

Power of Attorney (POA) & Guardianship Order Form

Form guidelines

A CFS account holder may have an appointed Attorney or Guardian that manages their financial affairs. Completing this form and providing all supporting documentation will enable the appointed Attorney / Guardian to make decisions on the CFS account, including accessing information, updating details or making transactions.

The person(s) appointed as Attorney / Guardian will need to provide us with information and supporting documentation for both themselves and the account holder on this form.

How do I apply my POA or Guardianship Order to a CFS account?

Step 1: Complete this form

- 1 The **account holders** information is required in Section 1 of this form (from Page 2)
- 2 The **Attorney(s) / Guardian(s)** information is required in Section 2 of this form (from Page 4)
- 3 A **communication preference** must be selected in Section 3 of this form (Page 7)

Step 2: Provide proof of identity for the account holder and the appointed Attorney(s) / Guardian(s)

There are three ways to provide proof of identity (further information is provided in Sections 1 & 2):

- 1 Electronically verify identity using current driver's licence or passport number, or
- 2 Verify identity using certified paper copies of your proof of identify documents, or
- 3 Verify identity documents with your financial adviser

Step 3: Provide a certified copy of the POA or Guardianship Order legal document

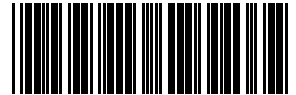
The POA or Guardianship Order legal document needs to be [certified by an authorised person](#), with every page certified as a 'true copy' of the original. Refer to Page 8 for a list of people authorised to certify your documents.

Step 4: Send us your completed form and supporting documents

You can return your completed form and documents to us online or via post:

- 1 If you have access to [FirstNet](#), upload a scanned copy via e-Post, or
- 2 Post the documents to us with reply paid post:
Colonial First State
Reply Paid 27
Sydney NSW 2001

CFS – Power of Attorney/ Guardianship Order Identification Form


[SAVE FORM](#)
[PRINT FORM](#)

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following ☒. Start at the left of each answer space and leave a gap between words.

Please note: A separate form is required if there are more than two Attorneys / Guardians appointed under a Power of Attorney or Guardianship order.

SECTION 1 – INVESTOR

1. Investor details

Account number

Please tick the below box to apply these instructions to all accounts held with CFSIL and AIL

☐ Apply to all additional accounts held with CFSIL and AIL

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Given name(s)

Surname

Occupation

Contact phone number

Email address

2. Proof of identity

If you haven't previously provided proof of your identity to us, you'll need to do so before we can apply your Power of Attorney to your account. There may be times we need to contact you to further verify your identity.

Select one of the following options to prove your identity. If you don't have access to primary identification documents, please call us on 13 13 36 to discuss acceptable alternative identification documents.

☐ **Option 1 – I want to use electronic identity verification**

You need to provide the below information and will also need to send us a photo ID. Please refer to the CFS website page [How to Submit Your Photo ID](#) for instructions on how to do this.

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

☐ **Option 2 – I want to provide certified paper copies of proof of identity documents**

Please ensure you provide photocopies of your original identification documents, and that they are correctly certified on each page as a true copy of the original document. Find further information on Page 8 for providing certified identification.

☐ **Option 3 – I want my adviser to verify my documents**

If you have a financial adviser who can verify your documents, refer to Page 9 for further information.

SECTION 2 – ATTORNEY(S) / GUARDIAN(S)

1. Attorney / Guardian details

Attorney / Guardian 1

Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering laws.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Full given name(s)

Surname

Date of birth* Occupation*

Your main country of residence, if not Australia*

Residential address (PO Box is NOT acceptable)*

Unit number Street number Street name

Suburb State Postcode

Country

We require your phone number and email address to enable further communication about this account.

Contact phone number* Email address*

Attorney / Guardian 2 (if applicable)

Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering laws.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Full given name(s)

Surname

Date of birth* Occupation*

Your main country of residence, if not Australia*

Residential address (PO Box is NOT acceptable)*

Unit number Street number Street name

Suburb State Postcode

Country

We require your phone number and email address to enable further communication about this account.

Contact phone number* Email address*

2. Proof of identity

Select one option to prove your identity. This must be done by both Attorneys / Guardians (if applicable). There may be times we need to contact you to further verify your identity.

☐

Option 1 – I want to use electronic verification

You need to provide the below information and will also need to send us a photo ID. Please refer to the CFS website page [How to Submit Your Photo ID](#) for instructions on how to do this.

Attorney / Guardian 1

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

Attorney / Guardian 2 (if applicable)

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

☐

Option 2 – I want to provide certified paper copies of proof of identity documents

Please ensure you provide photocopies of your original identification documents, and that they are correctly certified on each page as a true copy of the original document. Find further information on Page 8 for providing certified identification.

☐

Option 3 – I want my adviser to verify my documents

If you have a financial adviser who can verify your documents, refer to Page 9 for further information.

Important information

Please note: If the Attorney(s)/Guardian(s) appointed is not an individual, that Attorney(s)/Guardian(s) or their adviser must complete the appropriate identification form which can be found in our forms library at www.cfs.com.au

From time to time, we may require additional information to assist with the identification process. We may be required to report information about you to the relevant authorities. We may not be able to tell you or your Attorney(s)/Guardian(s) when this occurs. We may not be able to transact with you or your Attorney(s)/Guardian(s) or other persons. This may include delaying, blocking, freezing or refusing to process a transaction or ceasing to provide you or your Attorney(s)/Guardian(s) with a product or service. This may impact on your investment and could result in a loss of income and principal invested.

