

Australian Expatriate Superannuation Fund

Adviser Appointment

Form **2**

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
Member Services 1300 323 489

You can use this form to appoint a new financial adviser and confirm to what extent we can take instructions directly from them and the fees we are to pay to them in respect of your AESF [i.e. separately from the underlying investments of the pension]. You can also use this form to appoint 'Information Only' access to third parties, such as an accountant or a spouse.

Issued by the Trustee
Tidswell Financial Services Ltd
ABN 55 010 810 607
AFSL 237628
RSE Licence L0000888

1. Member details

Member number/s

Full name

Date of birth [dd/mm/yy]

Email address

2. Details of your financial adviser

Company Name

Financial Adviser Full Name

Regulator Reference

Street address

[Your street address cannot be a post office box]

Unit number

Street number

Street name

Suburb

State

Postcode

Postal address

[If different to your street address]

Post Office Box number

Suburb

State

Postcode

Email address 1

Email address 2

Mobile number

Work number

Fax number

When complete

email or post this form:

australia@ivcm.com

AESF

Lvl2, Suite 210,
25 Solent Circuit
Norwest Business Park
Baulkham Hills NSW 2153
Australia

3. Authorisation and fees

Do you authorise your Financial Adviser to arrange investment instructions on your behalf?

Yes No

If NO, we will require your express instruction each time an investment switch or choice is made

Is your Financial Adviser to be paid a fee from your AESF bank account?

Yes No

If YES, Please complete the following information. NOTE: None of the fees deducted are to be rebated to the client

Initial Fee \$ or %

Annual Fee \$ or %

Do you wish for another party to have Information Only access to your pension scheme?

Yes No

Please fill in their name and address below for our verification procedures

4. Declaration

Adviser Declaration

I hereby confirm that I have been appointed by the client in relation to their AESF and can confirm that the fees described above have been discussed and agreed with the client.

Sign

Name

Date [dd/mm/yy]

Member Declaration

I hereby confirm that I have discussed and agreed to the above described fees payable to my Financial Adviser and for information to be provided or instructions accepted in accordance with the above.

Sign

Name

Date [dd/mm/yy]