



Expand Extra Super 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
- how to make additional contributions to your account (once it has been set up) using BPAY®.

Which forms to complete

Form name	When to complete this form
Expand Extra Super Application	To set up a new account.
Request to Transfer	To transfer monies from another super fund or income stream into Expand Extra Super.
Beneficiary Nomination	To make a Non-lapsing Binding nomination, Binding nomination or Non-Binding nomination (online functionality available once account is established).
Application for Insurance	To apply for or change insurance cover.
Family Fee Aggregation Application	To apply for 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>IPS – Expand Extra Super – [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>IPS – Expand Extra Super – 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.

BPAY details

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

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	<p>To make contributions via the BPAY facility, simply log in to your personal account via myexpand.com.au to obtain your biller code and unique Customer Reference Number (CRN) information.</p> <p>If you are not registered to access your account details, this information is available in your welcome pack or by calling ClientFirst.</p>
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.

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30 March 2024

Expand Extra Super Application

Before you sign this Application form, the Trustee or your licensed financial adviser is obliged to give you a Product Disclosure Statement (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 may require proof of identity documents prior to you opening this account. 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 Super Application through IOOF Online. For more information please speak to your Business Development Manager.

Step 1: Applicant details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Tax file number	<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"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country (if not Australia)	<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"/>
Occupation	<input type="text"/>		

☐ I have elected to attach 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).

Please provide your tax file number (TFN) when acquiring this product. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the *Privacy Act 1988*. It is not an offence if you choose not to provide your TFN, but providing it has its 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 to process your Super Application.

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

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), 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: Nomination of beneficiaries

You may complete a Beneficiary Nomination form available in this forms booklet, from our website or by contacting ClientFirst. Otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative on behalf of your estate. Alternatively you can log on to Expand Online and submit the signed and dated nomination electronically.

Step 3a: 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 the your Deposit Instruction.

Please note:

- 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 Super go to our website, select from the **Investment Guide** and **Investment Menu** 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 3b and 3c 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"/>
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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"/>
Total (must = 100%)		<input type="text"/>

Step 3b: 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
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div></div>	\$	<div></div>
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<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div></div>	\$	<div></div>

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 3c: Term deposit details

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

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

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 Instructions relating to this new account are processed.

Step 4: 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 above.

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	Allocation (%)	Pecking order
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
Redemption Instruction % total (must = 100%)			

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, certain investment options with extended redemption periods, capital guaranteed income/pension investment options and annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction – percentage.

Step 5: 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.

If you don't indicate your income preference, the default option of re-invest will be applied.

[illegible]

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 tax optimisation method. To view and update your chosen method, please log into Expand Online.

Re-weight preference:

☐ Deposit Instruction: Re-weight my portfolio in accordance with my Deposit Instruction in Step 3(a).

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.

[illegible]

Must add up to 100% including the Cash Account allocation

Step 7: Initial contribution details

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)

Part A: Transfer(s) from other superannuation funds

Name of superannuation fund	Approximate value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

If you would like Expand to organise the transfer, please include with your Application a completed Request to Transfer form for each superannuation fund.

Part B: Employer contribution(s)*

1 Superannuation guarantee	\$ <input type="text"/>
2 Salary sacrifice	\$ <input type="text"/>
3 Other employer contribution	\$ <input type="text"/>

Part C: Non-concessional contribution(s)

1 Personal contribution ¹	\$ <input type="text"/>
2 Spouse contribution	\$ <input type="text"/>
3 Downsizer contribution ²	\$ <input type="text"/>
4 Personal injury payment ³	\$ <input type="text"/>
5 CGT small business contribution ⁵	\$ <input type="text"/>

* SuperStream Compliance – Employers must make employer contributions (Superannuation Guarantee, Salary Sacrifice and Employer Additional) using a SuperStream compliant method.

- If you want to claim a tax deduction for your personal contribution, please complete a Tax Deduction Notice form which can be obtained from our website 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 the ATO website.
- Please complete and attach the appropriate election form which can be obtained from our website.

Part D: Transfer from an existing account from within the Fund⁴

Account number

By providing your account number and by signing the applicant declaration, you authorise the transfer of the balance (in full or in part) from your existing account into your Expand Extra Super account.

