



## Overseas Investor Form

### Important note

- **Step 1** must be completed.
- Please complete **Section A** for existing clients moving overseas.
- Please complete **Section B** for new clients who are domiciled overseas.
- If applicable, please complete **Section C** 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.

### Step 1: Client details

|                           |                      |  |   |                      |         |                      |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------|----------------------|--|---|----------------------|---------|----------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account number            | <input type="text"/> |  |   |                      |         |                      |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title (Dr/Mr/Mrs/Ms/Miss) | <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"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### 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"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |                |                      |  |  |  |          |                      |  |  |  |  |  |  |  |

## Section A – only complete if client is moving overseas

1 Please list the country you are/the client is moving to and select a reason why you are/the client is moving overseas

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 you/the client 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 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)

4 Please reconfirm your/the client'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)

5 Please reconfirm your/the client'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)
- 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

6 Confirm if clear and presentable certified identification documents have been provided to IOOF previously or as part of this Change of address request?

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

### Section B – only complete if your client is an Overseas Domiciled Investor

1 Why is the overseas domiciled applicant investing in the Australian financial market?

2 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 C – only complete if a Power of Attorney is signing the Application form

1 Where applicable, how long has the applicant been a client of the advisory firm?

(ie how well does the adviser know the client, their background, their investment structure, does the adviser meet the client in person on a regular basis and understand their source of wealth and true source of funds)

2 Where a POA is signing the application form on behalf of the Applicant, please confirm the relationship between the Applicant and the POA

3 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.

4 Has clear and presentable 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.

5 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.

6 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 which is necessary or desirable for IOOF to comply with any obligations it may have in connection with FATCA/CRS.
- 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  /  /

OR

### 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:**

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**Web** www.ioof.com.au