

14 November 2022

Adviser details

Please use this form to change your adviser or add or upgrade the financial adviser authority on your account.

Please complete these instructions in BLACK INK using CAPITAL LETTERS.

Step 1: Client details

Account number

Account Name

Date of birth / /

Step 2: Financial Adviser Authority

Please select the tick box below if you would like to add or upgrade the financial adviser authority on this account.

Please add the ability for the appointed financial adviser to transact on this account including the ability to initiate withdrawals to the nominated bank account

By providing this authority, you authorise your financial adviser to operate this account and authorise your financial adviser and/or their staff to give instructions in relation to your account.

Please note: Information regarding the transactions your adviser can perform on this account can be found in the General Reference Guide. This authority **does not authorise** your financial adviser to change the name on the account or sign any form on an account holder's behalf where a signature is required.

Step 3: Declaration by Financial Adviser

In submitting this Application:

- I declare that I hold a current AFSL **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- I declare that I am authorised to instruct the Trustee/Service Operator to pay any withdrawal proceeds to the nominated bank account and that the applicant has authorised me, as their agent, to request withdrawals from their account
- I release and indemnify the Trustee/Service Operator and any member of the Insignia Financial Group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority
- I agree that any advice fees will cease to be charged for this account once the Trustee/Service Operator is notified of the death of the applicant.
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation.

Signature of financial adviser Date / /

Full name

Licensee name

Step 4: Client declaration and signature(s)

Important note: The Trustee/Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Privacy Policy at sfg.com.au/portfolio/privacy. If you do not provide all of the requested information, we may not be able to action your request.

I/We hereby **authorise** my/our financial adviser and their staff, as my/our agent, to do the following:

- operate and give instructions on my/our behalf in relation to this Shadforth Portfolio Service account by any method acceptable, to the Trustee/Service Operator, including electronically, including requesting withdrawal (where applicable) to my/our nominated bank account.

I/We accept the terms outlined below:

- I/We release and indemnify the Trustee/Service Operator and any member of the Insignia Financial Group from and against all demands, action, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with the Trustee/Service Operator acting or omitting to act on instructions given by my/our financial adviser;
- I authorise the Trustee/Service Operator to continue to follow instructions given under this authority until the Trustee/Service Operator receives notice in writing signed by me to cancel the authority.

Note for Power of Attorney: If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it). You generally cannot sign under Power of Attorney if acting on behalf an entity.

Signature

Signatory 1		Date	[]	/	[]	/	[]
Role (Such as Investor/Director/Trustee as applicable)							
Full name							

Additional Signature(s) if required

Signatory 2		Date	[]	/	[]	/	[]
Role (Such as Investor/Director/Trustee as applicable)							
Full name							

Signatory 3		Date	[]	/	[]	/	[]
Role (Such as Investor/Director/Trustee as applicable)							
Full name							

Signatory 4		Date	[]	/	[]	/	[]
Role (Such as Investor/Director/Trustee as applicable)							
Full name							

Signatory 5		Date	[]	/	[]	/	[]
Role (Such as Investor/Director/Trustee as applicable)							
Full name							

Signatory 6

Role (Such as Investor/Director/Trustee as applicable)

Full name

Date / /

Common seal (of company) if required

Please forward all correspondence and enquiries to Applications and forms

Post Shadforth Portfolio Service
GPO Box 264 Melbourne VIC 3001

Telephone 1800 921 792
Email portfolioservice@sfg.com.au