

Application Form

Portfolio Service



This application form is part of the Freedom of Choice Portfolio Service IDPS Guide (IDPS Guide)

- The IDPS Guide contains information about investing in the Freedom of Choice Portfolio Service. You should read the IDPS Guide before applying.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the IDPS Guide.
- A copy of the IDPS Guide and the Application Form is available on request without charge.

Section 1: Introduction

Only complete the sections relevant to you, as indicated below:

Select one	Account type	Sections to complete	Identification requirement groups to complete
<input type="checkbox"/>	Individual(s)	1, 2, 7, 8	Group A
<input type="checkbox"/>	Partnership	1, 3, 7, 8	Group A & B
<input type="checkbox"/>	Trust/Superannuation fund with individual trustee(s)	1, 2, 4, 7, 8	Group C or D, & E
<input type="checkbox"/>	Trust/Superannuation fund with corporate trustee	1, 4, 5, 7, 8	Group C or D, & E
<input type="checkbox"/>	Company	1, 5, 7, 8	Group F, G or H
<input type="checkbox"/>	Power of attorney or agent	The sections relevant to the account type noted above plus 6	Group I

If you are an association, co-operative, government body or other type of entity not listed above, please contact Client Services on 1800 806 013 or via email enquiries@freedomofchoice.com.au.

Section 2: Individual(s) or individual trustee(s)

Complete this section if you are investing in your own name or as an individual trustee.

For anti-money laundering (AML) documentation requirements please refer to page 11.

2.1 Type of investor

Tick one box only and complete the specified parts of this section.

- | | |
|--|--|
| <input type="checkbox"/> Individual - complete 2.2 | <input type="checkbox"/> Sole trader - complete 2.2 and 2.4 |
| <input type="checkbox"/> Jointly with another individual(s) - complete 2.2, 2.3 and 2.5 | <input type="checkbox"/> Individual trustee for an individual - complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee) |
| <input type="checkbox"/> Individual Trustee for a Trust - complete 2.2 and 2.3 (also complete Section 4) | |

2.2 Investor 1 (individual account holder, first joint investor, sole trader, director, individual trustee, partner 1)

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given name(s):	<input type="text"/>		
Date of birth (DDMMYYYY):	<input type="text"/>	Country of birth:	<input type="text"/>
Telephone number (+ country code):	<input type="text"/>	Email:	<input type="text"/>
Tax file number (TFN) or exemption code:	<input type="text"/>	Reason for TFN exemption:	<input type="text"/>
Residential address (not a PO Box):	<input type="text"/>		
Town/suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
		Country:	<input type="text"/>
Occupation:	<input type="text"/>		

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐ No ☐ Yes, please give details:

Please answer both tax residency questions:

Are you a tax resident of Australia? Yes ☐ No ☐

Are you a tax resident of another country? Yes ☐ No ☐

If you are a tax resident of a country other than Australia, we will follow up for further information.

2.3 Investor 2 (second joint investor, director, individual trustee, partner 2)

Surname: Salutation:

Given name(s):

Date of birth (DDMMYYYY): Country of birth:

Telephone Number (+ country code): Email:

Tax file number (TFN) or exemption code: Reason for TFN exemption:

Residential address (not a PO Box):

Town/suburb: State: Post code: Country:

Occupation:

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐ No ☐ Yes, please give details:

Please answer both tax residency questions:

Are you a tax resident of Australia? Yes ☐ No ☐

Are you a tax resident of another country? Yes ☐ No ☐

If you are a tax resident of a country other than Australia, we will follow up for further information.

2.4 Sole trader details

Business name (if applicable, in full):

Australian business number (ABN):

Street address:

Town/suburb: State: Post code: Country:

2.5 Signing authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc)

☐ Only one investor required to sign ☐ All investors must sign

Section 3: Partnerships

Complete this section if you are investing for a partnership or as a partner.

For AML documentation requirements please refer to page 11.

3.1 General information

Full name of partnership:

Registered business names of partnership (if any):

Country where partnership is established:

Tax file number (TFN) or exemption code: Reason for TFN exemption:

3.2 Type of partnership

Is the partnership regulated by a professional association?

