



## Overseas Investor Form

### Important note

- **Step 1** must be completed.
- Please complete **Section A** for all clients.
- If applicable, please complete **Section B** where a Power of Attorney (POA) has signed the application form.

Please provide detailed answers to all questions to minimise required follow up. Enter "N/A" where the question does not apply.

This form has been prepared in accordance with IOOF group's AML/CTF Program. The information collected in this form is used for 'Know your client' purposes only. Any personal information provided in this form will be handled in accordance with our privacy policy at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

### Step 1: Client details

Account number	<input type="text"/>																											
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Surname	<input type="text"/>																						
Given name(s)	<input type="text"/>																											
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<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"/>

### Overseas address

Street	<input type="text"/>																															
Suburb	<input type="text"/>																State/province	<input type="text"/>				Postcode	<input type="text"/>									
Country	<input type="text"/>																															
Email	<input type="text"/>																															
Phone number	<input type="text"/>																															

Clear and presentable original certified identification documents have been attached to this Change of address request?

Yes  No → If 'No', please ensure they are included.

## Section A – Details of overseas domiciled applicants

1 Please list a country of residency and select a reason why.

Country:

Reason:

- For work purposes
- Returning to home country
- To care for a family member / family commitments
- Sea change / travel
- Other, please specify

2 For how long can we expect the applicant to be based overseas?

Temporary/contract basis for work purposes, please select one below:

- More than 3 years
- 1–3 years
- Less than 12 months

Semi-permanently, please select one below:

- 3–5 years
- More than 5 years

Permanently (ie indefinitely)

3 Reason applicant is investing in the Australian financial market.

4 Why are you specifically investing in to this IOOF product?

5 Where applicable, what will the nature of the relationship between financial adviser and client be going forward?

(ie is the client retaining Australian domiciled investments and therefore retaining the financial adviser's services)

6 Please reconfirm the applicant's source of wealth (how the client has obtained their wealth).

Income from employment (eg regular and/or bonus), if yes, please provide home country employer name and details.

- Investment income (eg rent, dividends, pension)
- Business income
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)
- Sale of assets (eg shares, property)
- Windfall (eg gift, lottery, gambling)

7 Please reconfirm the applicant's source of funds or intended source of funds?

(Source of funds is where the funds for the opening of the account have originated from or where monies will be sourced for future transactions if they are based overseas)

- Income from employment (eg regular and/or bonus)
- Accumulated wealth or investments
- Investment income (eg rent, dividends, pension)
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)
- Sale of assets (eg shares, property)
- Windfall (eg gift, lottery winnings, gambling)
- Borrowed funds

8 Please confirm whether this application can expect more funds to be deposited further to the initial investment amount?

If 'Yes', state how much and when this is expected?

- No
- Yes  Amount  /  /  /  /  /  /  /  Approximate date

## Section B – only complete if a Power of Attorney is signing the Application form

1 Where a POA is signing the application form on behalf of the applicant, please confirm the relationship between the applicant and the POA.

2 Confirm the POA document has been reviewed and verified by the advisory firm and provides the relevant authority for POA to sign the application form?

- Yes  No → If 'No', the application will not be accepted.

3 Has clear and presentable original certified identification been provided for BOTH the applicant and the POA (where applicable)?

- Yes  No → If 'No', please ensure it is provided to IOOF with application form.

4 Where a POA has been provided and the POA signed the application form, do we have supporting identification which captures the applicant's signature to verify the applicant's signature as per the POA?

- Yes  No → If 'No', please ensure it is provided to IOOF with application form.

5 Confirm that the certification on the POA specifies who has certified the POA and **includes a comment** that the certification is a **'true and complete copy of the original instrument'**.

- Yes  No to either or both → This is insufficient and will **not** be accepted.

NB: Sometimes certifications include only a 'true original' comment. This is insufficient and will not be accepted.

There are restrictions on the categories of professions who are allowed to certify the POA as true and correct. If you require further information please refer to the 'Completing Proof of ID' information sheet under the 'Forms' section of our website.

## Declaration

### Individual Declaration (the person named in this form)

By completing and signing this form I declare that:

- All details in this form are true and correct and I undertake to inform IOOF of any changes to the information supplied as and when they occur.
- I will promptly notify IOOF if any of these details change and on request with any further information.
- I will certify that I am the named person above or authorised to provide information on their behalf.
- I am aware that information provided about me and my accounts may be provided to the relevant tax authorities.

Signature  Date  /  /

### Financial Planner Declaration

By completing and signing this declaration, I certify that the individual named in this form has verbally or in writing confirmed to me the truth of the information provided and I have no reason to doubt its reasonableness.

AFSL name  AFSL No.   
 Representative/employee name  Phone No.   
 Signature  Date  /  /

**Please forward all correspondence and enquiries to:**

**Email** clientfirst@ioof.com.au  
**Telephone** 1800 913 118  
**Web** www.ioof.com.au