



# e»»p and

Investment •

Forms booklet

Individuals, Joint accounts and Self Managed  
Superannuation Funds

**Dated** 1 July 2022

**Issuer** IOOF Investment Services Ltd ABN 80 007 350 405, AFSL 230703.

1800 517 124 > [myexpand.com.au](https://myexpand.com.au)

# 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 deposits to your account (once it has been set up) using BPAY®.

## Which forms to complete

| Form name                          | When to complete this form   |
|------------------------------------|--|
| eXpand Investment Application      | To set up a new account (online functionality available for financial advisers).             |
| Family Fee Aggregation Application | To apply for Family Fee Aggregation (online functionality available for financial advisers). |

Before you complete any forms, please ensure you have read the Investor Directed Portfolio Service Guide (Offer Document). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 517 124 or your financial adviser. 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 Offer Document 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>Deposits can be made via BPAY, direct debit or transfers.</p> <p>If you would like to pay by cheque, make your cheque payable to:</p> <p><b>eXpand Investment – [your full name or account number]</b></p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p><b>eXpand Investment – Robert Brown</b></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><b>eXpand Investment<br/>Reply Paid 264<br/>Melbourne VIC 8060</b></p> <p>Applications can also be scanned and emailed to <a href="mailto:clientfirst@myexpand.com.au">clientfirst@myexpand.com.au</a>.</p>   |

We will send you an Account Schedule, normally within seven business days of joining, confirming your account 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 <a href="http://www.myexpand.com.au">www.myexpand.com.au</a> 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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1 July 2022

## eXpand Investment Application

Before you sign this Application form, the Service Operator or your licensed financial adviser is obliged to give you an Offer Document, which is a summary of important information relating to eXpand Investment. The Offer Document will help you to understand the product and decide if it is appropriate to your needs.

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

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

### Step 1: Applicant details

You will need to complete certain sections of this Application depending on your investor type.

#### What part of Step 1 do I need to complete?

- Complete Part A if you are an individual investor
- Complete Part B and Step 1a if you are a Self Managed Superannuation Fund
- Complete Part C and Step 1a if you are joint investors

#### Part A - Individual Investor

|   |                      |                          |                                 |
|---|----------------------|--------------------------|---------------------------------|
| Title (Dr/Mr/Mrs/Ms/Miss)                       | <input type="text"/> | Surname                  | <input type="text"/>            |
| Given name(s)                                   | <input type="text"/> |                          |                                 |
| Residential address<br>(PO Box is not accepted) | <input type="text"/> |                          |                                 |
| Suburb  | <input type="text"/> | State                    | <input type="text"/>            |
|   |                      | Postcode                 | <input type="text"/>            |
| Country (if not Australia)                      | <input type="text"/> |                          |                                 |
| Mailing address<br>(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<br>(work)          | <input type="text"/>            |
| Mobile  | <input type="text"/> |                          |                                 |
| Email (used for electronic<br>communications)   | <input type="text"/> |                          |                                 |
| Date of birth                                   | <input type="text"/> | /                        | <input type="text"/>            |
|   |                      | /                        | <input type="text"/>            |
| Gender  | Male                 | <input type="checkbox"/> | Female <input type="checkbox"/> |

Account description (optional) – only use to indicate the intention of the account so that it is easily identifiable

Please provide your tax file number (TFN) when investing in this product. We are authorised under taxation law 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 if you are an Australian resident for taxation purposes and a TFN is not provided or an exemption is not claimed, we are required by law to withhold tax at the top rate of tax plus medicare levy from future payment of income.

Tax file number     -     -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption

## Part B – Self Managed Superannuation Fund (Trust with a Corporate Trustee or Individual Trustees)

Before providing your ABN please ensure you read the 'Providing your TFN or ABN' section of the **General Reference Guide**.

(a) Full name of the Trust

(b) Country of establishment of Trust

(c) ABN

       

(d) Registered address (PO Box is not accepted)

(e) Mailing address (if different from above)

(f) Email (used for notifications of electronic communications)

### Note for Trustees:

- For **Trusts with a Corporate Trustee**, complete subsection Step 1a below, if applicable.
- For **Trusts with Individual Trustees**, please complete subsection Step 1a below, if applicable.
- **All trustees/directors must sign** the Applicant declaration in Step 12.
- Please provide the preferred email address for notifications of electronic communications. Any (or all) of the Trustees/Directors may register for eXpand Online where they will be able to access the SMSFs account and download copies of communications sent.

## Part C – Joint account (Up to 6 joint investors)

(a) Joint account name

(b) Mailing address

(c) Email (used for notification of electronic communications)

Account description (optional) – only use to indicate the intention of the account so that it is easily identifiable

### Note for Joint account holders:

- The joint account name should be an abbreviation of the joint investors or an appropriate group name.
- Complete subsection below with details of all joint account holders.
- All joint investors must sign the Application declaration in Step 12.
- Please provide the preferred email address for notifications of electronic communications. Any joint account holders may register for eXpand Online where they will be able to access the account and download copies of communications sent.

## Step 1a Details of Trustees and Joint investors

### i – Corporate Trustee

Company name

ACN

Registered mailing address (PO

Box not accepted)

Suburb

State

Post code

Principal place of business

address (if relevant) (PO Box not accepted)

Phone (bh)

Phone (ah)

Phone (mobile)

### ii – Individual Trustee(s) / Director(s) / Joint account holders

Please list all trustee(s)/director(s), including name(s) and address(es).

#### Joint Investors

Please provide your tax file number (TFN) when investing in this product. We are authorised under taxation law 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 if you are an Australian resident for taxation purposes and a TFN is not provided or an exemption is not claimed, we are required by law to withhold tax at the top rate of tax plus the Medicare Levy from future payment of income through the Service.

