ASF exception request form

This form can be used to submit an Adviser Service Fee (ASF) exception request on a CFS Edge Super or Pension account. We may request additional information/evidence to complete our assessment.

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. 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 or email to CFSEdgeASF@cfs.com.au.

For assistance please call 1300 769 619.

Section 1: Adviser details

*Adviser name(s)

*Adviser email address

Section 2: Account details

*Account name

*Account number

Section 3: Exception reasoning

Select the relevant reason(s) for this ASF exception request and provide the associated information.

☐ Further contributions will be made to their CFS Edge Super account in the next 90 days.

Provide details of the expected contributions below:

Contribution type	Contribution amount	Expected date[1]
Member contribution(s)	$	
Rollover(s) in	$	
In-specie asset transfer in	$	
Other(s)	$	
Total amount	$	

☐ Client has other linked CFS Edge Super/Pension accounts and would like the total value of the accounts to be considered.[2]

NOTE: ASFs must be apportioned between super and pension accounts. The linked account(s) must be of the same product type as the requested account to be considered.

List the account number(s) for consideration:

1 Exact date not required, providing the expected month is acceptable.

2 ASF charged must be applicable for advice given to the nominated account to meet sole purpose requirements.

☐ Additional adviser services are being provided to the client, beyond the standard services selected when setting up the fee arrangement on the account.

Provide details on the additional services below:

and/or

☐ Please attach a copy of the Statement of Advice (SOA) or an extract of the relevant sections for the assessment to be made.

Section 4: Declaration and signature

In submitting this request for ASFs to be paid from a CFS Edge Super or Pension account, I attest to and declare the following:

- all details in this form are true and correct
- client has agreed to implement the advice the fee relates to
- the ASFs are only for personal financial product advice in relation to a client's interest in the super or pension account from which the fee is to be deducted
- I will not cause the Product Issuer to breach the sole purpose test in section 62 of the *Superannuation Industry (Supervision) Act 1993* (Cth)
- the ASFs will be apportioned correctly between super and pension based on the financial product advice provided
- ASFs will be refunded only to the client's super or pension account (and not directly to the client) if the ASFs are to be refunded for any reason
- I am satisfied that the ASFs to be charged are fair and reasonable and represent value for money for the client as required by the FASEA Code of Ethics Standard 7, and
- where an SOA has been provided, the client's information contained in the SOA is to be used in accordance with the CFS privacy policy which can be accessed online at cfs.com.au/privacy.

*Adviser signature

*Name

*Date

Save form Clear form