



Expand Extra Pension Forms Booklet

30 March 2024
www.myexpand.com.au

Issuer: IOOF Investment Management Limited ABN 53 006 695 021, AFSL 230524.

EXPAND Extra

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.

Which forms to complete

Form name	When to complete this form
Expand Extra Pension Application	To set up a new account
Request to Transfer	To transfer monies from another super fund or income stream.
Beneficiary Nomination	To make a Non-lapsing Binding nomination, Binding nomination or Non-Binding nomination (online functionality available once account is established).
Family Fee Aggregation Application	To set up Family Fee Aggregation.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 517 124. Please note that ClientFirst is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your account

Once you have read the PDS 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 and all other forms that are relevant to you.
Step 2	<p>Payment can be made via BPAY®, direct debit, rollovers or transfers.</p> <p>If you would like to pay by cheque make your cheque payable to:</p> <p>Expand Extra Pension – [your full name or account number]</p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p>Expand Extra Pension – Robert Brown</p> <p>If you have completed one or more Request to Transfer forms, attach the signed original(s) to the Application.</p>
Step 3	<p>If relevant, attach your cheque to your Application, and post the Application and all other completed forms to the following address:</p> <p>Expand Reply Paid 264 Melbourne VIC 8060</p>

We will send you a Welcome Pack, normally within seven business days of joining, confirming your personal details and investment strategy.



EXPAND Extra

29 January 2024

Pension Application

Before you sign this application form, the Trustee or your licensed financial adviser is obliged to give you a PDS, which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs. A target market determinations (TMD) has been issued by us and describes the target market for this product. A copy of the TMD for the this product is available at myexpand.com.au.

Please note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)*, the Trustee must obtain proof of identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

For further information on the types of identification which can be attached, please refer to the 'Completing Proof of Identity' document on myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

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

This Forms booklet is for client use only. If you are a Financial Adviser you should complete the Expand Extra Pension Application through IOOF Online. For more information please speak to your Business Development Manager.

Step 1: Applicant details

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

Given name(s)

Residential address

Suburb State Postcode

Country (if not Australia)

Mailing address (if different from above)

Suburb State Postcode

Country (if not Australia)

Phone (home) Phone (work)

Mobile

Email

Date of birth / / Gender Male Female

I have attached original certified copies of my identification documents to this application form.

If you are residing overseas, you must complete and submit

An Overseas Investor form (myexpand.com.au).

Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

In accordance with the AML/CTF legislation, please advise the following:

(Note: Your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate our compliance with the AML/CTF legislation).

Please confirm your source of wealth (how you've obtained your wealth).

- Income from employment (eg regular and/or bonus)
- Investment income (eg rent, dividends, pension)
- Business income
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)
- Sale of assets (eg shares, property)
- Windfall (eg gift, lottery, gambling)

Please confirm your source of funds. (Source of funds is where the funds for the opening of the account have originated from).

- Income from employment (eg regular and/or bonus)
- Investment income (eg rent, dividends, pension)
- Business income
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)
- Sale of assets (eg shares, property)
- Windfall (eg gift, lottery, gambling)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

- Yes No

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

- a Politically Exposed Persons form (myexpand.com.au).

Step 2: Pension details

Please select the appropriate pension for you.

I wish to commence a **retirement phase pension**. I am eligible to so do because:

(Please tick one box applicable to your circumstance)

My existing benefits are unrestricted non-preserved.

I have reached age 65.

I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.

I have left gainful employment on / / and was over age 60 at that time.

I wish to commence a **transition to retirement pension** as I have reached my preservation age but not met a condition of release.

I wish to commence a **death benefit pension** as I am rolling over a death benefit and my relationship to the deceased is:

Spouse.

Child under the age of 18 or financially dependent child under 25.

Child of any age and suffering from a disability (please attach evidence of disability).

Financial dependant or interdependent and not a child (please attach evidence of relationship).

Step 3: Tax file number

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 Tax File Number 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, including:

- 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.

We require your TFN in order to process your pension application.

Step 4a: Deposit Instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice. Please note the deposit instruction, Cash Account preferences and income preferences all form part of your Standing Instructions. Maturing investments (term deposits and fixed term annuities) and listed investments do not form part of your Standing Instructions. The instructions provided in this form override any previous instructions.

For more information on Standing Instructions, please refer to the General Reference Guide.

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit 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 add up to 100%.
- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- For a full list of investment options available for selection within Expand Extra Pension go to our website, select from the **Expand Extra Investment Menu** and **Investment Guide** and list your selections in the space provided below.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Maturing investments (term deposits and fixed term annuities) and listed investments cannot form part of your Deposit Instruction. Please refer to Steps 4b and 4c to provide these instructions.
- Deposit instructions will not automatically be applied to internal transfers.

