

CFS Edge

One-off advice fee consent form

SAVE FORM

PRINT FORM

This form can be used to request a one-off advice fee from your CFS Edge account.

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.

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.

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

*Contact phone

*Email address

SECTION 2 ADVISER DETAILS (PROVIDER OF FINANCIAL PRODUCT ADVICE)

*Adviser name

*Licensee group

*Contact phone

OR *Email address

SECTION 3 ONE-OFF FEE PAYMENT

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

*Fee amount¹

*Statement of advice/record of advice date

*Narration²

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.

¹ The fees quoted here are inclusive of GST.

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

SECTION 4 SERVICES PROVIDED (NOT APPLICABLE TO INVESTMENT ACCOUNTS)

For CFS Edge Super and Pension accounts, please outline the services provided to this account under this fee arrangement. Services must relate to personal financial advice about your interest in the fund (including relevant insurance or investments).

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

Other (detail provided below)

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 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 does not become invalid 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.

Account Signatory 1 signature

Account Signatory 2 signature

Account Signatory 3 signature

Account Signatory 4 signature

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;
- 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.

Name

Date

dd/mm/yyyy

Name

Date

dd/mm/yyyy

Name

Date

dd/mm/yyyy

Name

Date

dd/mm/yyyy