3 Declarations & Signatures

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au

I confirm that:

- I have been lawfully appointed Attorney/Guardian on behalf of the investor(s) referred to in section 1 of this form
- my appointment as Attorney/Guardian on behalf of the investor(s) (referred to in section 1 of this form) remains valid and has not been revoked
- I will inform CFSIL and AIL in writing, as soon as possible, if my appointment as Attorney/Guardian on behalf of the investor(s) referred to in section 1 of this form is revoked, amended or restricted in any way
- I will only act within the scope of my appointment as Attorney/Guardian on behalf of the investor(s) referred to in section 1 of this form.

I acknowledge that:

- My ability to operate or amend an account or issue instructions to initiate, modify, or stop a transaction on a customer's behalf is subject to successful checks undertaken by CFS to satisfy its regulatory obligations, including but not limited to compliance with the AML/CTF Act 2006.

Signature of Attorney / Guardian 1

Print name

Date

Signature of Attorney / Guardian 2

Print name

Date

Signature of witness to Attorney/Guardian 1 signature

Signature of witness to Attorney/Guardian 2 signature

The witness must be a third party (i.e. not investor, Attorney or Guardian) and over 18

Print name

Date

Print name

Date

SECTION 3 – COMMUNICATION PREFERENCES

Please nominate below who you would like to be the primary account contact for each communication channel (Phone, Email and Mailing Address). Please note, the investor will always maintain access to their FirstNet account.

Phone	<input type="checkbox"/> Investor	<input type="checkbox"/> Attorney/Guardian 1	<input type="checkbox"/> Attorney/Guardian 2
Email	<input type="checkbox"/> Investor	<input type="checkbox"/> Attorney/Guardian 1	<input type="checkbox"/> Attorney/Guardian 2
Mailing address	<input type="checkbox"/> Investor	<input type="checkbox"/> Attorney/Guardian 1	<input type="checkbox"/> Attorney/Guardian 2

SECTION 4 – CHECKLIST AND HOW TO RETURN FORM

Before you post or upload this form to FirstNet please use the following checklist to ensure that you've completed all the necessary sections, and all required information has been supplied.

Note: Failure to complete any of the required sections may delay the application being processed.

- ☐ The **account holders** information has been provided in Section 1 of this application (pages 2 – 3), including providing proof of their identity if required.
- ☐ The **Attorney(s) / Guardian(s)** has completed Section 2 of this application (pages 4 – 6), including providing proof of their identity and signing the declaration.
- ☐ Communication preferences have been selected in Section 3.
- ☐ A certified copy of the legal document showing the Power of Attorney or Guardianship Order has been granted (**with every page certified as a 'true copy' of the original**) is included.

Return your completed form (pages 2-7) and supporting documents to us online or via post:

1 If you have access to [FirstNet](#), upload a scanned copy via e-Post, or

2 Post the documents to us with reply paid post:

Colonial First State
Reply Paid 27
Sydney NSW 2001

Additional Information: Option 2 – I want to provide certified paper copies of proof of identity documents

As custodians of your superannuation savings, we may need you to prove your identity from time to time. If you're not proving your identity electronically as described in the 'Proof of Identity' section, there is another option for doing this.

Proving your identity

You can prove your identity by posting or uploading to FirstNet a certified copy of:

One of the following documents:

- Current Australian driver licence
- Current Proof of Age card
- Current passport (Australian passports can have expired in the last two years)

OR

One of the following:

- Birth certificate or birth extract
- Citizenship certificate issued by the Australian Government
- Pension card issued in your name by the Department of Human Services that entitles you to a financial benefit

AND one of the following:

- Notice issued by the Department of Human Services that shows a financial benefit has been provided to you (issued within the last 12 months)
- ATO notice of assessment (issued within the last 12 months)
- Local council rates notice (issued within the last three months)
- Electricity or gas notice (issued within the last three months)

Please note the above documents must contain your current name and address. If you're having difficulty proving your identity, please contact us on 13 13 36 to discuss your options.

Who can certify my documents

In Australia, the following people are able to certify your documents:

- Chiropractor, dentist, solicitor, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, veterinary surgeon, Justice of the Peace, police officer, magistrate, notary public
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)

What should my certified documents look like?

After the certifier views your original identification documents, they will:

- Write or stamp 'True copy of the original document'
- Sign and date the document
- Write their name and qualification
- Apply a registration number (if applicable to their certifying authority, e.g. Justice of the Peace, reg #123456, CPA #123456), and/or company/employer name, and
- Apply a stamp (if applicable to their certifying authority)

For more information

If you have any questions about this factsheet, please contact us on 13 13 36.

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 and issuer of FirstChoice range of super and pension products.

Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL) is the responsible entity and issuer of products made available under FirstChoice Investments and FirstChoice Wholesale Investments.

This document may include general advice but does not take into account your individual objectives, financial situation, needs or tax circumstances. The Target Market Determinations (TMD) for our financial products can be found at www.cfs.com.au/tmd, which include a description of who a financial product might suit. You should read the relevant Product Disclosure Statement (PDS) and Financial Services Guide (FSG) carefully, assess whether the information is appropriate for you, and consider talking to a financial adviser before making an investment decision. You can get the PDS and FSG at www.cfs.com.au or by calling us on 13 13 36.

Additional Information: Option 3 – I want my adviser to verify my documents

If you're not proving your identity electronically or with certified paper copies of your proof of identity documents, your financial adviser can verify your documents.

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation¹) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Expiry date	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation ¹	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Financial adviser details – identification and verification conducted by:

By completing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

Date verified (dd/mm/yyyy)	<input type="text" value="dd/mm/yyyy"/>
Financial planner's name	<input type="text"/>
Phone number	<input type="text"/> <input type="text"/>
AFS licensee name	<input type="text"/>
AFS Licence number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

¹ Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.