100% Cash Account **OR** Deposit Instruction

APIR code	Investment option	Allocation (%)
<input type="text"/>	Cash Account (Mandatory)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (must = 100%)		<input type="text"/>

Step 4b: Listed investments

Please provide details of any listed investments you would like to purchase as part of your initial application.

Minimum trade is \$500 per listed investment.

ASX code	Investment option	Units	OR	Investment amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>

Please note

- If additional space is required, please attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 99% of your account balance invested in listed investments.

Step 4c: Term Deposit details

Please provide details of any term deposits you would like to purchase as part of your initial application.

Maturity Instructions									
Term Deposit Provider	Term (months)	Amount	Pay to cash account	OR	Re-invest principal	OR	Re-invest partial principal	OR	Re-invest principal and interest
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	OR	<input type="text"/>	OR	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	OR	<input type="text"/>	OR	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	OR	<input type="text"/>	OR	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	OR	<input type="text"/>	OR	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/>

Note: A minimum of \$5,000 per term deposit applies.

For a list of available term deposits, please visit myexpand.com.au/maturing-investments.

Where an investment instruction for a term deposit or listed investment is made at the same time as a new application these investment instructions will be processed before any other Investment Instruction relating to this new account is processed.

Step 5: Cash Account preferences

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

- Cash Account default minimum of 1%
- OR
- Cash Account percentage nominated in your Deposit Instruction
- OR
- Custom Cash Account minimum of %

Cash Account dollar-based minimum (optional)

You may also nominate a dollar-based minimum on the amount held in your Cash Account (subject to a \$5,000 minimum) that will be used in conjunction with your percentage-based minimum stated on the previous page.

If your Cash Account falls below zero, we will then top-up your Cash Account to the lower of your dollar-based minimum or percentage-based minimum.

To set a Cash Account dollar-based minimum please specify the amount here \$

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- your selected Cash Account limit; or
- the Cash Account dollar-based minimum.

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 method you have selected below:

Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR
 Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.

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

If you don't indicate a top-up method, the default option of pro-rata will be applied.

Any asset sales associated with your Cash Account top-up will be actioned in accordance with your tax optimisation method. To view and update your chosen method, please speak to your financial adviser or log in to Expand Online.

Redemption instructions – percentage and pecking order

APIR Code	Investment option	Redemption Instruction (%)	Pecking Order
<input type="text"/>	<input type="text"/>	<input type="text"/>	1
<input type="text"/>	<input type="text"/>	<input type="text"/>	2
<input type="text"/>	<input type="text"/>	<input type="text"/>	3
<input type="text"/>	<input type="text"/>	<input type="text"/>	4
<input type="text"/>	<input type="text"/>	<input type="text"/>	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	7
<input type="text"/>	<input type="text"/>	<input type="text"/>	8
<input type="text"/>	<input type="text"/>	<input type="text"/>	9
<input type="text"/>	<input type="text"/>	<input type="text"/>	10
Redemption Instruction total (must = 100%)		<input type="text"/>	

Please note:

- 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.
- Where you have selected to have a percentage redemption instruction, the percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Restricted investments, listed investments, SMA Model Portfolios, investment options with extended redemption periods, and annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction.

Step 6 : Automatic Re-weight Facility

Use this to automate a re-weight of all the eligible investments in your portfolio, according to a percentage-based instruction at a set frequency.

I direct the Trustee to manage my portfolio as follows:

Re-weight frequency (choose one):

Quarterly
 Half-yearly
 Yearly

Commencement date (will commence on the 20th of the chosen month):

/

Please note that if the portfolio contains investments which cannot be selected as part of a re-weight (for example maturing investments or investments which cannot be sold), the re-weight preference submitted will be applied to the remaining investments within the portfolio.

Please ensure that the re-weight preference includes at least the default minimum allocation to the Cash Account. The default Cash Account minimum is 1%.

Any asset sales associated with your Automatic Re-weight instructions will be actioned in accordance with your existing tax optimisation method. To view and update your chosen method, please speak to your financial adviser or log in to Expand Online.

Re-weight preference:

Deposit Instruction – Re-weight my portfolio in accordance with my Deposit Instruction in Step 4a.

OR

Re-weight Instruction – Re-weight my portfolio in accordance with my Re-weight Instruction specified in the table below.

If you have selected the Re-weight Instruction option, please specify which investments are to be used and the respective allocations. Please list all investments in your portfolio below.

