

Adviser nomination/ Adviser transaction authority form



Please phone Colonial First State Investor Services on **13 13 36** with any enquiries.

SAVE FORM

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

PRINT FORM

1 INVESTOR DETAILS

Please nominate the accounts to which these instructions should be applied.

☐ All accounts I hold with Avanteos Investments Limited (AIL) and/or Colonial First State Investments Limited (CFSIL)

OR

☐ Only the following accounts

This authority can only be applied to accounts currently advised by the adviser named in **section 4** (below).

INVESTOR 1

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname/Company/Partnership name

Date of birth

dd/mm/yyyy

INVESTOR 2 (if applicable)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname/Company/Partnership name

Date of birth

dd/mm/yyyy

2 ADVISER NOMINATION/ACCESS TO INFORMATION/ADVISER TRANSACTION AUTHORITY

Please indicate your selection by crossing one of the boxes below:

ADVISER NOMINATION

☐

By crossing (X) this box and signing this form, I:

- declare that I have read the current Product Disclosure Statement (PDS) for each AIL and/or CFSIL account(s) identified in **section 1** and:
 - authorise the financial adviser nominated in **section 4** to be the servicing adviser for my AIL and/or CFSIL account(s) identified in **section 1**, and
 - authorise AIL and/or CFSIL to provide my nominated financial adviser with details of my investments for each AIL and/or CFSIL account(s) identified in **section 1**, and
 - authorise the financial adviser nominated in **section 4** to update my personal details, and
 - remain bound by the terms and conditions contained in the PDS(s) (as updated from time to time) and the relevant Constitution(s)/Trust Deed(s) applicable to my AIL and/or CFSIL account(s).
 - agree this adviser nomination will continue to operate until I notify AIL and/or CFSIL in writing that the adviser nominated in **section 4** of this form is no longer my servicing adviser.

ACCESS TO INFORMATION

☐

By crossing (X) this box and signing this form, I:

- authorise AIL and/or CFSIL to provide the adviser nominated in **section 4** with details of my investments for each AIL and/or CFSIL account(s) identified in **section 1**
- declare that I have read the current PDS for each AIL and/or CFSIL account(s) identified in **section 1**
- agree to be bound by the terms and conditions contained in the PDS(s) (as updated from time to time) and the relevant Constitution(s)/Trust Deed(s) applicable to my AIL and/or CFSIL account(s)
- agree this authorisation to access information will continue to operate until I notify AIL and/or CFSIL in writing that this authorisation no longer applies.

ADVISER TRANSACTION AUTHORITY

I authorise the named adviser, and any person authorised by that adviser (authorised delegate) named in Section 4 of this form to act on my behalf on matters relating to my account/s, unless I inform AIL and/or CFSIL otherwise, either by ticking the box **below** or by advising AIL and/or CFSIL in writing. I have read and understood the important warning regarding my financial adviser including sections under Adviser Transaction Authority, and Role of your financial adviser in the PDS. I confirm and agree to the release of AIL and/or CFSIL from liability in relation to actions by my financial adviser as described in the PDS.

Tick this box only if you do NOT wish for your nominated financial adviser to have transaction authority for this account.

☐

I do NOT wish for adviser transaction authority to be applied to my accounts.

3 SIGNATURES

By signing this form, I declare all details in this form are true and correct and I indemnify AIL and/or CFSIL against any liabilities whatsoever arising in connection with:

- 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.
- processing this adviser nomination
- providing the adviser nominated in **section 4** with details of my investments for each AIL and/or CFSIL account(s) identified in **section 1**.

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the issuer of FirstChoice range of super and pension products. Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) is the issuer of FirstChoice investment products.

Conditions for authorising an adviser to transact on your behalf

By signing this authority you acknowledge:

- Any adviser you nominate (as your adviser, from time to time) will be authorised under this authority, (even if this adviser transfers to a new dealer group (with the current dealer's release) without notice to you.
- If the dealer group's Australian Financial Services Licence is suspended or cancelled by ASIC, we have the discretion to switch off the adviser authority.

- We can refuse to accept an authority, permit a person to transact or carry out a transaction.
- We will process transactions under this authority until we receive a signed notification, from you, amending or revoking this authority.
- This authority continues until the second business day after we receive written notice from you of cancellation of authority.
- You agree to release, discharge and indemnify us from and against any liability, cost or loss that is incurred by us or you as a result of our acting on this authority except if we have acted fraudulently or have wilfully defaulted in our obligations to you.
- Use of AIL and/or CFSIL's online facilities is subject to specific terms and conditions (including e-Post declarations and FirstNet Adviser terms and conditions). These are available on each respective internet site. At our complete discretion, we can refuse access or suspend access to AIL and/or CFSIL's online facilities.
- We can cancel or vary these conditions by giving you not less than seven (7) days prior written notice.

You acknowledge and agree that:

- In the event that your account balance is transferred, but the trustee does not change (for example a Successor Fund Transfer/Intra-Fund Transfer) and you have provided your adviser with authority to transact this may transfer to the new account.

Note:

- As the adviser may delegate this authority, you should carefully consider the implications of giving this authority.
- We will not accept or be on notice of any restrictions on their authority and therefore all instructions provided by your adviser and/or their delegate under this authority will be taken to be authorised by you. Depending on your arrangements with your adviser, it is possible your adviser may provide an instruction to us without notice to you.
- Investments and withdrawals can only be made to and from a bank account pre-nominated by you.

PLEASE NOTE THAT BY APPOINTING AN ADVISER TO TRANSACT ON YOUR BEHALF, YOU ARE GIVING THAT ADVISER, AND ANY PERSON ACTING ON BEHALF OF THE ADVISER, AUTHORITY TO TRANSACT AND MODIFY DETAILS ON YOUR ACCOUNT(S), UNTIL WE RECEIVE A VALID WRITTEN NOTIFICATION, SIGNED BY YOU, AMENDING OR REVOKING THIS AUTHORITY.

Joint applicants must both sign.

Signature of investor 1 or company officer

Print name

Date signed

Signature of investor 2 or company officer

Print name

Date signed

If this form is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it). The Attorney will also need to complete a Power of Attorney identification form which can be obtained from our forms library at www.cfs.com.au/forms or by phoning Investor Services on 13 13 36.

4 ADVISER DETAILS (ADVISER USE ONLY)

Adviser name

Contact phone number

Email address

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

By providing your (adviser) details, you certify that you are appropriately authorised to provide financial services in relation to the AIL and/or CFSIL account(s) identified in **section 1**

Please send the completed form to:

Colonial First State

Reply Paid 27, Sydney NSW 2001

or via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser