

14 November 2022

Nomination of Financial Institution

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

Please use this form to update the details of your nominated financial institution. Where applicable, these details will replace any existing financial institution details currently used in:

- any regular withdrawal plans (including Automatic Income Distribution Facility)
- ad hoc withdrawals
- pension payments

Where your adviser has financial adviser authority they'll be able to initiate withdrawals to your nominated financial institution listed in this form.

Section 1: Account details

Account number	<input type="text"/>
Account Name	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section 2: Nominated Financial institution details

If you wish to add or update a nominated financial institution account please supply details below:

Financial institution	<input type="text"/>
Account name	<input type="text"/>
BSB	<input type="text"/> - <input type="text"/>
Account number	<input type="text"/>

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 the same name or jointly in the same name of the account.

Section 3: Client declaration and signature(s)

Please note: The Trustee/Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the privacy policy at myexpand.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

- I/We consent to the collection and use of the above information by the Trustee/Service Operator for the purposes specified.
- I/We authorise the above changes to be made to my account details.
- I/We declare that the details given in this form are true and correct.

Please note: If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it). You generally cannot sign under Power of Attorney if acting on behalf of an entity.

Signature

Signatory 1

Role (such as Investor/Director/
Trustee as applicable)

Full name

Date

Additional Signatures (if required)

Signatory 2

Role (such as Investor/Director/
Trustee as applicable)

Full name

Date

Signatory 3

Role (such as Investor/Director/
Trustee as applicable)

Full name

Date

Signatory 4

Role (such as Investor/Director/
Trustee as applicable)

Full name

Date

Signatory 5

Role (such as Investor/Director/
Trustee as applicable)

Full name

Date

Signatory 6

Role (such as Investor/Director/
Trustee as applicable)

Full name

Date

Common seal
(of company) if required

Please forward all correspondence and enquiries to

Post: Expand
GPO Box 264, Melbourne VIC 3001

Email: clientfirst@myexpand.com.au

Telephone: 1800 517 124

Web: myexpand.com.au

Issued by IOOF Investment Management Limited ABN 53 006 695 021, AFSL 230524, as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818 and by Navigator Australia Limited (NAL) ABN 45 006 302 987, AFSL 236466, as Service Operator of Expand Essential Investment and Expand Extra Investment.