APIR code or ASX code	Name of investment	% allocation
<input type="text"/>	Cash Account	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

Must add up to 100% including the Cash Account allocation

Step 7: Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments and SMA Model Portfolios as follows:

Re-invest (default option) – Re-invest the income distributions back into the same managed investment or SMA Model Portfolio that made the income distribution.

OR

Retain in Cash Account – Leave all income distributions to accumulate in my Cash Account.

OR

Income Instruction – percentage – reinvest the income into managed investments selected below.

If you have selected the Income Instruction – percentage, please specify which managed investments are to be used and the respective allocations. Please ensure that the Income Instruction does not contain listed or maturing investments.

APIR code	Investment option	Allocation (%)
<input type="text"/>	Cash Account (Mandatory)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (must = 100%)		<input type="text"/>

If you do not indicate your income preference, the default option of re-invest will be applied.

Step 8: Nomination of beneficiaries

Please complete Section A OR Section B.

Section A: Reversionary Pensioner

This nomination must be made before the commencement of your pension. Your nominated Reversionary Pensioner cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Death Benefit Nomination or Non-Binding Death Benefit Nomination.

In the event of your death you wish the remaining balance of your pension account (if any) to continue to be paid as a pension to your nominated Reversionary Pensioner.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>				
Given name(s)	<input type="text"/>						
Residential address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Phone (home)	<input type="text"/>		Phone (work)	<input type="text"/>			
Mobile	<input type="text"/>						
Email	<input type="text"/>						
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		
			Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Relationship to member*	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial Dependiant		

* Refer to the PDS for the restrictions that apply.

Section B: Beneficiary Nomination

Do not complete this section if you have nominated a Reversionary Pensioner in Section A.

If you are transferring your entire balance from Expand Extra Super, any existing valid nomination will be transferred to your Expand Extra Pension account unless you make a new nomination.

Non-lapsing Binding, Lapsing Binding or Non-Binding Death Benefit Nomination (please complete the Beneficiary Nomination form available in this forms booklet).

If you do not make a Beneficiary Nomination or nominate a Reversionary Pensioner, your death benefit will be paid to your Legal Personal Representative in the event of your death.

Step 9: Pension payment details

Frequency

Fortnightly Monthly Quarterly Half-yearly Yearly

Pension payments will be made on the first available date after the pension has been established.

I would like to select a specified start date.

Date / /

Please note:

- If this request is not processed in time to meet this date, we'll use the next available date to process your pension payment.
- We may process your pension payment earlier than the specified date, to ensure it reaches your nominated financial institution on time.
- If the selected payment date is unavailable for any month, we'll aim to make the payment on the nearest available business day prior to the that date.
- There may be delays in early July as we recalculate pensions for the new financial year.

Step 10: Pension level details

Select the level of annual pension required.

Minimum*

OR

Maximum limit** (Transition to retirement pension only)

Full maximum (10%)

OR

Pro-rata maximum

OR

Nominated amount \$ per annum Net Gross Indexation rate % OR CPI

OR

Nominated amount \$ per payment† Net Gross Indexation rate % OR CPI

* If you commence your pension other than on 1 July, this amount will be pro-rated.

** If you select a transition to retirement pension and do not complete this step, the full maximum (10%) pension payment will apply.

† This is a whole payment amount.

Step 11: Nominated financial institution for pension payments and withdrawals

Name of financial institution

Account name

BSB - Account number

I do not want this bank account automatically used for withdrawals.

Please note:

- Ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.
- The nominated account must be in your own name or in one jointly owned by you.

Step 12: Contribution or rollover details

The minimum initial contribution is \$20,000.

Important note:

- For initial contributions equal to or more than \$2 million you must also complete and attach:

a High Threshold Transaction form (myexpand.com.au)

- If you are making your initial contribution by direct debit, please complete and attach:

Direct Debit Request form (myexpand.com.au)

Section A: Contributions

Personal contribution ¹	\$	<input type="text"/>
Spouse contribution	\$	<input type="text"/>
Downsizer contribution ²	\$	<input type="text"/>
Personal Injury payment ³	\$	<input type="text"/>
CGT Small business contribution ³	\$	<input type="text"/>

I wish to claim a tax deduction for some or all of the personal contribution completed above and have attached a completed Tax Deduction Notice.

Section B: External Transfers from other super funds

If you wish to roll over funds from another account(s), please fill in the following details and complete a Request to Transfer form, available in this forms booklet, for each account. If you do not know the amount of your rollover(s), please provide an estimate.

Rollover institution name	Expected amount \$
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Section C: Transfer from an existing account from within the Fund⁴

For existing members only

Account number

I would like to transfer my whole balance from the above account and I understand that by doing this the above account (and any insurance cover) will be closed as a result.