☐ Yes, please provide details (need only give information below for partners with a 25% or greater interest or, if there are no such partners, for just one partner)

Name of professional association:

Membership details:

☐ No, provide number of partners:

Section 4: Trust / Superannuation fund

Complete this section if you are investing for a trust or superannuation fund.

For AML documentation requirements please refer to page 11.

4.1 General information

Full name of trust or superannuation fund:

Full name of business (if any):

Country where trust is established:

Tax file number (TFN) or exemption code:

Reason for TFN exemption:

4.2 Trustee details

Number of trustees:

☐ **Individual** – trustee(s) must complete Section 2 of this form

☐ **Company** – trustee(s) must complete Section 5 of this form

☐ **Combination** – trustee(s) from each investor type must complete the relevant section of this form

4.3 Type of trust

☐ **Registered managed investment scheme**

Australian Registered Scheme Number (ARSN):

☐ **Regulated trust** (including self-managed superannuation funds and registered charities that are trusts)

Name of regulator (e.g. ASIC, APRA, ATO, ACNC):

Australian Business Number (ABN) or registration licensing details:

Please proceed to Section 5

☐ **Other trust** (unregulated) (also complete Section 4.4)

Please describe:

4.4 Beneficiaries of an unregulated trust

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3

Does the trust deed name beneficiaries?

☐ **Yes** – How many?

Provide the full name of each beneficiary who directly or indirectly is entitled to an interest of 25% or more in the trust:

1.

2.

3.

4.

☐ **No** – Describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name):

4.5 Beneficial owners and other persons of interest in an unregulated trust

Please provide the **full name** of any beneficial owner of the trust.

A beneficial owner is any individual who directly or indirectly has a **25% or greater interest** in the trust or a person who exerts **control over the trust**. This includes the **appointer** of the trust (who holds the power to appoint or remove the trustees of the trust. All beneficial owner(s) who meet the above definition will need to provide information and AML verification documents set out in Group A, F, G or H. Please provide beneficial owners as an attachment if there is insufficient space below:

1.	2.
3.	4.

Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Provide details:
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Please provide the **full name** of the **settlor** of the trust where the initial asset contribution to the trust was greater than \$10,000 and the settlor is not deceased:

Is the trust a tax resident of a country other than Australia? Yes ☐ No ☐

If yes, we will follow up for further information.

Section 5: Company / Corporate trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

For AML documentation requirements please refer to page 11.

5.1 Company Type

- ☐ Australian listed public company – complete 5.2
- ☐ Australian proprietary company or non-listed public company – complete 5.2 and 5.4
- ☐ Foreign company – complete all sections

5.2 Company details

Company name:	<input type="text"/>	ACN/ABN(if registered in Australia):	<input type="text"/>
Tax file number (TFN) or exemption code:	<input type="text"/>	Reason for TFN exemption:	<input type="text"/>
Name of contact person:	<input type="text"/>		
Telephone number (+ country code):	<input type="text"/>	Email:	<input type="text"/>
Registered office street address (not a PO Box):	<input type="text"/>		
Town/suburb:	<input type="text"/>	State:	<input type="text"/>
		Post code:	<input type="text"/>
		Country:	<input type="text"/>

Principal place of business in Australia

(Note for non-Australian companies registered with ASIC: You must provide a local agent name and address if you do not have a principal place of business in Australia.)

☐ Tick if the same as above, otherwise provide:

Registered street address (not a PO Box):	<input type="text"/>		
Town/suburb:	<input type="text"/>	State:	<input type="text"/>
		Post code:	<input type="text"/>

5.3 Additional details for non-Australian company

<input type="checkbox"/>	Tick if the company is registered with ASIC			
Australian Registered Body Number (ARBN):	<input type="text"/>			
<input type="checkbox"/>	Tick if the company is registered with a foreign regulatory body			
Name of foreign regulatory body:	<input type="text"/>	Company identification number issued (if any):	<input type="text"/>	
Country of formation, incorporation or registration:	<input type="text"/>			
Company type (e.g. private company):	<input type="text"/>			
Registered company address (not a PO Box):	<input type="text"/>			
Town/suburb:	<input type="text"/>	State:	<input type="text"/>	Post code: <input type="text"/> Country: <input type="text"/>

5.4 Beneficial owners

a. Senior managing official and controlling person: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official and controlling person of the company (such as the managing director or a senior executive who exerts control over the company i.e. authorised to sign on the company's behalf, make policy, operational and financial decisions):

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

If there are more than 4 directors please provide as an attachment.

b. Shareholders and other beneficial owners: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each shareholder and those who owns directly, indirectly, jointly or beneficially 25% or more of the company's issued capital.

