THIS	IS AI	N INTER	ACTIVE	FORM

CFS Edge Adviser fee consent form

SAVE FORM

PRINT FORM

Consent to the deduction of adviser service fees can be provided by completing this form. In addition to setting up a new fee arrangement, this form can be used to change or renew these fees.

Mark appropriate answer boxes with a cross like the following X. 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.

Avanteos Investments Limited (AIL, we, us) or Colonial First State Investments Limited (CFSIL, we, us) requires your consent for fees to be paid to your adviser and/or their licensee group (licensee) directly out of your CFS Edge account. This form ensures that only fees you consent to, for advice and related services, are paid from your account. Please read carefully to ensure this form accurately reflects the agreement you have with your adviser and/or their licensee.

Your consent to the fees on this form will replace the existing fee arrangement on your account. All advice fees listed below are inclusive of GST.

Please upload the completed form to the Document Library via our online portal. Telephone (for assistance) 1300 769 619

SECTION 1 ACCOUNT D	ETAILS	
*Account number	*Account name	
*Contact phone	*	Email address
	TAILS (FEE RECIPIENT	PROVIDER OF FINANCIAL PRODUCT ADVICE)
*Adviser name		
*Licensee group		
*Contact phone	OR *	Email address
SECTION 3 ADVISER SE	RVICE FEES ⁴	
		here must be initialled by the account signatory(ies).
3.1 FEE ARRANGEMENT	CONSENT DETAILS	
Ongoing fee arrangeme	ont1	
	an ongoing fee payment	OR Renew an existing ongoing fee payment
Reference date ²	dd/mm/yyyy	
Commencement date	dd/mm/yyyy	
		e reference date. The arrangement will terminate and no further advice will be provided by the consent expiry date.
OR		
Fixed Term fee arrange	ement ³	
Fee start date	dd/mm/yyyy	
Fee end date	dd/mm/vvvv	

- 1 This payment will be paid to your adviser and/or their licensee on an ongoing basis subject to your annual consent and any valid wholesale classification. If wholesale classification lapses ongoing fees will be removed from your account.
- 2 Reference date is a future date that starts the renewal process. This can be up to 12 months from the day you and your adviser and/or licensee entered into the fee arrangement or for existing arrangements, the previous reference date.
- 3 This type of payment will be paid to your adviser for a fixed term period of up to 12 months.
- 4 The fees quoted here are inclusive of GST.

AFSL 245531 (AIL) is the trustee of the 'Avanteos Superannuation Trust' ABN 38 876 896 681 and issuer of CFS Edge Super and Pension. Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL) is the Investor Directed Portfolio Service operator, administrator and custodian of 'Avanteos Wrap Account Service' which include CFS Edge Investments.

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3.2 AD\	/ISER SERVICE FEE STRUCTURE					
*Charge	frequency: Monthly Quarterly					
Dol	lar-based fee \$					
Flat	dollar-based fee amount per frequency					
AND/OR						
Per	centage-based fee ⁵					
	Per investment type					
	Fee range	Adviser service fee (p.a.)				
		Managed funds	Listed securities ⁶	Fixed interest	Cash ⁷	Managed accounts
OR				1		
	Applied to all investments					
	Fee range	Adviser servi	ce fee (p.a.)			
	Fees will not be applied for the following assets:	1				
	Managed funds					
	Listed securities ⁶					
	Fixed interest					
	Cash ⁷					
	Managed accounts					

^{5 %} based fees are not permitted when you have a margin lending facility linked to your account.
6 Listed securities includes both Australian and international listed securities.
7 Cash includes both Australian dollar funds in your cash account and foreign currency holding balances.

3.3 MODEL PORTFOLIO FEE		
A Model portfolio fee will apply on the value of your account ma your account and paid to your adviser's licensee group.	naged under your chosen model portfolio(s). This fee will be deducted from	
*Charge frequency ⁸ : Monthly Quarterly		
Fee range	Model portfolio fee (p.a.)	
3.4 ADVICE FEE ESTIMATE		
Fee description	Estimated annual amount (\$)	
Adviser service fee (dollar-based)		
Adviser service fee (percentage-based)		
Model portfolio fee		
Total estimated annual fee		
will pay for the upcoming year (inclusive of GST) \$ An explanation of the method used to calculate the estimate:		
3.5 SERVICES PROVIDED (NOT APPLICABLE TO INVEST	MENT ACCOUNTS)	
For CFS Edge Super and Pension accounts, please outline the se fees are amended to reflect a change in services).	ervices provided to this account under this fee arrangement (including where	
Services must relate to personal financial advice about your inteconsidered in relation to the proportion of fees being charged.	erest in the fund (including relevant insurance or investments), and should be	
Review of your account		
Contribution strategy		
Investment portfolio management		
Retirement planning		
Estate planning		
Protection strategy		
Withdrawals/Benefit payments		
Other (detail provided below)		

SECTION 4 WHAT HAPPENS NEXT?

I've given my consent

Where you have sufficient funds in your account, the fees will generally be deducted in the month or quarter following your consent being received.

For ongoing fees, your adviser is required to seek your consent to continue paying the fees each year.

Fixed term fees will stop on the fee end date, as specified above.



About withdrawing consent

You may withdraw your consent to the fees at any time. If you wish to withdraw your consent, you should discuss this with your adviser as it may affect the advice and related services they provide to you. You can also contact us directly if you have any questions or require assistance with withdrawing your consent.

When you withdraw your consent, your adviser and/or their licensee is required to advise us within 10 business days. Your adviser and/or their licensee will remain connected to your account unless otherwise specified.



SECTION 5 DECLARATION AND SIGNATURE

I/We confirm that by signing this form:

- · all details in this form are true and correct;
- the fees described above are consistent with the written arrangement entered into with my/our adviser and/or their licensee that describes the services I/we are entitled to receive;
- where the account has more than one account signatory, all required account signatories have signed this form;
- sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company;
- if this form is signed under Power of Attorney, I/we have not received notice of revocation of the power; and
- this fee consent will remain valid and a new consent is not required if:
 - I/we change my/our names after consenting to the fee arrangement on this form; or
 - the adviser nominated as the fee recipient under this fee arrangement changes their name and/or contact details.

I/We understand, agree, acknowledge and/or consent:

- the fees are of a reasonable amount and are only for financial advice and advice services provided to me/us in relation to my/our investment in the account detailed in Account details section of this form;
- that AIL or CFSIL has the discretion to decline a request to pay the fees requested on this form;
- that where the rights of my/our adviser and/or their licensee have been assigned or novated to another person or entity, the agreed fees and payments of these fees, may transfer to that person or entity;
- that in the event that my/our account balance is transferred, (for example a Successor Fund Transfer/Intra-Fund Transfer) the fee and consent may transfer to the new account; and
- to my/our information being used in accordance with the CFS privacy policy, which can be accessed online at cfs.com.au/privacy.

Account Signatory 1 signature	Name
	Date dd/mm/yyyy
Account Signatory 2 signature	Name
	Date dd/mm/yyyy
Account Signatory 3 signature	Name
	Date dd/mm/yyyy
Account Signatory 4 signature	Name
	Date dd/mm/yyyy
Account Signatory 5 signature	Name
	Date dd/mm/yyyy
Account Signatory 6 signature	Name
	Date dd/nam/yyayy