Amount to be transferred:

☐ Entire balance

OR

☐ Partial transfer of

\$

The minimum amount to leave in your existing account is \$10,000 plus any liabilities.

Investment instructions

Full Transfers

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

Investment options not available in Expand Extra Super 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
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div></div>	<div></div>
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div></div>	<div></div>
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⁴ 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.

Step 8: Insurance (compulsory when applying for insurance)

You should not cancel any current insurance cover until your application for insurance has been accepted by the Insurer.

☐ I want to apply for new insurance and I elect to retain this cover even if my account balance is less than \$6,000 and/or I'm under age 25.

☐ I have completed a Retail Insurance application form

☐ I have completed an Application for Insurance form

OR

☐ I want to transfer existing insurance and I elect to retain this cover even if my account balance is less than \$6,000 and/or I'm under age 25.

☐ Please transfer my existing insurance from the account detailed in Step 7 Part D

☐ I have completed a Request to Transfer Insurance form to transfer my insurance held with another provider.

Note: For retail insurance, please contact the insurer and provide them with the new account number once this application has been submitted.

OR

☐ I do not have insurance and do not want to apply for or transfer any insurance

Insurance inactivity opt-in

☐ I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Step 9: Nominated financial institution for withdrawals (optional)

Please provide financial institution details for any withdrawals.

Name of financial institution

Account name

BSB

-

Account number

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 10: Member declaration and signature

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 may subsequently 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 Super 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, medical professionals where you have applied for insurance cover, 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 you 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.

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.

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 any 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. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

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 Super 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 Super and any relevant investment(s) selected and confirm that Expand Extra Super 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 Super or the investment(s) 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. Providing certified ID is not mandatory when opening a super account unless you're also submitting any of the below documents.

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

If you are under 18 we require a parent/guardian to co-sign this application

Signature		Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 80px;" type="text"/>
Parent/guardian signature		Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 80px;" type="text"/>
Parent/guardian full name		

Please forward all correspondence and enquiries to:

Post: Expand
Reply Paid 264, Melbourne VIC 8060
Email: clientfirst@myexpand.com.au

Telephone: 1800 517 124

30 March 2024

Request to Transfer

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

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 **✓** 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)	<input type="text"/>	Surname	<input type="text"/>		
Given name(s)	<input type="text"/>				
Mailing address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

Please provide the Expand Extra Super account number that will receive the transfer of super benefit below:

Unique Superannuation Identifier (USI)	<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"/>					
Account number (if known)	<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"/>					
ABN	<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"/>

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 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 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

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

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

To whom it may concern

Certificate of compliance

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

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30 March 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"/> / <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"/>
		Post code	<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	<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> %
Date of birth: <div> <div></div> <div></div> <div></div> </div>			
Dependant 2			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> %
Date of birth: <div> <div></div> <div></div> <div></div> </div>			
Dependant 3			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> %
Date of birth: <div> <div></div> <div></div> <div></div> </div>			
Dependant 4			
		<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> %
Date of birth: <div> <div></div> <div></div> <div></div> </div>			
Legal personal representative Details not required – include the percent of benefit only.			<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> %
Total of all Dependents and/or Legal personal representative must equal 100.00%			<div> <div>1</div> <div>0</div> <div>0</div> </div> <div> <div></div> <div></div> </div> %

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 Dependents 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 Dependents 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 myexpand 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.

30 March 2024

Application for Insurance (Incorporates personal health statement)

This form should also be used to apply for or change any insurance you may have EXCLUDING any retail insurance cover.

To apply for or vary retail insurance cover, you must contact your financial adviser. By choosing insurance through super, you may elect to continue cover even if you stop contributing to your super account.

To top-up your insurance cover using our life events feature please complete the Insurance application – life events and salary increase form available on our website or by contacting ClientFirst.

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you. If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:

If you have experienced any new health issues you may not be covered for these under your new cover

A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover

You may also be subject to waiting periods before you can make a claim on the new cover.

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

Step 1: Applicant details

Account number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>					
Given name(s)	<input type="text"/>							
Email	<input type="text"/>							
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Note: If you have not disclosed a gender or are gender indeterminate, you will be provided with premium rates under the default gender of male. This will apply for Death/TPD and Income Protection cover.

The duty to take reasonable care

When you apply for insurance, or apply to make changes to your existing insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance.