I would like to transfer a partial amount of \$

OR

I would like to leave the amount of \$ in the above account*

* Minimum amount to leave in your existing account is \$10,000 plus liabilities. Minimum initial investment is \$20,000.

- If you want to claim a tax deduction for your personal contribution please complete a Tax Deduction Notice Form which is available on our website. This must be submitted and processed prior to the pension commencing and if you are 67 and over you must have met the work test or work test exemption to be able to claim a deduction.
- You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from our website.
- Please complete and attach the appropriate election form which can be obtained from our website.
- It's important to be aware that your portfolio will not be re-weighted as a result of the in specie transfer. A re-weight can be processed on the new account online via the Investments tab, or by completing an Investment Instruction form.

Investment instructions

Full Transfers

Your investment options in your existing account will be transferred to your new Expand Extra Pension account where possible.

Investment options not available in Expand Extra Pension will be redeemed and invested in the Cash Account until you provide us with Investment Instructions.

Partial Transfers

Important note: Please ensure you have met the relevant remaining minimum balance requirements of the existing account.

Please list below the investments and amount you wish to transfer. Partial transfers of SMA Model Portfolios are not available.

APIR code/ASX code	Name of investment option	% or \$ amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Deduction Notice under Section 290-170 ITAA for full or partial transfers

If you have made personal contributions during the current financial year to your existing super account, please tick the box below and attach a completed ATO's Notice of Intent to Claim a Tax Deduction form with your Application. This can be obtained from our website (myexpand.com.au). We recommend that you speak to a financial adviser in relation to your eligibility to claim a personal tax deduction.

I wish to claim a tax deduction for some or all of the personal contribution(s) in the current financial year and have attached a completed ATO's Notice of Intent to Claim a Tax Deduction form.

A completed ATO Notice of Intent to Claim a Tax Deduction notice must be submitted and be processed prior to the transfer to your pension account. Once your pension has commenced, your notice cannot be varied and you cannot receive a refund of taxes paid even if the ATO disallow your deduction.

Section D: Transferring from an existing pension product in the Fund

Your current pension will automatically continue in your new Expand Extra Pension account. All pension payment details will **automatically** transfer unless you select to commence a new pension below, make any changes to those details on this application or the changes are required by law.

I wish to commute my pension and commence a new pension

Please note: A new pension is required if you are:

- making a transfer from an external fund into this account
- transferring more than one pension into this account
- changing your nominated Reversionary Beneficiary; or
- adding further contributions.

Step 13: Member/Applicant declaration

Proof of identity

It is important that you provide the appropriate documents and details of your identity as outlined in the 'Completing Proof of Identity' document on myexpand.com.au. This information may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law). The Trustee will require you to provide a certified copy of your identification.

Privacy

Information (including your personal information) provided to the Trustee is used for the purpose of opening a pension account and for other related purposes. For the purpose of providing you with the product or service you have requested, the Trustee may disclose your personal information to its related bodies corporate, your employer, your financial adviser, insurers, professional advisers, businesses that have referred you to the Trustee, banks and other financial institutions, or to provide you with information about other products or services that may be of interest to you. The Trustee is required to collect your personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If you do not provide all of the requested information, the Trustee may not be able to action your request. To verify your identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about you from reliable identity verification service providers. Your personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy 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 Trustee's privacy policy by contacting ClientFirst on 1800 517 124 or at myexpand.com.au/privacy.

By signing and submitting this application form, you acknowledge that the personal information you have provided will be collected, used and disclosed by the Trustee for the purposes specified in the PDS and the privacy policy.

Electronic communications

By signing and submitting this application form, you agree to receive communications from the Trustee by accessing them electronically via Expand Online as set out in the General Reference Guide. When a communication is available for you to access online, the Trustee will send a notification to your preferred email address. You will need to let the Trustee know your preferred email address when registering to join Expand Online and then tell the Trustee your new email address if it changes. You can also elect to receive paper copies of communications via Expand Online.

Transferring from another product within the Fund

If you are transferring from another product within the Fund, then do so on the terms and conditions outlined in the PDS.

Financial adviser (if applicable)

If details of your financial adviser have been included in this application form (or an adviser appointed at a later date), by signing and submitting this form, you:

- Request the Trustee to acquire the services of the financial adviser to advise you about your superannuation or pension benefits and to act on your behalf in relation to this account.
- Authorise your adviser and their staff to act as your agent to operate your account, to give any instructions on your behalf in relation to your account to the Trustee by any methods as set out in the PDS and to request and authorise payment of a withdrawal benefit to your nominated bank account.
- Instruct the Trustee to follow your adviser's instructions until the Trustee receives notice that you have cancelled your adviser's authority.
- Release and indemnify the Trustee and any member of the Insignia Financial 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 your financial adviser and their staff under this authority, except to the extent caused or contributed to by the Trustee's fraud, negligence or wilful default.

