

# CFS Edge

## One-off advice fee consent form

SAVE FORM

PRINT FORM

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.

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

### SECTION 1 ACCOUNT DETAILS

\*Account number

\*Account name

\*Adviser name

### SECTION 2 ONE-OFF FEE PAYMENT

**Note:** Any amendments to the fee amount specified here must be initialled by the account signatory(ies).

\*Fee amount<sup>1</sup>

\*Statement of advice/record of advice date

\*Narration<sup>2</sup>

This fee will be deducted from your account once this form has been received and approved, and where there is sufficient cash available in the account. Deductions must occur within 120 days from the date you provide consent.

### SECTION 3 SERVICES PROVIDED (NOT APPLICABLE TO CFS EDGE INVESTMENTS)

The following services have been provided to this account:

- |                                                          |                                                |
|----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Review of your account          | <input type="checkbox"/> Contribution strategy |
| <input type="checkbox"/> Investment portfolio management | <input type="checkbox"/> Retirement planning   |
| <input type="checkbox"/> Estate planning                 | <input type="checkbox"/> Protection strategy   |
| <input type="checkbox"/> Withdrawals/Benefit payments    |                                                |

Other (detail provided below)

1 The fees quoted here are inclusive of GST whereas the amounts deducted from your account are inclusive of GST less RITC (where a RITC is available). As a result, what is deducted from your account may be less than the amount quoted here.

2 This narration will appear on your reports and statements where fee transactions are displayed.

## SECTION 4 DECLARATION AND SIGNATURE

I/We confirm that by signing this form:

- all details in this form are true and correct;
- the fees are in line with the terms of agreement I/we have entered into with my/our adviser and/or their Licensee;
- where the account has more than one account signatory, all required 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; and
- if this form is signed under Power of Attorney, I/we have not received notice of revocation of the power.

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 fund/account detailed in 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; and
- 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.

Account Signatory 1 signature

Name

Date

Account Signatory 2 signature

Name

Date

Account Signatory 3 signature

Name

Date

Account Signatory 4 signature

Name

Date