

14 November 2022

## High Threshold Transaction Form

This form has been prepared in accordance with the IOOF Group AML/CTF Program. The information collected in this form will be solely used for 'know your client' (KYC) purposes. Any personal information provided in this form will be handled in accordance with our privacy policy, available at [myexpand.com.au/privacy](https://myexpand.com.au/privacy).

The form **must** be completed for any additional investment, contribution, rollover, transfer or deposit where the amount is **equal to, or more than, \$2 million**:

- Please provide detailed answers and provide the requested documentation to all questions to minimise required follow-up.
- Enter 'N/A' where the question does not apply.

### Step 1: Client details

Account number  
(if known)

Account name\*

\* Note: refers to name under which the account has been set up (ie name of the individual, proprietary concern, company, trust, SMSF etc).

#### Contact person details

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

Surname

Given name(s)

Date of birth

Occupation

#### Current residential address

Street

Suburb

State

Postcode

### Step 2: AML/CTF Checklist

#### 1 Reasons for investing in this product

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|  |
|  |
|  |
|  |
|  |
|  |

2 Please confirm the source of wealth. **Please provide sufficient documentation to prove it (eg Statement of Advice).**

☐ Income from employment (eg regular and/or bonus)

☐ Accumulated wealth or investments

☐ 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)

☐ Other

3 Please confirm the source of funds (specifically the source of the monies that will fund this transaction) and provide sufficient documentation to prove it (eg Statement of Advice)

☐ Australian domiciled bank account

☐ Overseas domiciled bank account

☐ Other

4 Please attach original certified copies of identification with this form

Please note your transaction cannot be processed until an original certified copy of the ID is provided to us.

Adviser name

Dealer name

Adviser signature

Date

/

/

Signature

Signatory 1

Date

/

/

Full name

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

Additional signatures (if required)

Signatory 1

Date

/

/

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

Full name

Signatory 3

Date /  /

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

Full name

Signatory 4

Date /  /

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

Full name

Signatory 5

Date /  /

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

Full name

Signatory 6

Date /  /

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

Full name

Common seal  
(of company) if required

Please forward all correspondence and enquiries to

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GPO Box 264, Melbourne VIC 3001

**Email:** clientfirst@myexpand.com.au

**Telephone:** 1800 517 124

**Web:** myexpand.com.au