Deposit Instruction

The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFSL 230524 is directed to process the Deposit Instructions specified on this form.

The Instructions provided in this form override any previous Instructions.

Investment options with extended redemption periods

If you elect to make an investment in an investment option that is designated as a restricted investment in the Expand Extra Investment Menu as updated on the Expand website (also referred to as an 'illiquid investment'), you need to be aware that:

- If you request to rollover or transfer the whole or part of your withdrawal benefit from the fund, the trustee is not required to transfer the whole of your withdrawal benefit (or a partial amount requested to be transferred) which is invested in a restricted investment within the usual period of 30 days after receiving the request and all information prescribed by superannuation law (including all information that is necessary to process your request); and
- Unless specified otherwise, restricted investments are illiquid because the issuer of the investment has imposed withdrawal restrictions on the investment.

By signing and submitting this application form, you consent that you understand and accept that a period longer than 30 days is required (in respect of the whole or part of the requested transfer amount) in which a transfer from a restricted investment must be effected because of the illiquid nature of restricted investments.

Product disclosure statements for managed investment options and Separately Managed Account (SMA)*

The Trustee has made available to you, through the Expand website, electronic versions of the product disclosure statement(s) (PDSs) for the underlying managed investments and SMA which are offered as investment options through this product. You can also obtain copies of the PDS on request by contacting your financial adviser or by calling our ClientFirst service on 1800 517 124.

By signing and submitting this application form, you confirm that you have obtained the PDSs for your selected underlying investment options.

The PDS for a managed investment or SMA may be updated or replaced by the fund manager, responsible entity or issuer of the investment option from time to time. By signing and submitting this application form, you acknowledge that when further investments are made into a managed investment or SMA you have selected (including through investment switches or additional contributions), you may not have received the current PDS for the managed investment or SMA at that time and disclosure about certain material changes and significant events that the issuer of the managed investment or SMA product would be required to give you (under section 1017B(1) of the *Corporations Act 2001*) if you had made an equivalent direct acquisition of the investment option.

*SMA available as an investment option from 30 March 2024.

Investment options and financial advice.

It is important that you understand the risks for your selected investment options (see the information about the available categories and the typical investors that they could suit in the Investment Guide). We recommend that you seek advice from a financial adviser before selecting an investment option.

Certain investment options are only available for clients of a particular financial adviser or AFS Licensee. These investments will no longer be available to you if you cease to be a client of that financial adviser or AFS Licensee. See the Expand Extra Investment Menu which indicates which investment options are available to 'advised clients' only and provides details in the footnotes about investment options available only to clients of particular financial advisers or AFS Licensees.

Maturing Investments (term deposits or fixed-term annuities)

The Trustee has made available to you, through the Expand website, electronic versions of the applicable PDS, terms and conditions or product guide (disclosure documents) for each maturing investment offered as an investment option through this product. You can also obtain copies of these documents on request by contacting your financial adviser or by calling our ClientFirst service on 1800 517 124. Where it may take longer than 30 days to redeem a maturing investment, the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request). By signing and submitting this application form, you agree to access the disclosure documents in these ways and confirm that you have received the applicable disclosure documents for any maturing investment you have selected.

Source of wealth and funds

Under AML/CTF legislation, we are required to identify your source of wealth and funds and may request further information or evidence from you.

Document verification

The Trustee may seek to validate any government issued ID you have provided for identity purposes. This may include providing your personal details such as name, date of birth and address and any identification document to an external secure document verification service provider to validate.

By signing and submitting the application you provide consent for the Trustee to verify your identity through their preferred external secure document verification service provider Green ID in the event the certified identification you have provided cannot be used to verify your identity. This includes disclosing your name, date of birth, residential address and email address to a credit reporting agency and by confirming the authenticity of my government issued ID with the relevant government departments.

If you have not provided the required identification document, the identification document cannot be verified, or the Trustee is not satisfied the identity requirement has been met, the Trustee may not be able to process your application.

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 'Completing Proof of Identity' document on myexpand.com.au, 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.

Managed Discretionary Accounts (MDA)

By signing and submitting this form, you authorise the Trustee to charge any agreed Portfolio Management Fee against your account. Any agreed Portfolio Management Fees will be charged to your account and paid in full to the MDA provider while you remain invested in an MDA model.

