

Change of adviser authority



Important information

This form must be mailed to: **Commonwealth Financial Services, PO Box 340, Silverwater NSW 2128**
 Contact phone number: **133 731** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note:

- Please 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).

Section 1 – Personal details (all fields must be completed)

Investor 1

Given name(s) _____ Surname _____

Date of birth (DD/MM/YYYY) _____ Email address _____

Residential address _____

 _____ State _____ Postcode _____ Country _____

Postal address _____

 _____ State _____ Postcode _____ Country _____

Mobile number _____ Alternate phone number _____

Investor 2

Given name(s) _____ Surname _____

Date of birth (DD/MM/YYYY) _____ Email address _____

Residential address _____

 _____ State _____ Postcode _____ Country _____

Postal address _____

 _____ State _____ Postcode _____ Country _____

Mobile number _____ Alternate phone number _____

Please provide your account details below:

Product name	Account number	Investor 1 (please (✓) tick if investor 1 nominated above is attached to this account)	Investor 2 (please (✓) tick if investor 2 nominated above is attached to this account)

Section 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 tick (✓) in either the 'Yes' or 'No' box for each item.

Adviser access	Please tick (✓) appropriate box	
1 Obtain information in relation to the account(s)	Yes	No
2 Act as the servicing adviser(s) on my/our account(s)	Yes	No

Section 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

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

Alternate phone number

Email address

Section 4 – Declaration and acknowledgment

By signing this form I declare as follows,

I/We appoint the adviser(s) nominated in **section 3** to replace any adviser(s) previously nominated for my/our account(s) nominated in **section 1**.

Investor 1

Full name

Member's signature

Date (DD/MM/YYYY)

X

Section 4 – Declaration and acknowledgment (continued)

Investor 2

Full name

Member's signature

Date (DD/MM/YYYY)



If there are more than two investors, please have all investors sign and date the form in the blank space below.

Things you should know

Colonial First State Investments Limited ABN 98 002 348 352, AFSL No. 232468 (CFSIL) is the responsible entity of the Commonwealth Investment Funds (Funds).

Resolution Life Services Australia Pty Ltd ABN 49 631 346 391 (Resolution Life), on behalf of CFSIL, is the administrator of the Funds.

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

Commonwealth Financial Services is a registered business name of CFSIL.

Resolution Life is part of the Resolution Life Group and can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.