## Trustee 1 / Director 1 / Joint investor 1

|  |                      |              |                      |           |   |
|--|----------------------|--------------|----------------------|-----------|---|
| Title (Dr/Mr/Mrs/Ms/Miss)  | <input type="text"/> | Surname      | <input type="text"/> |           |   |
| Given name(s)  | <input type="text"/> |              |                      |           |   |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.     |                      |              |                      |           |   |
| Residential address  | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Mailing address (if different from above.<br><small>Not required for joint investors</small> ) | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Phone (work)   | <input type="text"/> | Phone (home) | <input type="text"/> |           |   |
| Phone (mobile)   | <input type="text"/> | Fax          | <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"/> |              |                      |           |   |
| Country of residence   | <input type="text"/> |              |                      |           |   |
| Director identification number (optional)  | <input type="text"/> |              |                      |           |   |

## TFN for joint investor 1 (not required for trustees/directors)

Tax file number  -  -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption



## Trustee 2 / Director 2 / Joint investor 2

|  |                      |              |                      |           |   |
|--|----------------------|--------------|----------------------|-----------|---|
| Title (Dr/Mr/Mrs/Ms/Miss)  | <input type="text"/> | Surname      | <input type="text"/> |           |   |
| Given name(s)  | <input type="text"/> |              |                      |           |   |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.     |                      |              |                      |           |   |
| Residential address  | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Mailing address (if different from above.<br><small>Not required for joint investors</small> ) | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Phone (work)   | <input type="text"/> | Phone (home) | <input type="text"/> |           |   |
| Phone (mobile)   | <input type="text"/> | Fax          | <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"/> |              |                      |           |   |
| Country of residence   | <input type="text"/> |              |                      |           |   |
| Director identification number (optional)  | <input type="text"/> |              |                      |           |   |

## TFN for joint investor 2 (not required for trustees/directors)

Tax file number  -  -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption

## Trustee 3 / Director 3 / Joint investor 3

|  |                      |              |                      |           |   |
|--|----------------------|--------------|----------------------|-----------|---|
| Title (Dr/Mr/Mrs/Ms/Miss)  | <input type="text"/> | Surname      | <input type="text"/> |           |   |
| Given name(s)  | <input type="text"/> |              |                      |           |   |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.     |                      |              |                      |           |   |
| Residential address  | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Mailing address (if different from above.<br><small>Not required for joint investors</small> ) | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Phone (work)   | <input type="text"/> | Phone (home) | <input type="text"/> |           |   |
| Phone (mobile)   | <input type="text"/> | Fax          | <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"/> |              |                      |           |   |
| Country of residence   | <input type="text"/> |              |                      |           |   |
| Director identification number (optional)  | <input type="text"/> |              |                      |           |   |

## TFN for joint investor 3 (not required for trustees/directors)

Tax file number  -  -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption

## Trustee 4 / Director 4 / Joint investor 4

|  |                      |              |                      |           |                      |
|--|----------------------|--------------|----------------------|-----------|----------------------|
| Title (Dr/Mr/Mrs/Ms/Miss)  | <input type="text"/> | Surname      | <input type="text"/> |           |                      |
| Given name(s)  | <input type="text"/> |              |                      |           |                      |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.     |                      |              |                      |           |                      |
| Residential address  | <input type="text"/> |              |                      |           |                      |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/> |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |                      |
| Mailing address (if different from above.<br><small>Not required for joint investors</small> ) | <input type="text"/> |              |                      |           |                      |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/> |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |                      |
| Phone (work)   | <input type="text"/> | Phone (home) | <input type="text"/> |           |                      |
| Phone (mobile)   | <input type="text"/> | Fax          | <input type="text"/> |           |                      |
| Email  | <input type="text"/> |              |                      |           |                      |
| Date of birth  | <input type="text"/> | /            | <input type="text"/> | /         | <input type="text"/> |
|  |                      |              | Gender               | Male      | <input type="text"/> |
|  |                      |              |                      | Female    | <input type="text"/> |
| Occupation   | <input type="text"/> |              |                      |           |                      |
| Country of residence   | <input type="text"/> |              |                      |           |                      |
| Director identification number (optional)  | <input type="text"/> |              |                      |           |                      |

## TFN for joint investor 4 (not required for trustees/directors)

Tax file number  -  -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption

## Trustee 5 / Director 5 / Joint investor 5

|  |                      |              |                      |           |   |
|--|----------------------|--------------|----------------------|-----------|---|
| Title (Dr/Mr/Mrs/Ms/Miss)  | <input type="text"/> | Surname      | <input type="text"/> |           |   |
| Given name(s)  | <input type="text"/> |              |                      |           |   |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.     |                      |              |                      |           |   |
| Residential address  | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Mailing address (if different from above.<br><small>Not required for joint investors</small> ) | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Phone (work)   | <input type="text"/> | Phone (home) | <input type="text"/> |           |   |
| Phone (mobile)   | <input type="text"/> | Fax          | <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"/> |              |                      |           |   |
| Country of residence   | <input type="text"/> |              |                      |           |   |
| Director identification number (optional)  | <input type="text"/> |              |                      |           |   |

## TFN for joint investor 5 (not required for trustees/directors)

Tax file number  -  -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption

## Trustee 6 / Director 6 / Joint investor 6

|  |                      |              |                      |           |   |
|--|----------------------|--------------|----------------------|-----------|---|
| Title (Dr/Mr/Mrs/Ms/Miss)  | <input type="text"/> | Surname      | <input type="text"/> |           |   |
| Given name(s)  | <input type="text"/> |              |                      |           |   |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.     |                      |              |                      |           |   |
| Residential address  | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Mailing address (if different from above.<br><small>Not required for joint investors</small> ) | <input type="text"/> |              |                      |           |   |
| Suburb   | <input type="text"/> | State        | <input type="text"/> | Post code | <input type="text"/>  |
| Country (if not Australia)   | <input type="text"/> |              |                      |           |   |
| Phone (work)   | <input type="text"/> | Phone (home) | <input type="text"/> |           |   |
| Phone (mobile)   | <input type="text"/> | Fax          | <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"/> |              |                      |           |   |
| Country of residence   | <input type="text"/> |              |                      |           |   |
| Director identification number (optional)  | <input type="text"/> |              |                      |           |   |

## TFN for joint investor 6 (not required for trustees/directors)

Tax file number  -  -

OR ☐ I authorise the Service Operator to use the TFN already held on file.

