

# Adviser Registration Form



Please ensure you read the Adviser Declaration in section 3 before completing this form.

## Section 1: PERSONAL DETAILS

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>		
Australian Financial Services License (AFSL) number:	<input type="text"/>		
Authorised Representative of:	<input type="text"/>		
Authorised Representative number:	<input type="text"/>		

## Section 2: CONTACT DETAILS

Office Name:	<input type="text"/>				
Office Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Postal Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Work Phone:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>				

## Section 3: ADVISER DECLARATION

This section contains important information about Freedom of Choice and your obligations as an adviser once you sign this form. Only sign and date the form after reading this Adviser Declaration.

### You declare that:

- The details provided by you are correct;
- You have read and understood the Product Disclosure Statements (PDS) and Reference Guides;
- Where required by law, the client has been given a Statement of Advice or Record of Advice (as applicable) in relation to super switching and investment strategy;
- The Advice given will be appropriate to the client's superannuation needs;
- You will gain the client's consent to the implementation of the advice and any advice fees charged;
- You will comply with all applicable Corporations Act requirements and compliance processes required by the Licensee in preparing the Statement of Advice or Record of Advice;
- You will comply with any applicable Terms and Conditions provided by the Trustee and/ or Operator in the PDS and Reference Guide;
- If contacted by Freedom of Choice from time to time to confirm your ongoing adherence to this declaration, you will cooperate; and
- If a change in your circumstances results in you no longer being able to meet the terms of this declaration, you will notify Freedom of Choice immediately.
- You hold an Australian Financial Services License (AFSL), or you are authorised through a holder of a current AFSL.
- You confirm that your license or authorisation enables you to deal in and advise on the Fund.
- You will provide the member with access to the current PDS for each of the selected investments by investment through the Fund.
- You will fully disclose all fees and costs associated with investing in the Fund.
- You confirm that any adviser service fees payable to you as agreed by the member are for financial services relating solely to the Fund or its investments.
- You confirm that any changes to adviser service fees will be signed off in writing by the member prior to making such change.
- You declare that all information provided by you in this Registration Form is true and correct.

### Section 3: ADVISER DECLARATION (continued)

- You confirm that all emails containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information.
- You indemnify the Trustee and/ or Operator against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

**You agree to:**

- Be bound by the terms of the PDS and Reference Guides and will not knowingly assist (by act or omission) any person to breach the terms of Freedom of Choice;
- Promptly act on your client's (or their representative's) instructions relating to their portfolio within Freedom of Choice;
- Act honestly and professionally and use all due diligence and vigilance when acting for your client in relation to their Freedom of Choice account. This includes complying with relevant, and properly disclosing remuneration, charges and commissions and not giving or receiving conflicted remuneration;
- Immediately notify Freedom of Choice if you breach or are likely to breach any relevant law, these terms or cease to be authorised to recommend Freedom of Choice as the holder of an AFSL, an Authorised Representative of the Licensee, an employee or director of the Licensee or of another entity specified in Section 911B(1)(a) of the Corporations Act 2001(Cth) or under Section 916B(3) of the Corporations Act 2001 (Cth) by a corporate representative of the Licensee; and
- Ensure each client properly completes all forms and is given any disclosure or other offer document required to be given to them by you as the adviser, under relevant law or regulatory policy (including the current Financial Services Guides ('FSGs') and any other offer documents.
- Ensure that all emails containing personal or sensitive information are sent through a secure site using encryption or other devices to protect the information
- Where you have submitted an electronic copy of this application form, you confirm that you will retain the original copy of the form for a minimum period of 7 years and supply the original to the Trustee and/ or Operator if requested.

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](mailto:enquiries@freedomofchoice.com.au)**

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: [www.freedomofchoice.com.au](http://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 the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)