 **Member Advice Fee – Once-off**

☐ Flat fee (dollar amount) $. pa

Section 13: Applicant/Member declaration and signature

In signing this application form, I declare that:

- I have received, read and understood the current Product Disclosure Statement (PDS), investment guide and general reference guide for the AET small APRA fund.
- All details in this application form are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.

- I will be bound by the Trust Deed governing my fund (as amended from time-to-time).
- I consent to IOOF Investment Management Limited acting as Trustee of my fund.
- I confirm that the investment strategy selected in Section 9 is appropriate and relevant to my personal needs and circumstances.
- I agree to notify the Trustee if I become a non-resident.
- I have correctly indicated my U.S. tax residency status in Section 3.

Privacy

Information provided to the Trustee is primarily used for the purpose of opening a superannuation account and for other ancillary purposes detailed in the AET SAF PDS, investment guide and general reference guide and Privacy Policy, for example: assisting your financial adviser in providing you with advice, facilitating insurance and to provide you with statements through mail houses.

The Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, mail houses, professional advisers, businesses that may have referred you to the Trustee, banks and other financial institutions. The Trustee is required to collect your personal information under the *Superannuation Industry (Supervision) Act 1993 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. If you do not provide all of the requested information, the Trustee will not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients however any overseas disclosure does not affect the Trustee's commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient complies with the *Privacy Act 1988*. Your personal information will be used in accordance with the Trustee's Privacy Policy, which contains information about how you may access or correct your personal information held by the Trustee and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Privacy Policy by contacting the Trustee on 1800 254 180 or at www.ioof.com.au/privacy.

Pooled investment funds

- I acknowledge and understand that if the fund's investments are pooled with any other member/s that all investment decisions are made in consultation with a financial adviser and with the agreement of all members.
- I release and indemnify the Trustee 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, any investment.

Eligibility

I am eligible to commence an AET small APRA fund pension because:

- I am at least 18 years of age and am commencing the pension with unrestricted non-preserved benefits only, or
- I have reached my preservation age and am no longer gainfully employed and never again intend to become gainfully employed, or
- I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased, or
- I am aged 65 or over, or
- I have reached my preservation age but have not ceased gainful employment if I am commencing a transition to retirement pension.

Financial adviser

- I understand that the financial adviser nominated in section 11 of this application form has been authorised by me to provide investment directions to the Trustee on my behalf.
- I release and indemnify the Trustee 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 Trustee acting or omitting to act on instructions given by my financial adviser under this authority.
- I understand that the financial adviser nominated in section 11 of this application form has been authorised by me to receive correspondence from the Trustee on behalf of my fund. I agree that confirmation of transactions for my account may be provided to me, and to my financial adviser, through AET My Portfolio.
- I authorise the Trustee to pay, from my pension account, the adviser remuneration as set out in this application form.

Marketing material

- I agree to receive information on other products and services offered by the Trustee or its related parties.

If you do not wish to receive such information, please select this box ☐

Member's signature

✗ Date ☐☐ / ☐☐ / ☐☐☐☐

Section 14: Financial adviser declaration and signature

In submitting this application form:

- I declare that I hold a current Australian Financial Services Licence OR I am a Representative or an Authorised Representative nominated to act on behalf of a holder of a current Australian Financial Services Licence.
- I confirm that I have provided the applicant with all the necessary information concerning the AET small APRA fund, including the PDS, investment guide and general reference guide.
- I confirm that the fees have been fully explained to the applicant and that the applicable Member Advice Fees are solely for the provision of advice in relation to the member's benefits held within the Fund..
- In selecting an investment strategy for the applicant I have:
  - taken into account the personal needs and circumstance of the applicant(s), and have supplied all the necessary information concerning their chosen investment(s), including the PDS as relevant to the investment(s)
  - considered the following issues:
    - (i) the risk involved in making, holding and realising, and the likely return from, the account's investment having regard to the applicant's objectives and expected cash flow requirements
    - (ii) the composition of the account's investments as a whole including the extent to which the investments are diverse or involve the entity in being exposed to risk from inadequate diversification
    - (iii)` the liquidity of the account's investments having regard to its expected cash flow requirements
    - (iv) the ability of the account to discharge its existing and prospective liabilities.
- I confirm that the applicant information is correct and that the applicant is a client of my Licensee group. I acknowledge that there will be no conflict of interest between a decision made by the client and myself as a result of information obtained from AET My Portfolio.
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law, and have attached the completed 'Identification form – individuals and sole traders'.