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

If there are more than 4 shareholders please provide as an attachment.

5.5 Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Provide details: <input type="text"/>
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Is the company a tax resident of a country other than Australia? Yes ☐ No ☐

If yes, we will follow up for further information.

Section 6: Authorised representative or agent

Complete this section if you are completing this Application Form as an agent under a direct authority such as a power of attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.

For AML documentation requirements please refer to page 12.

6.1 Appointment of power of attorney or other authorised representative

<input type="checkbox"/>	I am an agent under power of attorney or the investor's legal or nominated representative - complete 6.2		
Full name of authorised representative / agent:	<input type="text"/>	Title of role held with applicant:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

6.2 Documentation

You must attach a valid authority such as a power of attorney, guardianship order, grant of probate, appointment of bankruptcy trustee etc:

<input type="checkbox"/>	The document is an original or certified copy
<input type="checkbox"/>	The document is signed by the applicant / investor or a court official
<input type="checkbox"/>	The document is current and complete
<input type="checkbox"/>	The document permits the attorney / agent / representative (you) to transact on behalf of the applicant / investor

Section 7: Account Instructions (all investors MUST complete)

7.1 Investor contact details

Contact person:				
Telephone number:		Email:		
Postal address:				
Town/suburb:		State:	Post code:	Country:

7.2 Initial investment amount

Amount to be deposited: \$ *The minimum initial investment in the Service is \$5,000 including transferred investments*

7.3 Regular investment plan (if applicable)

Initial deposit to open the regular investment plan is: \$ *The minimum initial investment for this option in the Service is \$2,500 including transferred investments*

Regular investment amount: \$

Frequency of regular investment plan:

☐ Monthly ☐ Quarterly (Mar, Jun, Sep, Dec) ☐ Half year (Jun, Dec) ☐ Annually (Jun)

Note: The total annual minimum contribution is \$1,200. You must also complete a Direct Debit Request Form.

7.4 Regular income plan (if applicable)

Regular income amount: \$

Frequency of regular income plan:

☐ Monthly ☐ Quarterly (Mar, Jun, Sep, Dec) ☐ Half year (Jun, Dec) ☐ Annually (Jun)

Account name (must match Applicant name):

Financial institution: Branch:

BSB: Account number:

7.5 Gearing facility (if applicable)

☐ Borrowing arrangements have been made with a lender in respect of this application

The amount to be borrowed is: \$

Note: Further documentation will be required and the application may be subject to further terms and conditions as may be required by my nominated lender.

7.6 Purpose of investment and source of funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc):

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions):

Section 8: Target market assessment

The target market determination (TMD) for Freedom of Choice products can be found at freedomofchoice.com.au/target-market-determinations and includes a description of who the product is appropriate for, based upon the characteristics of the product, and the likely investment objectives, financial situation and needs of the consumer that each product had been designed to meet.

Products available through Freedom of Choice will also have their own TMD. A consumer must refer to the TMD and relevant disclosure documents when deciding if these products are suitable for them.

Please answer the following questions so that we can meet our regulatory obligations to take reasonable steps to ensure our products are distributed in line with those TMDs.

Which of these investment goals best describes your primary investment objective?

- ☐ Capital growth ☐ Capital preservation ☐ Capital guaranteed ☐ Income distribution

Which of these statements best describes how long you expect to remain invested in this product and selected investment options?

- ☐ Short term (less than 2 years) ☐ Medium term (between 2 and 8 years) ☐ Long term (more than 8 years)

Which of these statements best describes your attitude to investment risk, ability to bear loss, and return?