OR ☐ I choose not to disclose my TFN.

OR ☐ I am not an Australian resident for tax purposes.

OR ☐ I claim an exemption from quoting my TFN.

Reason for exemption

## Step 2: 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: (Please note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate eXpand's compliance with the AML/CTF legislation).

### Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy or have occupied 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, either within or outside Australia.

Are any Trustees/Directors, or Investor(s), a Politically Exposed Person(s)?

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Investor 1 / Trustee 1 / Director 1 | <input type="checkbox"/> Investor 2 / Trustee 2 / Director 2 | <input type="checkbox"/> Investor 3 / Trustee 3 / Director 3 |
| <input type="checkbox"/> Investor 4 / Trustee 4 / Director 4 | <input type="checkbox"/> Investor 5 / Trustee 5 / Director 5 | <input type="checkbox"/> Investor 6 / Trustee 6 / Director 6 |

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

☐ a Politically Exposed Persons form ([www.myexpand.com.au](http://www.myexpand.com.au)).

☐ original certified copies of your identification documents.

### Tax Residency (Individual or Joint Investors only) – not applicable for self managed superannuation funds

Please answer both tax residency questions as you can be a tax resident of more than one country.

|  | Investor 1   | Investor 2   | Investor 3   | Investor 4   | Investor 5   | Investor 6   |
|--|--|--|--|--|--|--|
| Are you a tax resident of Australia?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a tax resident of any other Country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you are only a tax resident of Australia and no other country please proceed to Step 3. If you are a tax resident of any other country please complete the details below.

### Foreign Residents only – Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. Refer to Step 12: Applicant declaration and signature.

For all countries where you are a tax resident, other than Australia, please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

| Name                 | Country              | TIN                  | If no TIN, please list Reason A, B or C |
|----------------------|----------------------|----------------------|---|
| <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"/>                    |

If there are more individuals or countries, provide details on a separate sheet and tick this box ☐

#### Reasons for not providing a TIN:

Reason A – The country of tax residency does not issue TINs to tax residents, OR

Reason B – You have not been issued with a TIN – please provide details for this reason, OR

Reason C – The country of tax residency does not require the TIN to be disclosed.

Reason you have not been issued with a TIN (if applicable)

**Please note:** It is important that we hold up to date records, so please call ClientFirst on 1800 517 124 if the details you have provided change at any time.

### Step 3: Margin lending (does not apply to Self Managed Superannuation Funds)

Is any of your investment amount being provided by a margin lender?

- ☐ No (go to Step 4a)
- ☐ Yes

For details of margin lenders please call ClientFirst on 1800 517 124.

|                                      |             |      |   |
|--------------------------------------|-------------|------|---|
| Loan account number                  | <div></div> |      |   |
| Name of Margin Lender                | <div></div> |      |   |
| Margin lender authorised signatory 1 | <div></div> | Date | <div></div> / <div></div> / <div></div> |
| Full name                            | <div></div> |      |   |
| Margin lender authorised signatory 2 | <div></div> | Date | <div></div> / <div></div> / <div></div> |
| Full name                            | <div></div> |      |   |
| Margin lender's stamp                | <div></div> |      |   |

Step 4a: Deposit instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice.

Please note the deposit instruction, Cash Account preferences and income preferences all form part of your Standing Instructions. Maturing investments (term deposits and fixed term annuities) and listed investments do not form part of your Standing Instructions. For more information on Standing Instructions, please refer to the General Reference Guide.

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- For a full list of investment options available for selection within eXpand Investment 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 4b and 4c to provide these instructions.

☐ 100% Cash Account

OR

☐ Deposit Instruction

| APIR Code           | Investment option        | Allocation (%) |
|---------------------|--------------------------|----------------|
| <div></div>         | Cash Account (Mandatory) | <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>         | <div></div>              | <div></div>    |
| <div></div>         | <div></div>              | <div></div>    |
| <div></div>         | <div></div>              | <div></div>    |
| Total (must = 100%) |                          | <div></div>    |



## Step 4b: Listed investments

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

Minimum trade is \$2,000 per listed investment.

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

**Please note:**

- If additional space is required, please attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.

## Step 4c: Term deposit details

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

Please select the term deposit provider:

☐ Adelaide Bank    **OR**    ☐ National Australia Bank    **OR**    ☐ ANZ Bank

Please select the timeframe of the term deposit to be opened:

☐ 3 months    **OR**    ☐ 6 months    **OR**    ☐ 12 months

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

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

## Step 5: Cash Account preferences

### Cash Account limits

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

Please specify one of the following options:

☐ Cash Account default minimum of 1%

**OR**

☐ Cash Account percentage nominated in your Deposit Instruction

**OR**

☐ Custom Cash Account minimum of  %

Cash Account dollar-based minimum (optional)

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

Redemption instructions – percentage and pecking order

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

Please note:

- If you selected the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time.
- Where you have selected to have a percentage redemption instruction, the percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.