PDS and Trust Deed

Before submitting this application, you should read the Expand Extra Super and Pension PDS and contact us if you have any questions. You can also access the Trust Deed which governs the Fund at ioof.com.au or by calling ClientFirst on 1800 517 124.

By signing and submitting this application, you confirm that you have obtained a copy of the PDS and apply for an Expand Extra Pension account and to become a member of the Fund.

If your application is accepted, our relationship with you will be governed primarily by the Trust Deed and superannuation legislation, and we do not intend by this form to create a contractual relationship with you.

Information you provide

We will rely on the information you give us to process your request. By signing and submitting this application form, you represent that the information you have provided is true and correct. If you do not provide us with all of the requested information or if information provided is incorrect, we may not be able to comply with your request.

If any of the information you have provided changes, you should inform the Trustee as soon as possible.

Your instructions to us

We are not required to ask whether instructions are genuine or proper. You agree to release us from, and indemnify us against, any and all losses and liabilities arising from any payment or action we make based on any written instruction (even if not genuine) we receive bearing your account number and a signature we reasonably believe is yours or that of your representative. You also agree neither you, nor anyone claiming through you, has any claim against us or the Fund in relation to these payments or actions. Your release and indemnity does not apply where the loss or liability has been caused or contributed to by our fraud, negligence or wilful default.

We do not accept any liability whatsoever for an instruction not being implemented in these circumstances.

Target Market confirmation

I have reviewed and understand the Target Market Determination for Expand Extra Pension and any relevant investment(s) selected and confirm that Expand Extra Pension and any investment(s) selected meets my objectives, financial situation and needs.

Please note: if your investment objective(s), timeframe and/or risk profile are inconsistent with those of Expand Extra Pension or the investment(s) you have selected, then we suggest you seek financial advice that takes into account your personal circumstances.

AML/CTF legislation confirmation

I confirm that I have provided the relevant applicant proof of identification in line with the obligations under the AML/CTF legislation and I have attached original certified copies of my identification document(s) with this Application.

Where relevant I have attached:

- An Overseas Investor form if I am not residing in Australia.
- A High Threshold Transaction form where the initial deposit is greater than \$2 million.
- A Politically Exposed Persons form if I am politically exposed.

Member/Applicant
signature

Date / /

Please forward all correspondence and enquiries to:

Post Expand
Reply Paid 264 Melbourne VIC 8060

Email clientfirst@myexpand.com.au

Telephone 1800 517 124

29 January 2024

Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into Expand Extra Pension.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (myexpand.com.au) if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **3 boxes** where provided.

This form, including the certificate of compliance, should be forwarded to us by post.

Step 1: Your personal details

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

Given name(s)

Residential address

Suburb State Postcode

Date of birth / /

Please nominate the Expand Extra Pension account number that will receive the transfer of super benefit if available:

Unique Superannuation Identifier (USI) S M F 0 1 2 6 A U

Account number (if known)

ABN 7 0 - 8 1 5 - 3 6 9 - 8 1 8

Step 2: Details required for transfer

Section A: Details of your FROM fund or SMSF

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

Fund Name	<input type="text"/>
ABN#	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Unique Superannuation Identifier (USI)#	<input type="text"/>
Account/member number#	<input type="text"/>
Electronic Service Address (ESA) (if transferring from a SMSF)	<input type="text"/>

You can obtain this information from the FROM Fund's product disclosure statement, your latest Member Statement or by contacting the FROM Fund. You do not need to provide a USI or an account/member number if transferring from a SMSF.

Section B: Benefit to be transferred

Amount to be transferred

<input type="checkbox"/> Entire balance (account in the FROM fund will be closed)	Approximate value \$	<input type="text"/>
<input type="checkbox"/> Partial balance of	\$	<input type="text"/>

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Step 3: Important information and member/Applicant and signature

Important note: The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at myexpand.com.au/privacy.

Information you provide

We will rely on the information you give us to process your request. By signing and submitting this application form, you represent that the information you have provided is true and correct.

Before you submit this application

Before you submit this application, we recommend that you inform yourself about the consequences of a transfer of your benefits from your FROM fund. The implications may include termination of any insurance cover in the FROM fund and deduction of fees and taxes from your benefit by the trustee of the FROM fund. If you are requesting a partial transfer, you should also consider any remaining minimum balance requirements in the FROM fund.

You can ask the trustee of the FROM fund for information that you reasonably require for the purpose of understanding any benefit entitlements that you may have, including:

- information about any fees or charges that may apply to the proposed benefit transfer, and
- information about the effect of the proposed benefit transfer on any benefit entitlements you may have.

You should only submit this form if you have obtained any information you reasonably require, or you do not require such information.