Phone	<input type="text"/>	Phone (mobile)	<input type="text"/>
Best time to call	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	until	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
How many hours do you work per week?	<input type="text"/> hours per week*		
* To apply for income protection cover, you must be working 15 hours or more per week.			
Do you intend to change your occupation in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your annual salary/remuneration** package (gross)?	\$ <input type="text"/>		

** Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the **Insurance Guide** available on the Expand website (myexpand.com.au).

Step 2: Death or Death and Total & Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase/decrease your existing Death or Death and TPD cover.

This is an application for:

- ☐ New cover
- ☐ Increase/decrease of existing Death or Death and TPD cover

Fixed dollar cover

☐ Total new Death cover \$

☐ Total new TPD cover \$

Please note: TPD cover is unavailable without death cover. You must apply for Death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of death cover.

OR Fixed premium cover per week (such as \$1, \$2, other)

☐ Death only cover \$

OR Fixed premium cover per week (such as \$1, \$2, other)

☐ Death and TPD cover \$

Step 3: Income Protection cover

Please complete Step 3 to apply for, or increase/decrease your existing Income Protection cover.

This is an application for:

- ☐ New cover
- ☐ Increase/decrease of existing Income Protection cover

Please note: You can have a monthly benefit of up to 75% of your monthly salary plus an optional superannuation contributions benefit up to 12% of your monthly salary not exceeding \$30,000 per month.

Specify cover required (mandatory information)

Income level (% of your salary) ☐ 75% ☐ Other up to 75%

Waiting period (days) ☐ 30 ☐ 60 ☐ 90

Benefit payment period ☐ 2 years ☐ 5 years ☐ to age 65

Superannuation contributions benefit (optional)

Do you want the

superannuation

contributions benefit?

☐ Yes ☐ No

Income level (% of your salary) % (up to 12% of your salary)

For more information see the **Insurance Guide** available on the Expand website (myexpand.com.au).

Step 4: Personal Health Statement

- 1 In the last 12 months, have you used any tobacco, e-cigarettes/vapes or products containing nicotine, including patches?

☐ Yes ☐ No

If you have answered Yes, please select which of the following nicotine products you use, and add quantity and frequency of use if smoking cigarettes.

☐ Cigarettes quantity per ☐ day ☐ or week ☐ or month

☐ Cigars/pipe tobacco ☐ E-cigarettes ☐ Nicotine replacement eg patches or gum

☐ Other – please provide details:

- 2 Have you smoked any substance other than tobacco?

☐ Yes ☐ No

If you have answered Yes, please specify the type of substance.

- 3 Do you consume alcohol?

☐ Yes ☐ No

If yes, please specify:

- a Quantity of alcohol consumed per day (in standard units)

Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, glass of beer (285ml)

- b Type of alcohol

- 4 Height in centimetres

cm

- 5 Weight in kilograms

kg

Occupation details

- 6 What is the name of your employer?

- 7 What is your usual occupation?

- 8 What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

Activities

- 9 Do you currently intend to participate in any of the following activities?

- a Aviation other than as a fare paying passenger on a commercial airline

☐ Yes ☐ No

- b Any activity generally classified as hazardous or extreme in nature

(such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving)

☐ Yes ☐ No

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of any injury you have suffered)

Residence and travel

- 10** Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months?

☐ Yes ☐ No

If you have answered yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

- 11** Are you an Australian or New Zealand citizen?

☐ Yes ☐ No

If you have answered yes, please go to Previous Insurance section of the form

- 12** Do you hold an Australian Permanent Resident's Visa?

☐ Yes ☐ No

If you have answered no, please provide your residency details below

Previous Insurance

- 13** Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the Insignia Financial Group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits?

☐ Yes ☐ No

- 14** Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused?

☐ Yes ☐ No

- 15** Do you have, or are you applying for, any other life or disability cover?

☐ Yes ☐ No

If you answered yes to question 13, 14 or 15 above please provide full details below:

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/exclusion/declined	To be replaced? (Yes/No)

Medical

- 16** Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/ investigations for any of the following.

If you answer yes to any of the following questions, please complete the table on the following page.

