Client Services contact details

Phone: 03 7019 6492 | **International:** +61 3 7019 6492
Email: newmark@unitregistry.com.au

Appoint, Change or Cancel a Financial Adviser Form

Use this form if you are an existing investor and wish to appoint, change or cancel your Financial Adviser. You can also use this form to change their details (such as their address) or to start or change the way your financial adviser is paid from your investment.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistake and initial your changes.

HOW TO COMPLETE THIS FORM

Step 1

Instructions if you are appointing, changing or cancelling a financial adviser.

If you wish to appoint, change or cancel a financial adviser, the following needs to be completed:

- write your account number and account name in **section 1** as it appears on the latest statement
- complete **section 2** ‘Appoint, change or cancel a financial adviser’
- sign the form as per the ‘Signing instructions’ in **section 6**

Step 2

Instructions if you are changing the way your financial adviser is paid from your investment.

If you want to change the way your financial adviser is paid from your investment, the following needs to be completed:

- write your account number and account name in **section 1** as it appears on the latest periodic or transaction statement
- complete **section 3** ‘Financial Adviser Fees’
- sign the form as per the ‘Signing instructions’ in **section 6**

Step 3

Send your documents to us.

You can return your forms by post or email according to the details below:

Send by post:
Newmark RE Limited
GPO Box 804
MELBOURNE VIC 3001

Scan and email to: newmark_transactions@unitregistry.com.au

* Please include your account number in the subject line of your email.

1. INVESTOR DETAILS

Account number

Investor name

2. APPOINT, CHANGE OR CANCEL A FINANCIAL ADVISER

I/We wish to:

☐ Appoint / Change a Financial Adviser ☐ Cancel a Financial Adviser

Please provide details of your Financial Adviser

Dealer group name

Adviser name

AFSL number

Authorised representative number

3. FINANCIAL ADVISER FEES

Complete this section if you wish that financial planning fees be paid monthly from your investment. If you wish to change level, write the new percentage. If you wish to stop the payments, write 'nil'.

% pa (excluding GST) of your account balance that you wish to be paid (maximum 6%)

This percentage of your account balance does not include GST. GST will be added to this percentage and the total fee amount will be deducted from your investment when each monthly payment is made.

Please note: One off payments are not possible. Fixed dollar amounts are not possible.

If you close your investment in the fund before the end of the month, no payment will be paid for that month and your financial adviser may look for this to be paid direct by you. We will keep paying any ongoing fee until you tell the Administrator it has changed or should stop.

We pay money to the dealer group that authorises your financial adviser from time to time – if your adviser changes their dealer group arrangements, they will need to contact us so we can redirect their payments.

4. OPERATING YOUR ACCOUNT

Do you want your financial adviser to be able to operate your account?

☐ Yes ☐ No

In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes – we will and SS&C will keep accepting their instructions until you or they advise us in writing that the appointment has terminated.

We or SS&C may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

You indemnify us from any loss you, we or SS&C suffer as a result of the actions of your appointed financial adviser, and agree to ratify their actions if we ask.

5. APPOINTMENT OF A FINANCIAL ADVISER

This section should be completed by your financial adviser. Your financial adviser will have online access to your account. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Notice to financial adviser by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on this product.

If you would like to register for adviser online to view your client's investment information, please complete the below.

Financial Adviser contact details

Business address - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Postal address (if different from above) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone number

Mobile number

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

Please print full name

Date signed

D D / M M / Y Y Y Y

6. SIGNING INSTRUCTIONS

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all of the account holders must sign.

Companies - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of Investor 1, Individual trustee 1, Director or authorised representative

Signature

Please print full name

Date signed

D D / M M / Y Y Y Y

Company officer (please indicate company capacity)	
Director	☐
Company Secretary	☐
Authorised Representative	☐

Signature of Investor 2, Individual trustee 2, Director or authorised representative

Signature

Please print full name

Date signed

D D / M M / Y Y Y Y

Company officer (please indicate company capacity)	
Director	☐
Company Secretary	☐
Authorised Representative	☐