Authorisation

- By signing and submitting this form, you request the transfer of your super benefit as set out in this form and authorise IOOF Investment Management Limited (IIML) and the trustee of the FROM fund to give effect to this transfer.

Member/applicant signature

Signature

Date

 / /

Please note: The following letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

Please forward all correspondence and enquiries to:

Post Expand
Reply Paid 264, Melbourne VIC 8060

Email clientfirst@myexpand.com.au
Telephone 1800 517 124



EXPAND Extra

To whom it may concern

Certificate of compliance

Expand Extra Super and Expand Extra Pension (Unique Superannuation Identifier (USI) SMF0126AU) form part of IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818.

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

Frank Lombardo
Chief Operating & Technology Officer
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFSL 230524

Registered Address

Level 1, 800 Bourke Street, Docklands VIC 3008

ClientFirst

Postal Address GPO Box 264, Melbourne VIC 3001
Telephone 1800 517 124
Email clientfirst@myexpand.com.au

29 January 2024

Beneficiary nomination

Complete this form to make a new beneficiary nomination, or to amend or revoke (remove) an existing nomination. For more information, refer to the fact sheet available at myexpand.com.au/beneficiary.

If you have multiple accounts, you'll need to complete a separate nomination form for each account.



Log in to submit your beneficiary nomination

Logging in to your account is the easiest way to submit your death benefit nomination. If you're nominating, amending or revoking a Lapsing binding beneficiary, you'll be directed to download and print the form, have two people witness your signature, and upload it.

Step 1: Your details

Account number	<input type="text"/>	Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/>	/	<input type="text"/>
Mobile	<input type="text"/>		
Email address	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postal address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>

Step 2: Nomination type

New nomination
 Amend existing nomination
 Revoke (remove) existing nomination

Step 3: Beneficiary type

- Non-lapsing binding:** your nomination is enduring and won't expire. Nominations remain in place unless revoked or amended.
- Lapsing binding:** nominations are valid for three years and revert to non-binding unless renewed.
- Non-binding:** the superannuation trustee is not legally bound to pay your death benefit according to your nomination instructions. However, the trustee will take into account these nominations when determining your beneficiaries.

Please also complete Step 7 if you're nominating, amending or revoking a Lapsing binding nomination.

Step 4: Your nomination

Please use block writing. If you're nominating more than one beneficiary, ensure the total benefit you allocate adds up to **exactly 100%**. If you want to nominate more than four dependents, print out a duplicate of this page and include with your form.

Dependant means:

- **spouse** (including de facto, opposite and same sex)
- **child** of any age (including adopted, step or ex nuptial)
- any person(s) **financially dependent** on you, or
- any person(s) in an **interdependent** relationship to you (e.g. living with you, and one or both provide the other with financial, domestic and personal support).

Legal personal representative means your death benefit will be paid to your estate, i.e. will be distributed as part of your Will (or as per laws of intestacy if you do not have a Will). You're not required to include the details of your legal personal representative on this form.

Name and date of birth	Address and phone	Beneficiary type	Percent of benefit
Dependant 1			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 2			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 3			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Dependant 4			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Legal personal representative Details not required - include the percent of benefit only.			<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Total of all Dependents and/or Legal personal representative must equal 100.00%			<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 . <input type="text"/> 0 <input type="text"/> 0 %

Step 5: Dependant confirmation

Are any of your beneficiaries listed above a **child under 18 years**, an **Interdependent** or **Financial Dependant**?

- No. Continue to Step 6.
 Yes. **Child under 18 years**. I intend for my super benefits to be paid to my minor child and understand if they reach age 18 prior to my death the tax treatment may vary.
 Yes. **Interdependent or Financial Dependant**. I understand if my beneficiary no longer meets the applicable definition under super law at the time of my death my nomination may not be valid.

Step 6: Member declaration and signature

I understand that:

- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death.
- the nomination must be in favour of one or more of my Dependants and/or my Legal Personal Representative.
- the allocation of my benefit must be clearly set out.
- a nomination can be signed under the authority of an enduring power of attorney, however legislation restricts the attorney from making a nomination in favour of themselves.
- the Trustee cannot accept a new Beneficiary Nomination whilst a valid Binding Nomination is in place. By completing Step 4 of this form, I understand that any existing Binding Nomination in place will be revoked and replaced.
- this Benefit Nomination, if accepted, will replace any nomination that is already in place.
- it is my responsibility to regularly review and ensure my nomination remains valid and current.
- the Trustee collects the information in this form for the purpose of updating the information it holds about me. Any personal information provided in this form will be handled in accordance with the privacy policy at myexpand.com.au/privacy.
- I can revoke my nomination at any time in accordance with the Trustee's procedures.
- the revocation of my nomination will take effect when it has been received and accepted by the Trustee (applicable to revocation only).
- once my nomination is revoked, I will no longer have a valid Beneficiary Nomination unless I provide new Beneficiary Nomination Instructions (applicable to revocation only).
- it is my responsibility to inform my nominated Dependants that I have provided their personal information to the Trustee and to refer them to the Trustee's privacy policy.
- if I do not have a valid Beneficiary Nomination in effect at the date of my death, the Trustee must pay my benefit in accordance with the rules set out in the Fund's Trust Deed (as amended from time to time). These rules are available in the disclosures and guides, which can be downloaded from the Expand website (myexpand.com.au).