Step 7: Income preferences

I direct the Service Operator to manage income distributions that I receive from managed investments as follows:

☐ **Re-invest (default option)** – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

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

OR

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

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

| APIR Code           | Investment option        | Allocation (%) |
|---------------------|--------------------------|----------------|
| <div></div>         | Cash Account (Mandatory) | <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>    |
| Total (must = 100%) |                          | <div></div>    |

OR

☐ **Automatic Income Distribution Facility**

Pay all accumulated income distributions to my/our nominated account provided in Step 10.

Transfer accumulated income distributions to my/our nominated account:

☐ Quarterly

☐ Half-yearly

The automatic withdrawal will occur on the 25th day of the month following the end of the relevant calendar quarter or half-year. Where the amount is less than \$200, it will remain in the Cash Account for the next quarterly or half-yearly payment. We may process your payment earlier than the specified date to ensure it reaches your nominated financial institution on time.

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

## Step 8: Initial deposit details

The minimum initial deposit is \$10,000 OR \$2,500 with a Regular Savings Plan.

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

- ☐ a High Threshold Transaction form ([www.myexpand.com.au](http://www.myexpand.com.au))
- ☐ original certified copies of your identification documents

Details of the initial deposit included in this application.

|                             |  |   |
|-----------------------------|--|---|
| Cheque                      | <input type="text"/>   |   |
| BPAY                        | <input type="text"/>   |   |
| Direct debit                | <input type="text"/>   | Complete and attach Direct debit request form                 |
| External In specie transfer | <input type="text"/>   | Complete and attach Transfer of assets into eXpand Investment |
| Total initial deposit       | \$ <input type="text"/>  |   |
|                             | Internal In specie transfer source account name*                         |   |
|                             | <input type="text"/>   |   |
| Existing account            | \$ <input type="text"/>  |   |
|                             | Existing account number(s), if multiple accounts, please specify all.    |   |
|                             | <input type="text"/>   |   |
|                             | <input type="text"/>   |   |
|                             | <input type="text"/>   |   |
|                             | <input type="text"/>   |   |
|                             | Transfer type  |   |
|                             | <input type="checkbox"/> Entire balance <input type="checkbox"/> Partial |   |

### Partial Transfers

Please list below the investment option(s) and amount you wish to transfer. If you transfer a listed investment, you must transfer all of your holdings in that investment.

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

## Step 9: Regular Withdrawal Plan (optional)

Regular withdrawals will be paid out of your Cash Account according to the frequency and date selected. Regular withdrawals may not be paid if there is insufficient funds in your account to meet the regular withdrawal amount. We may process your regular withdrawal earlier than the specified date to ensure it reaches your nominated financial institution on time.

Do you wish to set up a Regular Withdrawal Plan?

☐ No (go to Step 10)

☐ Yes (please complete the details below and Step 10)

### Regular Withdrawal Plan details

Commence regular withdrawals from

/  /

☐ Monthly

☐ Quarterly

☐ Half yearly

☐ Annually

Regular withdrawal amount required

\$  (minimum \$100)

## Step 10: Financial institution nomination

Please provide financial institution details for your nominated account which will be used for Regular Withdrawal Plans (including Automatic Income Distribution Facility) and for any ad hoc withdrawals.

Financial institution

Account name

BSB



Account number

#### Please note:

- Please ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.

## Step 11: Advice fees

- IOOF Investment Services Limited (IISL), as service operator of your account, is required to obtain specific written consent on an annual basis before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.
- You may revoke your consent at any time by contacting IISL via the options at the end of this form. Once your consent is revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent will not be automatically refunded.
- On termination of a fee arrangement, accrued but undeducted Advice Fees may be deducted after the termination date. Where advice fees are deducted monthly they are deducted monthly in arrears.

Choose your fee option(s) by completing the relevant sections below. Fees should be provided including GST. All relevant items in each fee section must be completed. Blank boxes will default to nil.

If you are selecting a Advice Fee – Ongoing, or Advice Fee – Upfront please provide your consent end date below:

#### Consent End Date

The start date is optional, if no start date is provided fees will commence on the date this form is processed with the start date applying to all ongoing and upfront advice fees. This form must be signed no more than 90 days prior to the start date.

Start date (optional)  /  /

Consent end date (required)  /  /

The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue. Your consent to an ongoing fee arrangement ends 150 days after the next anniversary date.

### (1) Advice fee – one-off

A maximum of 10% of the account balance up to a fee of \$11,000 (inclusive of GST), OR a maximum fee of \$3,300 (inclusive of GST) where the fee is greater than 10% of the account balance.

\$  per request  
(inclusive of GST)

### (2) Advice fee – ongoing

**Note:** Please note this fee cannot be offered in conjunction with a fixed term arrangement.

The available fee options are:

#### (2a) Percentage based fee options – flat percentage **or** tiered percentage

##### Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance  % per annum (inclusive of GST)

OR

##### Tiered percentage fee

- Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance can be applied to the amount for each tier.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 7 tiers.

|        | Balance from            | Balance to              | % per annum<br>(inclusive of GST) |
|--------|-------------------------|-------------------------|-----------------------------------|
| Tier 1 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |
| Tier 2 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |
| Tier 3 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |
| Tier 4 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |
| Tier 5 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |
| Tier 6 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |
| Tier 7 | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>              |

Your adviser has estimated a fee of \$  for the 12 months commencing  /  /

This fee will be calculated daily using the percentage fee above, your daily account balance and will be charged to your account monthly.

**AND/OR**

#### (2b) Flat dollar fee.

Up to a maximum of \$18,000 per annum (inclusive of GST). \$  per annum (inclusive of GST)

This fee will be pro-rated based on the number of days in the month and deducted monthly.

