

Change of adviser authority

Important information

This form must be mailed to: **Resolution Life, GPO Box 3306, Sydney NSW 2001**

Contact phone number: **133 731** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note:

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

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

Given name(s)

Surname

Residential address

State

Postcode

Country

Postal address

State

Postcode

Country

Mobile number

Alternate phone number

Date of birth (dd/mm/yyyy)

Email address

Please provide your account/policy details below:

Product name	Account/Policy number

Section 2 – Adviser access

Please indicate below the rights your adviser(s) nominated in **section 3** will have in relation to your account(s)/policy(ies) 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)/policy(ies)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Act as the servicing adviser(s) on my account(s)/policy(ies)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Receive any insurance premium related commission (where applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: A separate instruction will be required to authorise the payment of an adviser service fee to your adviser(s). The ability to nominate an adviser service fee is not available on all products.

Section 2 – Adviser access (continued)

If you have ticked 'Yes' for item 3 above, please provide the following confirmations for your instruction to be valid.

I Consent and Authorise Resolution Life to pay the remuneration described above to the Licensee or Company nominated in **section 3** of this form and to pass that remuneration, or a portion of that remuneration, to my adviser(s) nominated in **section 3** of this form.

I confirm that my new adviser(s) has or will provide me with financial product advice in relation to my account(s)/policy(ies).

The table below shows the maximum commission payable on insurance premiums. The maximum level of commission payable for the account(s)/policy(ies) held by you may be lower than the amounts shown in the table below. Further details on the commissions payable on your account(s)/policy(ies) are available on request.

Commission type	Maximum commission
Insurance premium	22%

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)/policy(ies) 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

Section 4 – Member declaration

By signing this form I declare as follows,

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

Given name(s)

Surname

Member's signature



Date (dd/mm/yyyy)

What you need to know

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