Applicable to Lapsing binding nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit.
- my nomination will expire three years after the date it was first signed, or last confirmed or amended (Confirmation of Binding Nomination form available from our website).
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-binding Nomination.

Applicable to Non-lapsing binding nomination only

- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%).
- if my nomination is not valid for any reason at the date of my death, it will be treated as a Non-binding Nomination.
- the Trustee must consider and agree with my nomination and may require additional information if I nominate beneficiaries other than my spouse.

Applicable to Non-binding nomination only

- my Non-binding nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

Member/Applicant signature

Signature Date / /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature Date / /
 Parent/guardian full name

Please also complete Step 7 if you're nominating, amending or revoking a Lapsing binding nomination.

Step 7: Witness declaration and signature (only required for nominating, amending or revoking Lapsing binding nominations)

Both witnesses need to:

- sign and date the form in each other's presence and at the same time as the member/applicant.
- be at least 18 years of age
- have not been nominated as a Dependant on this form.

Witness 1

Surname

Given name

Witness signature 1

Date witnessed

 / /

Witness 2

Surname

Given name

Witness signature 2

Date witnessed

 / /

Both witnesses must sign and date the form in the presence of the member.

Checklist

- The combined percentages of my nomination(s) add up to exactly 100%.
- I have checked each section of the form is completed.
- I understand if I make a mistake I'm unable to make changes (eg by crossing out) and I'll need to complete a new form, available online.
- I have completed Step 5 as applicable

Additional checklist for Lapsing binding beneficiaries

- My witnesses are not nominated as beneficiaries.
- I've signed the form in the presence of both my witnesses and I have signed on the same date.

Return your form

Return your form by email to clientfirst@myexpand.com.au or by post to Expand GPO Box 264 Melbourne Vic 3001. We'll send you confirmation by post when we've processed your form.

Questions

Contact us on 1800 517 124 or clientfirst@myexpand.com.au.



EXPAND Extra

29 January 2024

Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across **Expand Extra products**¹.

Terms and conditions

- Each person applying to link for the purposes of Family Fee Aggregation must be a member of the same immediate family (such as spouse, son, daughter, partner, father, mother, brother, sister, grandparents and the spouses of immediate family members) including multiple accounts for the same person.
- Any new Family Fee Aggregation nomination will override any previous nomination.
- A maximum of eight accounts are allowed to be linked together for Family Fee Aggregation purposes.
- Accounts nominated for Family Fee Aggregation within the same group must be associated with the same financial adviser.
- A Family Fee Aggregation request may not be accepted and a linking can be cancelled at any time by the Trustee/Service Operator.
- Each linked account will be able to access information about the other members in the Family Fee Aggregation Group, including names, account numbers and the aggregate account balance.

Any account(s) in Expand Extra Investment can be linked for the purposes of Family Fee Aggregation, provided that either a director, trustee or joint investor has a linked account in their own name or the director, trustee or joint investor is an immediate family member with another linked account. The Trustee/Service Operator collects the information in this form for the purpose of processing the application.

Any personal information provided in this form will be handled in accordance with the Trustee/Service Operator's privacy policy, available at myexpand.com.au/privacy.

Please ensure that each linked account holder (including yourself) completes and signs this form, and that each account holder 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 and ✓ boxes where provided.

Linked account

Account Name

Account number (if known)

--	--	--	--	--	--	--	--	--	--

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

Date

	/		/	
--	---	--	---	--

1 Expand Extra products include: Expand Extra Super, Expand Extra Pension and Expand Extra Investment.

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

Date / /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

Date / /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

Date / /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

Date / /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

Date / /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

Important: Before you sign this document it is important that you read the current PDS and/or Offer Documents (available at myexpand.com.au) and important information set out above in this Family Fee Aggregation Application.

By signing and submitting this application, you confirm that you are applying for your account(s) to be linked to other parties detailed on this form for the purpose of calculating the Administration Fee, and that the information you have disclosed in this form is true and correct.

Signature

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Signature

Date / /

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