

Australian Expatriate Superannuation Fund

Adviser Fee Amendment and Consent Form

Form **14**

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
Member Services 1300 323 489

You can use this form to provide the Trustee with your consent or deduction of ongoing adviser fee from your account. If you are wanting to appoint a new nominated adviser, you will need to complete the Adviser Appointment/Remuneration form (Form No 2).

When complete

email or post this form:

australia@ivcm.com

IVCM (Aust) Pty Ltd

Level 10
20 Martin Place
Sydney, NSW, 2000

Issued by the Trustee
Diversa Trustees Limited
ABN 49 006 421 638
AFSL 235153
RSE Licence L0000635

1. Member details

Member number/s

Full name

Date of birth [dd/mm/yy]

Email address

2. Financial Adviser Remuneration

Please complete this section to confirm the ongoing fee for the period for the next 12 months.

Financial Adviser Name

Financial Adviser Company
Name

Financial Adviser Company
Address

AFS Representative No. [if
applicable]

Telephone Number

Email Address

I consent and authorise the trustees to deduct the ongoing fees, stated above, from my AESF account to pay my financial adviser for the ongoing advice and service provided.

Ongoing Advice Fee \$ _____ Or % _____

Note: If no ongoing advice fee is nominated, 0% / \$0.00 will apply to the ongoing advice fee. The maximum ongoing advice fee is 1% plus GST.

Please note that ongoing fee arrangements are to be renewed and instructed annually. The ongoing fee arrangement stated in this form is not therefore payable for a period longer than 12 months.

Your financial adviser shall be required to disclose to you in writing the total fees chargeable and outline the services that will be provided to you during the following 12-month period. A separate ongoing adviser fee disclosure statement should be provided to you every 12 months by your Financial Adviser.

Failure to provide such an agreement could result in NO ongoing fees being paid to the Financial Adviser.

Please provide the anniversary of the date you have entered into your arrangement with your adviser

Note:

Your financial adviser shall be required to disclose to you in writing the total fees chargeable and outline the services that will be provided to you during the following 12-month period. A separate ongoing adviser fee disclosure statement should be provided to you every 12 months by your Financial Adviser.

Failure to provide such an agreement could result in **NO** ongoing fees being paid to the Financial Adviser.

3. Member Declaration

I acknowledge that the adviser fee laid out in this form, I have negotiated with my financial adviser.

I fully understand that any ongoing fee arrangements are to be renewed and instructed annually to the Australian Expatriate Superannuation Fund.

The Trustee reserves the right to contact either you or your financial adviser to confirm that:

- You authorised the deductions to be made from your AESF account.
- The deductions are consistent with the authorisations and disclosures provided to you by your adviser.
- You've been provided the services for which the fees relate to.
- The adviser fees deducted from your super account only relate to advice and/or services relating solely to your superannuation or insurance within superannuation.
- The fees deducted from your account for the advice services are in your best interest.

Signature of Member

Date [dd/mm/yyyy]

4. Adviser Declaration

I am authorised to sign on behalf of my dealer group and that I am authorised to provide financial product advice in relation to nominated products to the investor/member's account under an Australian Financial Services Licence.

- the fees nominated in this form have been agreed between my client (the member) and me;
- the services for which the fees specified in this form are being charged are consistent with the Statement of Advice and/or
- the Fee Disclosure Statement that has been provided by me to my client (the member);
- if the fee is charged to my client's AESF account, that the fee only relates to superannuation and insurance obtained
- through the AESF account in compliance with the sole purpose test under section 62 of the Superannuation Industry (Supervision) Act 1993 (Cth);
- I acknowledge and agree that the amounts specified in this form may cease or vary at any time if requested by the member; and
- the details I have provided are true and correct.

Signature of Financial Adviser

Date [dd/mm/yyyy]

Full name of Financial Adviser

When complete

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australia@ivcm.com

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