

Change of adviser authority

!

Important information

Please note: Use this form if you would like to change the adviser(s) linked to your account(s) and to nominate the rights the adviser(s) will have in relation to your account(s).

1. Personal details

(All details must be completed)

Title	Date of birth		Postal address									
<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y	<input type="text"/>	
D	D	M	M	Y	Y	Y	Y					
Given name(s)			<input type="text"/>									
<input type="text"/>												
Surname			Suburb	State								
<input type="text"/>			<input type="text"/>	<input type="text"/>								
Residential address (PO Box is not acceptable)			Postcode									
<input type="text"/>			<input type="text"/>									
<input type="text"/>			Country									
Suburb	State	Postcode	Mobile number	Alternate phone number								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Country	Email address											
<input type="text"/>	<input type="text"/>											

Please provide your account details below:

Product name	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Adviser access

Please indicate below the rights your adviser(s) nominated in **section 3** will have in relation to your account(s) by placing a cross ☒ in either the 'Yes' or 'No' box for each item.

Adviser access	Please cross <input checked="" type="checkbox"/> appropriate box
1 Obtain information in relation to the account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Act as the servicing adviser(s) on my account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. New adviser details

Please provide below the details of the new adviser(s) that you would like to attach to the account(s) nominated in **section 1**.

Adviser 1

Name of financial adviser

Financial adviser number

AFSL number

Company name of financial adviser (if applicable)

Contact name

Mobile number

Alternate phone number

Email address

Adviser 2

Name of financial adviser

Financial adviser number

AFSL number

Company name of financial adviser (if applicable)

Contact name

Mobile number

Alternate phone number

Email address

4. Declaration and acknowledgement

By signing this form I declare as follows, I appoint the adviser(s) nominated in **section 3** to replace any adviser(s) previously nominated for my account(s) nominated in **section 1**.

Given name(s)

Surname

Member's signature

Date

Where to send this form

This form must be mailed to:

Resolution Life
Locked Bag 5075
Parramatta NSW 2124

Contact phone number

133 731

between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

What you need to know

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (Trustee) as trustee of the Super Retirement Fund ABN 40 328 908 469 (Fund) is the issuer of PensionSelect.

Resolution Life Australasia Limited ABN 84 079 300 379 (Resolution Life) is the administrator of the Fund on behalf of the Trustee.

The information contained in this letter is factual information only. It does not contain any financial product advice or make any recommendations about a financial product or service being right for you.

Resolution Life can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.