

Fixed Term Advice Fee Consent Form



This form is used when you want to authorise a fixed-term advice fee to be deducted from your account and paid to your financial adviser. This is only payable where the advice is in direct relation to your account within the Fund.

Section 1: Personal details

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given name(s):	<input type="text"/>	Date of birth:	<input type="text"/>
Email:	<input type="text"/>	Membership number:	<input type="text"/>

Section 2: Adviser details

Please note: You can only nominate an adviser that is a representative of a dealer group that is authorised to provide financial services in relation to the Fund.

Adviser name:	<input type="text"/>		
Dealer group:	<input type="text"/>	Practice name:	<input type="text"/>
Phone number:	<input type="text"/>	Email address:	<input type="text"/>
AFSL number:	<input type="text"/>	Corporate authorised representative number:	<input type="text"/>

Section 3: Consent to deduct fixed-term advice fees

If you sign this form you will pay the following fixed-term advice fee from your account from the start date indicated below.

Fixed-term advice fee type			Fee estimate ^		Start date*	End date*
\$ Based fee	<input type="text"/>	Inclusive of GST p.a.			<input type="text"/>	<input type="text"/>
% Based fee	<input type="text"/>	Up to 2.2%, inclusive of GST p.a.	<input type="text"/>	Estimated p.a.	<input type="text"/>	<input type="text"/>

You can vary or withdraw your consent at any time by contacting your adviser or the Fund directly.

^ This amount is a fee estimate only based on your current balance or insurance premiums and an agreed percentage fee stated above which is to be applied at the time the deduction is processed.

* You must provide a start date and end date for the fee to be applied. The end date must be a maximum of 12 months from the start date.

Section 4: Member authorisation

I make the following declarations and acknowledgements:

- I, the member whose details are provided in Section 1 above, and whose signature appears below, authorise the Trustee of the Fund to deduct the amount specified in Section 3 from my account in the Fund, and to pay the full amount to the adviser specified in Section 2.
- I confirm my adviser has provided me with professional advice including the formulation of an investment strategy that has taken into consideration my personal objectives, financial situation and needs.
- I confirm my adviser has provided me with a Statement of Advice in relation to any financial product advice provided by my adviser as required by government legislation.
- I am aware that any fees deducted by my adviser from my superannuation account are to be only in relation to the Fund or its investments.
- I am aware that if requested by the Fund or its Trustee, my adviser may provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund or its investments.
- I understand the fixed-term advice fee is negotiable between my authorised adviser and me and that any fees agreed to by me are in addition to the base fees stipulated in the Product Disclosure Statement (PDS).
- Unless I have stipulated otherwise in this form, I agree to the advice fees detailed in Section 3 being deducted from my account balance in the Fund and authorise the Trustee to pay advice fees to the dealer group and for the dealer group to pass on such amount (if any) it determines to my adviser as stated in Section 2).

Freedom of Choice, a division of AMG Super (the Fund)

ABN 300 993 205 83
PO Box 3528, Tingalpa DC Qld 4173
Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: enquiries@freedomofchoice.com.au

Issued by the trustee:
Equity Trustees Superannuation Limited

ABN 50 055 641 757
AFS Licence No 229757
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- If I have more than one account in the Fund, I agree to authorised advice fees being deducted in the manner set out in the Reference Guide.
- I am aware that any fees deducted from my account that are paid to my adviser are to be only in relation to the Fund, its investments or insurance obtained through superannuation.
- I am aware that if requested by the Fund or its Trustee, my adviser may be asked to provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund.

Member signature:

Date:

Section 5: Adviser declaration

I make the following declarations and acknowledgements:

- I, the adviser whose details are provided in Section 2 of this form, and whose signature appears below, confirm that the nominated fixed-term advice fee is in relation to services to be provided to the member specified in Section 1, and that these services incorporate advice in relation to their account within the Fund.
- I understand I may be requested to provide the relevant Statement of Advice pertaining to this fee in order that the Fund or its Trustee can confirm the advice fee is charged for advice relating to the member's account within the Fund only.
- I declare that all directions, instructions, requests and other communications I give to the Trustee, or transactions I make on the member's account will only be made after prior consent of the member and will include (where applicable) accurate and full information and disclose any facts or circumstances relevant to the communication or transaction.
- I confirm that where I have provided financial services in relation to the Fund, including the Fund's financial products and/or investment and/or insurance options, I am authorised to do so.
- I have provided the member with a Statement of Advice in relation to any financial product advice I have provided as required by government legislation.
- I have provided the member with access to the current PDS or other disclosure document for each of the selected investments available for investment through the Fund.
- I have fully disclosed to the member all fees and costs associated with investing in the Fund in accordance with government legislation.
- I confirm that any advice fees payable as agreed by the member are/will be for financial services relating only to the Fund or its investments.
- I confirm that any changes to the amount, frequency, method or manner of payment of advice fees will be signed off in writing by the member prior to making such changes and that I will immediately notify the Trustee of such changes.
- I agree to promptly refund, on request by or on behalf of the Trustee, any advice fees paid out of Fund's assets that are not in accordance with the declarations and acknowledgements in this form.
- I agree to provide the Trustee with any information requested by or on behalf of the Trustee in relation to the adviser details and advice fees shown in this form.

Adviser signature:

Date:

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Freedom of Choice Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au.

The Trustee's privacy policy can be found at www.eqf.com.au/global/privacystatement.