

Shadforth Portfolio Service

July 2019

Payment Instruction Form

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

Step 1: Member details

Account number

Surname

Given name(s)

Step 2: Beneficiary details

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

Given name(s)

Date of birth / / Gender Male Female

Mailing address

Suburb State Postcode

Step 3: Tax file number (TFN)

Tick one of the following:

- I am a financial dependant of the late member (go to step 4).
- I am a non-financial dependant of the late member and my TFN is:

Tax file number - -

We are authorised by superannuation and taxation law to collect your TFN, which will be used for the purpose of withholding funds from the death benefit. It is not an offence if you choose not to provide your TFN, but providing it has the advantage that you will only pay the withholding tax that may ordinarily apply, and not more than you need to. We are also unable to commence a death benefit pension if you choose not to provide your TFN.

Step 4: Payment option

Please ensure you choose one option only.

Select how you would prefer to receive the benefit.

Lump sum

Please provide your banking details below. Otherwise a cheque issued in your name will be sent to you.

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

Please note that the account must be held either solely or jointly in your name.

OR

Pension

A complete pension application is attached to this form.

OR

Rollover to a death pension with another provider

Complete the section below, if you are eligible for a pension.

Name of other fund	<input type="text"/>		
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Account number	<input type="text"/>		
Unique Super Identifier	<input type="text"/>		

Step 5: Beneficiary declaration

- I declare that the information completed is true and correct.
- I have fully read, understood and consent to the collection, use, storage and disclosure of my personal information as described in the relevant Product Disclosure Statement and privacy policy which is available at <https://www.sfg.com.au/portfolio/privacy>.
- I understand my instruction will be considered by IOOF Investment Management Limited (IIML). However, IIML has absolute discretion to determine the form in which the benefit will be paid.

Signature

Date / /

Note for Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney with this form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

Please forward all correspondence and enquiries to

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