- ☐ Low (Unwilling to see a reduction in value of investment even in the short term. Risk of loss is low as is corresponding return.)
- ☐ Medium (Unwilling to see a reduction in the value of investment in the medium term, willing to accept some risk in the short term compensated with a higher return.)
- ☐ High (Seeking a high return from investment over the long term, willing to see a reduction in short to medium term compensated with a higher return.)
- ☐ Very high (Seeking to maximise returns and are willing to accept periods of investment losses over the lifetime of your investment. You are willing to accept the risk that can derive from the use of aggressive investment strategies such as investment in alternative assets, derivatives or from the use of leverage.)

Which of these statements best describes how long you expect withdrawals to take from the product?

- ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually or longer

Section 9: Signatures

Declarations by applicant (all Investors MUST complete)

When you sign this Application Form you declare that you have read and agree to the declarations below in addition to the Declarations by applicant detailed in the Freedom of Choice Portfolio Service IDPS Guide.

General

- I/We have been provided a copy and have read and understood the Freedom of Choice Portfolio Service IDPS Guide including any conditions or limitations relating to the investment in the Service or its investment options.
- The information I/we have provided in this form is true and correct.
- I/We acknowledge the important warning about the differences between direct and indirect investment on page 25 of the Freedom of Choice Portfolio Service IDPS Guide.
- I/We acknowledge that by investing through the Service, I/we do not have access to some of the rights and entitlements that would otherwise be available to me/us as a retail investor if I/we invested in the underlying financial products directly. I/we understand that this includes not having the same rights as direct retail investors or not having access to cooling-off rights, withdrawal rights and voting rights (page 25 of the Freedom of Choice IDPS Guide).

Personal information

- I/We acknowledge that I/we have read and understood the Privacy Statement described in the Freedom of Choice Portfolio Service IDPS Guide.
- I/ We acknowledge that I/we have read and understood the information about quotation of tax file numbers contained in the Freedom of Choice Portfolio Service IDPS Guide.

Please note: If you choose not to appoint a financial adviser you will still have access to the product and its online technology and you can directly give instructions to the Operator. You will not however have the benefit of the adviser's professional assistance in selecting your investments.

Gearing facility

- I/ We understand that further documentation will be required and that my/ our account may be subject to further terms and conditions as may be required by my nominated lender.

Self certification

- I/We undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

Applicant 1

Full name:

Capacity:

☐ Individual ☐ Director ☐ Partner ☐ Trustee ☐ Authorised signatory

Signature:

Date:

Applicant 2

Full name:

Capacity:

☐ Individual ☐ Director ☐ Partner ☐ Trustee ☐ Authorised signatory

Signature:

Date:

Application checklist

- ☐ Have you completed all sections relevant to you (as set out in the introduction)?
- ☐ Have you completed all other relevant details and SIGNED the Application Form?

If you can tick all of the boxes above, send the following:

- Completed Application Form;
- Certified copies of identification documents;
- A cheque made payable to 'Freedom of Choice' and marked 'Not negotiable' (unless you are paying by direct debit, electronic funds transfer etc.).

by post to:
Freedom of Choice
PO Box 3528
Tingalpa DC QLD 4173

If you have any enquiries, please contact Client Services on 1800 806 013 Australia-wide.

Please note that no taxation, investment or financial product advice will be provided when you call the contact number above. It is strongly recommended that you speak to a financial adviser before investing in this Service.

AML Identity verification requirements

The AML/CTF Act requires the Operator to adopt and maintain an anti-money laundering and counter-terrorism financing (AML/CTF) program. The AML/CTF program includes ongoing customer due diligence, which may require the Operator to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please contact Client Services on 1800 806 013 or via email enquiries@freedomofchoice.com.au.

We require original certified copies of identification documents and the original signed application form.

GROUP A – Individuals

Each individual investor, individual trustee, partner, beneficial owner, or individual agent or authorised representative must provide one of the following primary photographic ID:

- ☐ A current Australian driver's licence (or foreign equivalent) that includes a photo and signature
- ☐ An Australian passport (not expired more than 2 years previously)
- ☐ An identity card issued by a State or Territory Government that includes a photo
- ☐ A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that includes your photograph and signature

If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.

