

# Investor Alteration Advice

## Portfolio Service



Please complete this form in **BLOCK LETTERS** using **BLACK** or **BLUE** pen only.

Account number

### Section 1 – Current Investor Details

Investor name(s) or Company/Trustee name (if applicable)

Postal address *all account correspondence will be sent to this address*

Suburb

State

Postcode

Date of birth (if applicable)

Contact email

Contact telephone

Contact mobile

Fax

### Section 2 – Change of Contact Details – Please complete Section 1

NEW Postal address *all correspondence will be sent to this address*

Suburb

State

Postcode

NEW contact telephone (home)

NEW contact mobile

NEW fax

NEW email address (home) *preferred*

### Section 3 – Regular Investment Plan

Please alter my existing regular deposits to \$  per:

() Monthly  Quarterly *Mar, Jun, Sept, Dec*  Half Yearly *Jun, Dec*  Annually *Jun*

**Note:** The total annual minimum contribution is \$1,200. You must also complete a Direct Debit Request form if you are also changing your bank account details.

### Section 4 – Fax and Email Instructions

If you would like to give account transaction instructions by fax or email, please select the method you would like to use (.

Fax facility  Email facility  Both fax and email facility

Please ensure you have included your contact details in Section 1 and/or Section 2 of this form.

### Section 5 – Cash Account Sweep Facility

Do you wish to have surplus Cash Account funds automatically invested on a half yearly basis? ( Yes  No

If no selection is made, the default will be no automatic investment of funds.

Your Cash Account surplus will be invested in accordance with your most recently lodged Investment Strategy Form. If your strategy contains an investment that is closed or not available you must provide a new Investment Strategy Form.

If a new Investment Strategy is not provided within the specified time, the allocation of future contributions relating to the closed or not available option will be invested into an approved cash option on the Freedom of Choice Investment Menu.

## Section 6 – Adviser Authority

I authorise the following financial adviser to act as my authorised representative (✓)

Company

Adviser

Telephone

Fax

Adviser signature

Date

 /  / 

By signing this section you confirm that you are authorised by the member to provide the Operator with instructions under the Adviser Authority facility detailed in the current Guide.

Bank/Building Society/Credit Union/CMT

Branch address

Account name

BSB number

Account number

**Note:** Cheque payments are not available.

## Section 7 – Adviser and Dealer Service Fees (optional)

### Adviser Once Off Service Fee

I approve the payment of \$  as an Adviser Once Off Fee payable to my financial adviser at the end of the month upon receipt of sufficient funds in my account.

### Adviser Ongoing Service Fee

I approve the payment of \$  p.a. **OR**  % p.a. of the total value of my account as an Adviser Ongoing Service Fee payable in monthly instalments to my financial adviser.

### Licensee Administration Fee

I approve the payment of \$  p.a. **OR**  % p.a. of the total value of my account as a Licensee Administration Fee payable in monthly instalments to my financial adviser's Dealer.

**Note:** Percentage based fees are not available for accounts with a Gearing Facility.

## Section 8 – Signatures

By signing below you are confirming that you have read and agree with the following declaration:

- I/We acknowledge each of the declarations (applicable to applicants) in the 'General Information' section of the current Freedom of Choice Portfolio Service Guide.
- I/We acknowledge that the Operator collects my personal information when I complete this Investor Alteration Advice Form.
- I/We consent to the use and disclosure of personal information about me that I/we have provided to the Operator for the purposes explained in the section of the Freedom of Choice Portfolio Service Guide on Privacy.
- I/We acknowledge that the Freedom of Choice Portfolio Service Guide includes information about how and where I/we can obtain a copy of the Acclaim Management Group Limited Privacy Statement.
- I confirm that the personal information that I have provided in this Investor Alteration Advice Form is correct and current, and should these details change, I/we shall promptly advise Acclaim Management Group Limited of the change(s).

Signature

Capacity

Date

 /  / 

Signature

Capacity

Date

 /  / 

Company Seal