- a** Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder or rheumatic fever
- b** Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis
- c** Impairment of sight, hearing or speech
- d** Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate, gall bladder or thyroid problem
- e** Leukaemia, hepatitis, hemochromatosis or any blood problem
- f** Asthma, bronchitis or other respiratory disorder
- g** Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis
- h** Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder
- i** Cancer, tumour, melanoma, sun spot, mole or growth of any kind

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

j Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse

☐ Yes ☐ No

k Psoriasis, eczema or any skin problem

☐ Yes ☐ No

l Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury

☐ Yes ☐ No

m Hepatitis, the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?

☐ Yes ☐ No

Females only

n Gynaecological conditions (such as endometriosis, abnormal pap smear)?

☐ Yes ☐ No

o Complications of pregnancy or childbirth?

☐ Yes ☐ No

p Are you currently pregnant?

☐ Yes ☐ No

If you have answered yes, when is the expected delivery?

q Breast lump (even if you have not seen a doctor about it)?

☐ Yes ☐ No

Other medical (both males and females to complete)

r Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication)

☐ Yes ☐ No

s Apart from the questions a to q in question 16, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned?

☐ Yes ☐ No

Please provide details for all Yes answers in questions 16a to 16s in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 16a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 16) with a Yes answer (for example Q16a)			
Question no:	Q16__	Q16__	Q16__	Q16__
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				

7	If a hospital visit was required, please provide date and duration of your stay.				
8	What advice/treatment did you receive?				
9	Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10	Date treatment/medication ceased.				
11	When did you last suffer from any symptoms?				
12	Degree of recovery (%).				

- t Name and address of your usual doctor. Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing medical information authority"

- u Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

- v If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

Family history

- 17 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65?

☐ Yes ☐ No

- 18 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

Work health history

- 19 Are you, at the date of this application, due to injury, accident or illness:

- a off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis?
- b have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years?

☐ Yes ☐ No

☐ Yes ☐ No

Step 6: Privacy statement

The way in which the Trustee and the Insurer, TAL Life Limited, ABN 70 050 109 450, AFSL 237848 (TAL) collect, use, disclose and handle your personal information is set out in the Trustee's and TAL's privacy policies available respectively at myexpand.com.au/privacy and www.tal.com.au/privacy-policy or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

The Trustee and TAL may collect and use your personal information (including where authorised and required, sensitive health and financial information) to assess, verify and process an application or claim for insurance.

To provide the products and services you have requested, the Trustee and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, the Trustee and TAL may not be able to process your application.

If you would like to obtain more information regarding your privacy please contact ClientFirst on 1800 517 124 or TAL:

Telephone 1300 209 088
Fax 02 9448 9100
Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

Step 7: Member/Applicant declaration and signature

Before signing this application to apply for insurance cover, it is important that you:

- Read the PDS and the Expand Super Insurance Guide and contact us if you do not understand anything;
- Understand that any increase in cover will not commence until this application has been accepted by TAL. If this application is accepted, your new or updated cover will be subject to the terms and conditions of the insurance policy between the Trustee and TAL (a summary of which is provided in the Expand Extra Insurance Guide); and
- Understand that if you are providing information in this application about another person, it is your responsibility to inform them that you have done so and to refer them to the Trustee's and TAL's privacy policies

By signing and submitting this application form, you:

- Confirm that you have obtained a copy of the PDS;
- Confirm that you have read the notice under the heading 'The duty to take reasonable care';
- Confirm that you have read and checked all answers, including those not completed by you, and to the best of your knowledge and belief all answers to the questions in this application which relate to you are true and correct and complete; and
- Consent to your personal information (including health and sensitive information where authorised and required) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors as detailed in the Trustee's and TAL's privacy policies and as summarised in the PDS and this application.

Insurance inactivity opt-in

☐ I elect to have any existing or future insurances retained, even if my account does not receive a contribution or rollover for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member/Applicant signature

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

30 March 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	<input type="text"/>
Account number (if known)	<input type="text"/>
Relationship to group (such as spouse)	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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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.

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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.

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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.

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Signature

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 / /

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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

Contact us

Postal address

Expand
GPO Box 264
Melbourne VIC 3001

Telephone

1800 517 124

Email

clientfirst@myexpand.com.au

Website and Virtual Assistant

myexpand.com.au

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFSL 230524

Registered address

Level 1, 800 Bourke Street
Docklands VIC 3008

EXPAND Extra