Column A	Column B
<input type="checkbox"/> Australian birth certificate <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> Pension card issued by Department of Human Services (previously known as Centrelink)	<input type="checkbox"/> A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address. <input type="checkbox"/> A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document. <input type="checkbox"/> A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address). <input type="checkbox"/> If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school.

GROUP B – Partnerships

Provide Group A verification documents for at least one partner and each beneficial owner of the Partnership and one of the following:

- ☐ A certified copy or certified extract of the partnership agreement.
- ☐ A notice issued by the Australian Taxation Office (ATO) within the last 12 months.
- ☐ An original or certified copy of a certificate of registration of business name issued by a government agency in Australia.
- ☐ A certified copy or certified extract of minutes of a partnership meeting.

All the above must show the full name of the partnership.

GROUP C – Registered Managed Investment Scheme, Regulated Superannuation Fund (including a self- managed super fund), Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-profit Commission (ACNC)

Provide one of the following:

- ☐ A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or the ATO.
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
- ☐ A copy from the ACNC of information registered about the trust as a charity.

All the above must show the Trust's full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including a self- managed super fund) or government superannuation fund).

GROUP D – Other Trusts (unregulated)

Provide Group A verification documents for each beneficial owner of the trust who is directly or indirectly entitled to benefit from a 25% or greater interest in the trust, **and** in relation to the Trust, one of the following:

- ☐ A certified copy or certified extract of the Trust Deed.
- ☐ Annual report or audited financial statements.
- ☐ A certified copy of a notice issued by the ATO within the previous 12 months.
- ☐ Signed meeting minutes.

All the above must show the full name of the Trust, its trustees, the appointer (the person authorised to appoint or remove trustees) and the settlor of the Trust (if any).

GROUP E – Trustees

- ☐ If you are an **Individual trustee** – please provide the identification documents listed under Group A.
- ☐ If you are a **Corporate trustee** – please provide the identification documents listed under Group F, G or H.
- ☐ If you are a **combination** of both – please provide the identification documents for each investor type listed under Group A and F, G or H.

GROUP F – Regulated Australian companies

Provide one of the following:

- ☐ A copy of information regarding the company's licence or other information held by the relevant Commonwealth, state or territory regulatory body e.g. AFSL, RSL, ACL etc.
- ☐ If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code.
- ☐ If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company.
- ☐ An annual statement from ASIC issued in the previous 12 months; or
- ☐ A full company search issued in the previous three months; or
- ☐ A certificate of company registration.

All of above must clearly show the company's full name, its type (i.e. public or proprietary) and ACN.

GROUP G – Other Australian companies (unregulated)

Provide Group A verification documents for each beneficial owner (including any shareholder who directly or indirectly owns or controls 25% or more the issued capital, and such documents about the senior managing official(s) who exerts control over the company), **and** in relation to the unregulated company, one of the following:

- ☐ An annual statement from ASIC issued in the previous 12 months; or
- ☐ A full company search issued in the previous three months; or
- ☐ A certificate of company registration.

All of above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.

GROUP H – Other Australian companies (unregulated)

Provide Group A verification requirements for each beneficial owner (shareholder(s) who directly or indirectly owns or controls 25% or more the issued capital and information about the senior managing official(s) who exerts control over the company, **and** in relation to the foreign company, one of the following:

- ☐ A certified copy of the company's certificate of registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed.
- ☐ A certified copy of the company's articles of association or constitution.
- ☐ A copy of a company search on the ASIC database or relevant foreign registration body. The company search from a foreign regulator must include the name of the regulator, the name of the company and the foreign registration number.

All of above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.

GROUP I – Agents and authorised representatives

- ☐ If you are an **individual agent or representative** – please provide the identification documents listed under Group A.
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

All agents and authorised representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, executor or administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.

Additional information

In most cases the information that you provide in this form will satisfy the AML/CTF Act, the United States Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standards ('CRS'). However, in some instances the Operator may contact you to request further information. It may also be necessary for the Operator to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173

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's Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au