### (3) Advice fee – upfront

**Note:** Please note this fee cannot be offered in conjunction with a fixed term arrangement.

Up to a maximum of 5.5% (inclusive of GST) of each deposit.

Deposits received via cheque and BPAY  % (inclusive of GST)

Your adviser has estimated a fee of \$  for the 12 months commencing  /  /

This fee will be calculated using the percentage fee above, on your deposit amount and will be charged to your account as deposits are received.

(4) Member Advice Fee – fixed term arrangement

Fixed Term Arrangement is for fees that cover a twelve month period or less. The form must be signed within 90 days of the start date. If the supplied start date is in the past, the date will default to the date the application is processed.

Start date

/

/

End date

/

/

The available fee options are:

(4a) Percentage based fee options – flat percentage **or** tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum  
(inclusive of GST) of your account balance

% per annum  
(inclusive of GST)

OR

Tiered percentage fee

- Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance can be applied to the amount for each tier.
- The default fee will be 0% if no nomination is made.
- Up to a maximum of 7 tiers.

|        | Balance from   | Balance to     | % per annum<br>(inclusive of GST) |
|--------|----------------|----------------|-----------------------------------|
| Tier 1 | \$ <div></div> | \$ <div></div> | <div></div>                       |
| Tier 2 | \$ <div></div> | \$ <div></div> | <div></div>                       |
| Tier 3 | \$ <div></div> | \$ <div></div> | <div></div>                       |
| Tier 4 | \$ <div></div> | \$ <div></div> | <div></div>                       |
| Tier 5 | \$ <div></div> | \$ <div></div> | <div></div>                       |
| Tier 6 | \$ <div></div> | \$ <div></div> | <div></div>                       |
| Tier 7 | \$ <div></div> | \$ <div></div> | <div></div>                       |

Your adviser has estimated a fee of \$  for the term of the Fixed Term Arrangement.

This fee will be calculated daily using the percentage fee above, your daily account balance and will be charged to your account monthly.

AND/OR

(4b) Flat dollar fee.

Up to a maximum of \$18,000 per annum (inclusive of GST).

\$  per annum  
(inclusive of GST)

This fee will be pro-rated based on the number of days in the month and deducted monthly.



## Step 12: Financial adviser details (financial adviser to complete)

We will only register a financial adviser who:

- holds a current AFSL; or
- is a representative of a current AFS Licensee.

### Financial adviser details

|                        |                      |                          |                      |
|------------------------|----------------------|--------------------------|----------------------|
| Licensee name          | <input type="text"/> |                          |                      |
| Financial adviser name | <input type="text"/> |                          |                      |
| Contact name           | <input type="text"/> |                          |                      |
| AFSL Number            | <input type="text"/> | Financial adviser number | <input type="text"/> |
| Phone                  | <input type="text"/> | Phone (mobile)           | <input type="text"/> |
| Email                  | <input type="text"/> |                          |                      |

If you are a new financial adviser<sup>1</sup>, please also complete the following details:

|  |                      |       |                      |          |                      |
|--|----------------------|-------|----------------------|----------|----------------------|
| Business name                                | <input type="text"/> |       |                      |          |                      |
| Business address                             | <input type="text"/> |       |                      |          |                      |
| Suburb                                       | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> |
| Mailing address<br>(if different from above) | <input type="text"/> |       |                      |          |                      |
| Suburb                                       | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> |

<sup>1</sup> An email notifying your new financial adviser number will be forwarded to your office shortly.

## Declaration by financial adviser

In submitting this Application:

- I declare that I hold a current AFSL **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- I declare each applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that the financial institution details specified in this form belong to each applicant and I am authorised to instruct the Service Operator to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Service Operator and any member of the Group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided each applicant with all the necessary information concerning their chosen investment, including the product disclosure statement.
- I confirm that all fees have been fully explained to each applicant.
- I agree that any investor advice fees will cease to be charged for this account once the Service Operator is notified of the death of the applicant.
- Where a percentage-based investor advice fee is being charged, I have made reasonable inquiries and confirm that no borrowed funds will be used to contribute to the account.
- I consent to provide the Group access to all proof of identification records and other relevant documents for the purposes of this Application if requested (pursuant to the AML/CTF legislation Part 7.2).
- I declare that I have met the obligations required by FATCA and CRS by ensuring that the applicant, and/or controlling persons of the applicants, have provided valid and reasonable information in their answers relating to their tax residency (self-certification). This includes confirmation that the self-certification is complete and (please tick as relevant):

☐

I am not aware of any information that conflicts with the tax residency and tax status provided by the applicant

**OR**

☐

I have identified a conflict with the tax residency and tax status as provided by the applicant and have attached relevant information to the application for review by the Service Operator. Where there is a conflict I have made the applicant aware that the application may not be finalised until the conflict is reviewed and resolved.

- I also declare that I do not have a 'reason to know' that the information included in the self-certification is incorrect and/or unreliable. I undertake to inform the Service Operator if I become aware that any of these details change.
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation and:

☐

I have attached original certified copies of each applicant's identification document(s) with this Application;

**Please note:** Compulsory where:

- initial contribution is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

**OR**

☐

I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained an original certified copy of each applicant's identification document(s));

**OR**

☐

I have sighted and retained the original certified copies of each applicant's identification documents recorded in the following Record of proof of identity, Proof of Regulated Trust, and Proof of Company (if applicable) table  
(Please complete the following table(s) and declaration).

