

6 September 2021

## 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 www.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 unde	r 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 addre	ess		
Street			
Suburb	State Postcode		
Step 2: AML/CTF Checklist			
1 Reasons for investing	in this product		

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  Signature  Signature  Signature  Signature  Date	2 Please confirm the soi	urce of wealth. Please provide sufficient documentation to prove it (eg Statement of Advice).		
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 domicilled bank account Overseas domicilled 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  Signature  Signature  Date  J Date  J Date  Title (such as trivestor)	Income from em	ployment (eg regular and/or bonus)		
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Adviser name  Dealer name  Adviser signature  Signature  Signature  Full name Title (such as Investor/				
Dealer name  Adviser signature  Signature  Signatory 1  Full name Title (such as Investor/	-			
Adviser signature  Signature  Signatory1  Full name Title (such as Investor/	Adviser name			
Signature  Signatory 1  Full name  Title (such as Investor/	Dealer name			
Signature  Signatory 1  Full name  Title (such as Investor/				
Signature  Signatory 1  Full name  Title (such as Investor/	Address to set on			
Signatory 1  Full name  Title (such as Investor/	Adviser signature	Date / / / / / / / / / / / / / / / / / / /		
Full name Title (such as Investor/	Signature			
Full name Title (such as Investor/				
Title (such as Investor/	Signatory 1	Date / / /		
	Full name			
Directory institutely				
	Birector, musice;			
Additional signatures (if required)	Additional signatu	ıres (if required)		
Signatory 1 Date // / / / / / / / / / / / / / / / / /	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)	
Director, frustee 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	
I GII II GII I C	
Common seal (of company) if required	

## Please forward all correspondence and enquiries to

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