

CFS Edge

Term deposit provider registration and maintenance form

SAVE FORM

PRINT FORM

Thank you for taking the time to complete your registration, to ensure we set up your details correctly, please read each section carefully. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words. All fields marked with an asterisk (*) are mandatory and are required for us to complete your request.

Please return the completed form to CFS Product team at wrapproductqueries@cfs.com.au.

SECTION 1 EXTERNAL PROVIDER INFORMATION

*Provider name

*ABN

*ACN

*Business number

Alternative business number

*Dealing email address

SECTION 2 PRINCIPAL CONTACT PERSON

*Title Mr Mrs Miss Ms Other *Date of birth

*Given name(s)

*Surname

Position title

*Email address

*Business number

Mobile number

SECTION 3 AUTHORISED PERSONNEL

The listed signatories below are able to provide the following instructions to us:

- 1 Authorise platform access for new users.
- 2 Revoke platform access for current users.

The authorised personnel named on this form will be able to provide future instructions, and need to ensure that users with platform access are to retain access to the platform.

Note: Access rights are subject to the terms and conditions provided at the end of this form.

NOMINATED AUTHORISED INDIVIDUAL 1

*Full name

*Position title

*Email address

*Business number

Signature

SECTION 3 AUTHORISED PERSONNEL (CONTINUED)

NOMINATED AUTHORISED INDIVIDUAL 2

*Full name

*Position title

*Email address

*Business number

Signature

SECTION 4 PLATFORM ACCESS

This section allows nominated individuals access to update interest rates and Term Deposit product details on behalf of the provider nominated in **section 1**.

NOMINATED INDIVIDUAL 1

*Title Mr Mrs Miss Ms Other

*Date of birth

*Given name(s)

*Surname

*Email address

*Business number

Signature

*Mobile number

NOMINATED INDIVIDUAL 2

*Title Mr Mrs Miss Ms Other

*Date of birth

*Given name(s)

*Surname

*Email address

*Business number

Signature

*Mobile number

SECTION 5 DECLARATION AND SIGNATURE

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (**AIL, Trustee**) is the trustee of the 'Avanteos Superannuation Trust' and issuer of CFS Edge Super and Pension. Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (**CFSIL, Operator**) is the Investor Directed Portfolio Service (IDPS) operator and custodian of 'Avanteos Wrap Account Service' which includes CFS Edge Investments. Collectively AIL and CFSIL may be referred to as 'We' or 'Us'.

FNZ Custodians (Australia) Pty Ltd (**Administrator**) is the administrator of CFS Edge Investments and CFS Edge Super and Pension.

I/we, declare and agree:

- the details provided are true and correct.
- to receive electronic communications where an email address has been provided.

Signed by:

Signature of Duly Authorised Officer

Print name

Position title

Date signed

Signature of Duly Authorised Officer

Print name

Position title

Date signed