**Trustee 1 / Director 1 / Investor 1**

☐ Certified copies of my ID document(s) are attached to my application. Please note: compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

**OR**

☐ My financial adviser has completed the verification table below.

| Record of proof of identity (ID) <sup>1</sup> | ID document 1   | ID document 2   |
|---|---|---|
| Verified from                                 | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer                               |   |   |
| Issue date                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Expiry date                                   | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |
| Country of Issuer (if not Australia)          |   |   |

<sup>1</sup> For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au). It also includes a list of persons authorised to certify copies of original documents.

**Trustee 2 / Director 2 / Investor 2**

☐ Certified copies of my ID document(s) are attached to my application. Please note: compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

**OR**

☐ My financial adviser has completed the verification table below.

| Record of proof of identity (ID) <sup>2</sup> | ID document 1   | ID document 2   |
|---|---|---|
| Verified from                                 | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer                               |   |   |
| Issue date                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Expiry date                                   | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |
| Country of Issuer (if not Australia)          |   |   |

<sup>2</sup> For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au). It also includes a list of persons authorised to certify copies of original documents.

**Trustee 3 / Director 3 / Investor 3**

☐ Certified copies of my ID document(s) are attached to my application. Please note: compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

**OR**

☐ My financial adviser has completed the verification table below.

| Record of proof of identity (ID) <sup>3</sup> | ID document 1   | ID document 2   |
|---|---|---|
| Verified from                                 | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer                               |   |   |
| Issue date                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Expiry date                                   | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |
| Country of Issuer (if not Australia)          |   |   |

<sup>3</sup> For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au). It also includes a list of persons authorised to certify copies of original documents.

**Trustee 4 / Director 4 / Investor 4**

☐ Certified copies of my ID document(s) are attached to my application. Please note: compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

**OR**

☐ My financial adviser has completed the verification table below.

| Record of proof of identity (ID) <sup>4</sup> | ID document 1   | ID document 2   |
|---|---|---|
| Verified from                                 | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer                               |   |   |
| Issue date                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Expiry date                                   | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |
| Country of Issuer (if not Australia)          |   |   |

<sup>4</sup> For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au). It also includes a list of persons authorised to certify copies of original documents.

**Trustee 5 / Director 5 / Investor 5**

☐ Certified copies of my ID document(s) are attached to my application. Please note: compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

**OR**

☐ My financial adviser has completed the verification table below.

| Record of proof of identity (ID) <sup>5</sup> | ID document 1   | ID document 2   |
|---|---|---|
| Verified from                                 | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer                               |   |   |
| Issue date                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Expiry date                                   | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |
| Country of Issuer (if not Australia)          |   |   |

5 For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au). It also includes a list of persons authorised to certify copies of original documents.

**Trustee 6 / Director 6 / Investor 6**

☐ Certified copies of my ID document(s) are attached to my application. Please note: compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

**OR**

☐ My financial adviser has completed the verification table below.

| Record of proof of identity (ID) <sup>6</sup> | ID document 1   | ID document 2   |
|---|---|---|
| Verified from                                 | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer                               |   |   |
| Issue date                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Expiry date                                   | <input type="text"/> / <input type="text"/> / <input type="text"/>        | <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Document number                               |   |   |
| Accredited English translation                | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |
| Country of Issuer (if not Australia)          |   |   |

6 For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au). It also includes a list of persons authorised to certify copies of original documents.

**Proof of Trust**

- ☐ Certified copies of the trust's ID document(s) are attached to this application. Please note: compulsory where:
- the initial deposit is equal to or more than \$2 million.

**OR**

- ☐ My financial adviser has completed the verification table below.

|                               | Proof document 1  | Proof document 2 (if required)  |
|-------------------------------|---|---|
| Verified from                 | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer/website       |   |   |
| Document type /search details |   |   |
| Issue date/ search date       |   |   |

**Proof of Company (if applicable)**

- ☐ Certified copies of the company's ID document(s) are attached to this application. Please note: compulsory where:
- the initial deposit is equal to or more than \$2 million or
  - the applicant is a Politically Exposed Person or
  - the applicant is not residing in Australia.

**OR**

- ☐ My financial adviser has completed the verification table below.

|                               | Proof document 1  | Proof document 2 (if required)  |
|-------------------------------|---|---|
| Verified from                 | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document issuer/website       |   |   |
| Document type /search details |   |   |
| Issue date/ search date       |   |   |

I have attached the following compulsory forms to the application (if applicable):

- ☐ High Threshold form – applicable where the initial deposit is equal to or more than \$2 million.
- ☐ Politically Exposed form – applicable if the applicant is a Politically Exposed Person.
- ☐ Overseas Investor form - applicable for each individual, joint investor, trustee or director not residing in Australia.

Signature

Date  /  / 

Name of financial adviser or AFSL holder representative

## Step 13: Applicant declaration and signature(s)

### Privacy

Information (including my personal information) provided to the Service Operator is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Service Operator may disclose my personal information to its related bodies corporate, my financial adviser, professional advisers, businesses that have referred me to the Service Operator, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me. The Service Operator is required to collect my personal information under the *Corporations Act 2001* and the AML/CTF legislation. If I do not provide all of the requested information, the Service Operator may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Service Operator may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Service Operator's privacy policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting ClientFirst on 1800 517 124 or by visiting [www.myexpand.com.au/privacy](http://www.myexpand.com.au/privacy).

### Proof of identity

- I have provided the appropriate documents, or details of my identity as outlined in the 'Completing Proof of Identity' document on [www.myexpand.com.au](http://www.myexpand.com.au), that may be required for the purposes of the AML/CTF legislation.
- I confirm that I have correctly indicated my foreign residency or United States tax residency status in this Application form and during the customer identification process (does not apply to self managed superannuation funds).
- If I previously have opened a product from the Group and my adviser has not conducted the customer identification procedure under the AML/CTF legislation in conjunction with this application, I confirm that I am not a U.S. citizen or resident and/or any other foreign resident for tax purposes, or are not purchasing this product on behalf of another foreign resident and/or U.S. citizen or resident for tax purposes (does not apply to self managed superannuation funds).
- I understand that the Service Operator may subsequently require me to provide a certified copy of my identification.