Signature of financial adviser

✗ Date ☐☐ / ☐☐ / ☐☐☐☐

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AET small APRA fund
Request to transfer superannuation benefit

AET

Form C

Before completing this form, you must first complete either the Accumulation account application form and/or the Pension account application form.

Please use this form if you would like to transfer monies from a superannuation fund or income stream into your AET small APRA fund. In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to your 'current' fund means the super fund or income stream from which you wish to transfer monies from.

A separate form is required for each transfer from a super fund or income stream. If you need multiple copies, please photocopy this form or download it from www.aetmyportfolio.com.au because an original signature is required on each form.

Important information:

- Before completing this form we recommend that you understand what (if any) charges and penalties may apply to your current fund 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 current 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 the Member Advice Fee – Upfront (if any) that may be incurred on a transfer into an AET small APRA fund.
- Please provide your certified proof of identity. Refer to the Proof of identity requirements section for the documentation you will need to provide.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address).

This form together with the compliance letter and proof of identity requirements should be forwarded to us by post.

Section 1: Personal details

Title

Surname

Given name(s)

Mailing address (if the same as above write 'as above')

Suburb

State

Postcode

Telephone

Date of birth: (dd/mm/yyyy) / /

Gender Male Female

Email address

Section 2: Fund details

Fund name

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

0 0 1

Member client identifier

Section 3: Details required for transfer

Details of your 'current' fund

I request and direct that the benefit held in my superannuation fund or income stream, as detailed below, be transferred to my small APRA fund specified in section 2.

Name of your current fund

Fund number (if known)

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

Account/membership/policy name

Fund address

Suburb

State

Postcode

Telephone

Name of previous employer (if applicable)

Benefit to be transferred

Amount to be transferred

☐ Entire balance (account in the current fund will be closed)

Approximate value $.

☐ Partial balance $.

You should be aware that a capital gains tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. Before authorising the transfer, we recommend that you seek financial advice.

Section 4: Applicant/Member declaration and signature

By signing this transfer request form, I am making the following statements:

- I declare that I have fully read this form and that the information provided is true and correct.
- I am aware that I may ask my current 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 current fund into my AET small APRA fund.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my current fund) transferred from my current fund to my nominated AET small APRA fund.
- I am aware of and authorise the deduction of any fees or charges by my current fund and any tax payable from the benefit transferred to my account in my AET small APRA fund (subject to legislative restrictions).

Signature

✗

Date

/ /

Please return to us by post to:

Care of [fund name]

AET
GPO Box 546
Adelaide SA 5001

Proof of identity requirements

AML/CTF law obligates the Trustee 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 license issued under State/ Territory law (or a foreign equivalent) containing a photograph. Please copy front and back of the license
- an Australian passport (where expired within the proceeding 2 years this is acceptable)
- a Foreign passport or an international travel document issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph and signature of the person whose name the document is issued
- a card issued under Australian State or Territory Law for the purpose of providing a person's age containing a photograph
- National Identity card issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph or signature of the person whose name the card is issued.

OR B

- birth certificate or birth extract issued under Australian State/Territory
- birth certificate issued by a Foreign government, the United Nations (UN) or an agency of the UN
- citizenship certificate issued by the Commonwealth
- citizenship certificate issued by a foreign government
- a concession (health or pension) card issued by the Department of Human Services or Centrelink.

