

Optional Advice Fee Authorisation

Portfolio Service



**FREEDOM
OF CHOICE**

This form is used when you want to authorise a fee to be deducted from your FoC account and paid to your financial adviser as a one off lump sum amount. This is not a recurring fee and is only payable where the advice incorporates your FoC account.

Section 1: PERSONAL DETAILS

| | | | |
|-----------------|----------------------|--------------------|----------------------|
| Surname: | <input type="text"/> | Salutation: | <input type="text"/> |
| Given Name(s): | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Postal Address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | | Postcode: | <input type="text"/> |
| Telephone (BH): | <input type="text"/> | (AH): | <input type="text"/> |
| | | Mobile: | <input type="text"/> |
| Email: | <input type="text"/> | Membership Number: | <input type="text"/> |

Section 2: OPTIONAL ADVICE FEE

Amount to be paid (inclusive of full GST): \$

Section 3: ADVISER DETAILS

| | | | |
|-----------------------------------|----------------------|---------|----------------------|
| Adviser's Full Name: | <input type="text"/> | | |
| Business Name: | <input type="text"/> | | |
| Authorised Representative Number: | <input type="text"/> | | |
| Telephone: | <input type="text"/> | Mobile: | <input type="text"/> |
| Email: | <input type="text"/> | | |

Section 4: MEMBER'S AUTHORISATION

I, the FoC member whose details are provided in Section 1 above, and whose signature appears below, authorise the Operator of FoC to deduct the amount specified in Section 2 from my account in FoC, and to pay the full amount to the Adviser specified in Section 3.

Signature: Date:

Section 5: ADVISER'S DECLARATION

I, the Adviser whose details are provided in Section 3 of this form, and whose signature appears below, confirm that the nominated Optional 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 FoC account.

Signature: Date:

FoC

ABN 60 998 717 367
PO Box 3528, Tingalpa DC Qld 4173
Phone: 1800 806 013
Fax: 07 3899 7299
Email: enquiries@freedomofchoice.com.au

Issued by the operator:
Acclaim Management Group Limited
ABN 52 091 082 058
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