### Electronic communications

By default, you will receive communications from the Service Operator electronically via eXpand Online.

### Transferring from another product within eXpand

If I am transferring from another product within eXpand, then I do so on the terms and conditions outlined in the Offer Document.

### Financial adviser

- If I have acquired the services of a financial adviser to obtain advice concerning my investment in eXpand Investment then I confirm that I have been fully informed of the nature and risks of the selected investment options and am satisfied these investments are suitable for my investment needs.

- The Service Operator will acquire the services of my financial adviser who will act on my behalf in relation to managing my account.
- I hereby authorise my current or any future financial adviser and their staff, to act as my agent to operate my account, to give any instructions on my behalf in relation to my account to the Service Operator by any methods as set out in the Offer Document and to withdraw any funds from my account and authorise payment of the withdrawal to my nominated bank account.
- I release and indemnify the Service Operator and any member of the Group from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of or in connection with the Service Operator acting or omitting to act on instructions given by my financial adviser and their staff under this authority.
- I authorise the Service Operator to continue to follow instructions given under this authority until the Service Operator receives notice in writing signed by me to cancel the authority.
- I acknowledge that I will promptly advise my financial adviser and/or Service Operator if any of my details change at any time.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

### Margin Lending

I acknowledge that I have read and understood the obligations under margin lending arrangements in respect of my account in eXpand Investment as detailed in the Offer Document.

### Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Service Operator to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 5.

### Deposit Instruction

- The Service Operator is directed to process the Deposit Instruction specified on this form.
- The Instructions provided in this form override any previous Instructions.

### Investment options with extended redemption periods

- I acknowledge that if I make an investment in an investment option that is designated as an investment option with extended redemption periods (in the investment menu as updated on the eXpand website), I have been informed that:
  - the Service Operator is not required to transfer the whole of my withdrawal amount (or a partial amount requested to be transferred) until after receiving all that is necessary to process my request.
  - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions.
  - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the investment option with extended redemption periods which may be up to 365 days for some restricted investments.

- I understand and accept the conditions as outlined above when investing in an investment option with extended redemption periods because of the illiquid nature of the investment.

## Product disclosure statements for managed investment options

- I have received (either from the eXpand website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Service Operator provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the eXpand website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into eXpand Investment.

## Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the footnotes to the Investment Options Menu in the **Investment Guide** for information on these exclusive investment options).

## Listed investments

I hereby authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Service Operator will effect it according to the terms and conditions as set out in the **Investment Guide**. I also acknowledge these assets will be held in the name of eXpand Investment.

## Maturing investments (term deposits or fixed-term annuities)

If I have invested in maturing investments:

- I have read, understood and agree to the terms and conditions regarding investing in maturing investments as set out in the Offer Document.
- the Service Operator provided me with the product guide for the underlying maturing investment I have selected via the eXpand website and I agree to receive the product guide by obtaining it from the website.
- I have received (either from the eXpand website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying maturing investment I have selected.
- I acknowledge that this Investment Instruction for a maturing investment will be processed before any other Investment Instruction relating to my new account is processed.

## Portfolio Management Fee (will be applicable to clients when using the Managed Portfolio Service only)

- The amount of any Portfolio Management Fee that is paid to the managed discretionary account operator, Managed Portfolio Services Limited, as agreed by me separately in the Managed Portfolio Service Investor Agreement, will be an additional cost to me and charged against my account.
- I authorise the Service Operator to charge the agreed Portfolio Management Fee against my account.

## 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 [www.myexpand.com.au](http://www.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. For self managed superannuation funds and Joint accounts, please note that the Application cannot be signed under a Power of Attorney without confirmation the Power of Attorney is also a Trustee.

## Source of wealth and investment funds

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

## Document verification

We may seek to validate any government issued ID (such as your driver's licence) that you provide for identity verification purposes. This may include providing your personal details such as name, date of birth and address and any identification document information to our service provider, who will crossmatch this with the Australian Government's document verification service (DVS). If you do not provide the required identification document when requested, the identification provided cannot be verified by DVS, or we are not satisfied as to your identity we may not be able to process your application.

## In signing this Application, I declare that:

- I have received, read, signed and understood the Offer Document for eXpand Investment.
- I understand that the agreement with the Service Operator for an eXpand Investment account will be governed by the laws in force in Victoria.
- All details in this Application are true and correct and I undertake to inform the Service Operator of any changes to the information supplied as and when they occur.
- I wish to apply to establish an account in eXpand Investment.
- I am aware that information provided about me and my account will be provided to the Australian Taxation Office and any relevant international taxation authority.
- If this Application is for a Trust, I confirm that all Trustees and/or Directors are 18 years of age or over.
- If this Application is for a Trust or SMSF, I authorise the Service Operator to accept instructions from any Trustee or director to operate the account (excluding the establishment of a Direct Debit Request) and agree this authority will extend to a Trustee or director over the age of 18 who is appointed in the future. I agree to release the Service Operator from, and indemnify against, any and all losses and liabilities arising from any payment or action the Service Operator makes based on receipt of an instruction from the other Trustee(s) and/or director(s).



- I acknowledge that by investing through eXpand Investment, I do not have access to some of the rights and entitlements that would otherwise be available to me as a retail investor if I invested in the underlying investment options directly. I understand that this includes not having the same rights as direct retail investors or not having access to:
  - cooling-off rights (see the 'Cooling-off period' section of the Offer Document and the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide)
  - withdrawal rights (see the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide)
  - voting rights (see the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide)
  - corporate actions (see the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide).