AND

ONE of the following documents:

- a notice issued by Commonwealth, State or Territory government within the past 12 months that contains your name and residential address such as Tax Office Notice of Assessment or a letter from Centrelink regarding an assistance payment
- a notice issued by a local government body or utilities provider within the past 3 months that contains your name and residential address (such as a rates notice from local council or an electricity/gas bill).

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 'This is a true copy of the original document sighted by me' followed by their signature, printed name, qualification (such as Justice of the Peace, Australia Post employee) and date.

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

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

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 two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- 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) of the *Consular Fees Act 1955*; and
  - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with two 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 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 Chartered Accountants Australia and New Zealand, 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
- Senior Executive Service employee of either:
  - the Commonwealth or a Commonwealth authority; or
  - 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.

AET

IOOF Investment Management Limited
ABN 53 006 695 021 | AFSL 230524
All Correspondence to
GPO Box 546 Adelaide SA 5001

Compliance letter

If you wish to rollover your benefit to your AET small APRA fund (fund), please forward this letter together with the relevant transfer form(s) to your current superannuation provider.

To the Trustee

1 July 2020

AET small APRA fund

IOOF Investment Management Limited confirms that the Trust Deed for this fund:

- complies with the Superannuation Industry (Supervision) Act 1993 and the Superannuation Industry (Supervision) Regulations 1994 (SIS)
- allows benefits to be transferred into the fund
- complies with the preservation requirements set out in SIS.

IOOF Investment Management Limited is a trustee regulated by APRA under SIS and acts as Trustee of the fund.

Yours faithfully,

Frank Lombardo
Group General Manager Client & Process
IOOF Investment Management Limited

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IDENTIFICATION FORM
INDIVIDUALS & SOLE TRADERS

GUIDE TO COMPLETING THIS FORM

- *Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.*
- *Tax information must be collected from the individual*
- *Contact your licensee if you have any queries.*

SECTION 1: PERSONAL DETAILS

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

*Please answer **both** tax residency questions:*

Is the individual a tax resident of Australia? Yes ☐ No ☐

Is the individual a tax resident of another Country? Yes ☐ No ☐

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country | TIN | If no TIN, list reason A, B or C
2. Country | TIN | If no TIN, list reason A, B or C
3. Country | TIN | If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box. ☐.

Reason A The country of tax residency does not issue TINs to tax residents
Reason B The individual has not been issued with a TIN
Reason C The country of tax residency does not require the TIN to be disclosed

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SECTION 3: VERIFICATION PROCEDURE

*Verify the **individual's** full name; and **EITHER** their date of birth or residential address.*

- *Complete Part **I** (or if the individual does not own a document from Part **I**, then complete either Part **II** or **III**.)*
- *Contact your licensee if the individual is unable to provide the required documents.*

PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
☐	Australian State / Territory driver's licence containing a photograph of the person
☐	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
☐	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
☐	Foreign passport or similar travel document containing a photograph and the signature of the person*

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – *should only be completed if the individual does not own a document from Part **I***

Tick ✓	Select ONE valid option from this section
☐	Australian birth certificate
☐	Australian citizenship certificate
☐	Pension card issued by Department of Human Services (previously known as Centrelink)
Tick ✓	**AND** ONE valid option from this section
☐	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
☐	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
☐	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
☐	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – *should only be completed if the individual does not own a document from Part **I***

Tick ✓	Select ONE valid option from this section only
☐	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
☐	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

IMPORTANT NOTE:

- → ***Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR***
- → ***Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents***

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
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

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature		Date Verification Completed	

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Contact details

AET

Postal address

GPO Box 546
Adelaide SA 5001

Registered office

44 Pirie Street
Adelaide SA 5000

Telephone

1800 254 180

Email

aetclientservices@aetlimited.com.au

Website

www.aetlimited.com.au

PLA-17805 (509984) 0620