

One-off Advice Fee Consent Form



This form is to be completed when you want to authorise a fee to be deducted from your Freedom of Choice account and paid to your financial adviser a one-off lump sum amount. This is not a recurring fee and is only payable where the advice is in direct relation to your Freedom of Choice account.

Freedom of Choice must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or Freedom of Choice in writing.

Section 1: Personal details

Member number:

Surname: Salutation:

Given name(s):

Date of birth:

Section 2: Adviser details

Important 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 Freedom of Choice.

Adviser name:

Dealer group: Practice name:

Phone number: Email address:

AFSL number: Corporate authorised representative number:

Section 3: Consent to deduct one-off advice fee

If you sign this form you will pay the following one-off advice fee from your Freedom of Choice account(s).

One-off advice fee \$ Inclusive of GST

As part of the advice, the dealer group will provide you with a Statement of Advice (SOA), which outlines what this fee includes. Refer to your SOA for detailed information about what services are associated with this fee.

Your consent expires once the amount is deducted from your super account. This means the dealer group will have to ask for your consent again if the Fund wants to deduct fees from your super account for further advice from the dealer group in future.

You can withdraw your consent to the deduction of fees from your account by contacting the Fund. However, your withdrawal must be received before the Fund deducts the one-off fee from your account.

Section 4: Member authorisation

I make the following declarations and acknowledgements:

- I, the Freedom of Choice member whose details are provided in Section 1 above, and whose signature appears below, authorise the Trustee of Freedom of Choice to deduct the amount specified in Section 3 from my account in Freedom of Choice, 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 Freedom of Choice 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 Freedom of Choice or its investments.
- I understand the one-off 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 adviser remuneration detailed in Section 3 being deducted from my account balance in the Fund and authorise the Trustee to pay that advice remuneration 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).
- 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 one-off 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 Freedom of Choice account.
- 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 Freedom of Choice account 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 Freedom of Choice 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 Freedom of Choice 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 adviser remuneration 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 the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au