## Target Market confirmation

☐ I have received personal financial advice in relation to eXpand Investment and any investment(s) selected in this form;

OR

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

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

## AML/CTF legislation confirmation where I do not have a financial adviser

☐ I do not have a financial adviser and 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 each applicant's identification document(s) with this Application. **Please note:** compulsory where:

- the initial deposit is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia.

☐ An overseas investor form is attached for anyone listed in this application who is not residing in Australia

☐ N/A

## Applicant Signature(s)

|  |                      |      |                      |   |                      |   |                      |
|--|----------------------|------|----------------------|---|----------------------|---|----------------------|
| Signatory 1  | <input type="text"/> | Date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
| Role (such as Investor/<br>Director/Trustee as applicable) | <input type="text"/> |      |                      |   |                      |   |                      |
| Full name  | <input type="text"/> |      |                      |   |                      |   |                      |
| Signatory 2  | <input type="text"/> | Date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
| Role (such as Investor/<br>Director/Trustee as applicable) | <input type="text"/> |      |                      |   |                      |   |                      |
| Full name  | <input type="text"/> |      |                      |   |                      |   |                      |
| Signatory 3  | <input type="text"/> | Date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
| Role (such as Investor/<br>Director/Trustee as applicable) | <input type="text"/> |      |                      |   |                      |   |                      |
| Full name  | <input type="text"/> |      |                      |   |                      |   |                      |

|  |             |      |             |   |             |   |             |
|--|-------------|------|-------------|---|-------------|---|-------------|
| Signatory 4  | <div></div> | Date | <div></div> | / | <div></div> | / | <div></div> |
| Role (such as Investor/<br>Director/Trustee as applicable) | <div></div> |      |             |   |             |   |             |
| Full name  | <div></div> |      |             |   |             |   |             |
| Signatory 5  | <div></div> | Date | <div></div> | / | <div></div> | / | <div></div> |
| Role (such as Investor/Director/<br>Trustee as applicable) | <div></div> |      |             |   |             |   |             |
| Full name  | <div></div> |      |             |   |             |   |             |
| Signatory 6  | <div></div> | Date | <div></div> | / | <div></div> | / | <div></div> |
| Role (such as Investor/Director/<br>Trustee as applicable) | <div></div> |      |             |   |             |   |             |
| Full name  | <div></div> |      |             |   |             |   |             |
| Common seal<br>(of company) if required                    | <div></div> |      |             |   |             |   |             |

If you are an individual or joint investor and are under 18 years of age we require a parent or guardian to sign this form here:

|                           |             |      |             |   |             |   |             |
|---------------------------|-------------|------|-------------|---|-------------|---|-------------|
| Parent/guardian signature | <div></div> | Date | <div></div> | / | <div></div> | / | <div></div> |
| Parent/guardian full name | <div></div> |      |             |   |             |   |             |
| Investor name(s)          | <div></div> |      |             |   |             |   |             |
|                           | <div></div> |      |             |   |             |   |             |

### Advice fees (if you completed Step 11)

- I authorise the Service Operator to charge the advice fee(s) selected against my account.
- The amount of any advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. An advice fee will not be charged unless I tell the Service Operator to do so.
- Any agreed advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, until I instruct the Service Operator to cease payment or when I change my nominated financial adviser.
- Where I have chosen Ongoing fees, I understand the consent for IISL to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid.
- I understand my consent for a fixed term arrangement, will last until the end date stated above.
- I understand I can withdraw my consent or vary the ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting ClientFirst.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the Service Operator before the fee is paid.

This form must be signed within 90 days of the start date of the advice fee.

### Applicant(s) signature(s)

Signatory 1

Date  /  /

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

Full name

Signatory 2

Date  /  /

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

Full name

Signatory 3

Date  /  /

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

Full name

Signatory 4

Date  /  /

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

Full name

Signatory 5

Date  /  /

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

Full name

Signatory 6

Date  /  /

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

Full name

Common seal  
(of company) if required

If you are an individual or joint investor and are under 18 years of age we require a parent or guardian to sign this form here:

Parent/guardian signature

Date  /  /

Parent/guardian full name

Investor name(s)

Please forward all correspondence and enquiries to:

**Post:** eXpand  
Reply Paid 264, Melbourne VIC 8060

**Email:** [clientfirst@myexpand.com.au](mailto:clientfirst@myexpand.com.au)

**Telephone:** 1800 517 124

1 July 2022

## Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across **eXpand products**<sup>1</sup>.

### 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 six 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 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 [www.myexpand.com.au/privacy](http://www.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 3 boxes where provided.**

### Linked account

Account Name

Account number (if known)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Relationship to group  
(such as spouse)

**Declaration:** I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature

Date

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

<sup>1</sup> eXpand products include: eXpand Super, eXpand Pension and eXpand Investment.

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

**Declaration:** I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature

Date /  /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

**Declaration:** I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature

Date /  /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

**Declaration:** I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature

Date /  /

Linked account

Account Name

Account number (if known)

Relationship to group (such as spouse)

**Declaration:** I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

Signature

Date /  /

## Linked account

Account Name

Account number (if known)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Relationship to group  
(such as spouse)

**Declaration:** I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.

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](mailto:clientfirst@myexpand.com.au)

**Website**

[www.myexpand.com.au](http://www.myexpand.com.au)

**Service Operator**

IOOF Investment Services Ltd  
ABN 80 007 350 405  
AFSL 230703

**Registered address**

Level 1, 800 Bourke Street  
Docklands VIC 3008