

# Change of adviser authority

**Important information**

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.

**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)**

**Policy holder 1**

Given name(s)Surname

Residential address (PO Box is not acceptable)

StatePostcodeCountry

Postal address

StatePostcodeCountry

Mobile numberAlternate phone numberDate of birth (dd/mm/yyyy)

Email address

**Policy holder 2**

Given name(s)Surname

Residential address (PO Box is not acceptable)

StatePostcodeCountry

Postal address

StatePostcodeCountry

Mobile numberAlternate phone numberDate of birth (dd/mm/yyyy)

Email address

Please provide your account/policy details below:

Product name	Account/Policy number	Policy holder 1 (please (✓) tick if policy holder 1 nominated above is attached to this account/policy)	Policy holder 2 (please (✓) tick if policy holder 2 nominated above is attached to this account/policy)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

## 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/our 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

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

- ☐ I/We **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/We confirm that my new adviser(s) has/have or will provide me/us with financial product advice in relation to my/our account(s)/policy(ies).

Further details on the commissions payable on your account(s)/policy(ies) are available on request.

## 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 – 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)/ policy(ies) nominated in **section 1**.

### Policy holder 1

Given name(s)

Surname

Member's signature

Date (dd/mm/yyyy)

### Policy holder 2

Given name(s)

Surname

Member's signature

Date (dd/mm/yyyy)

**Please note:** If there are more than two policyholders, please have all policyholders sign and date the form in the blank space below.

### 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 this product. 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](http://resolutionlife.com.au/contact-us) or by calling 133 731.