

Adviser Access Form

Purpose of this form

Use this form to nominate a financial adviser to service your account(s) in WealthFoundations Super and Pension, ClearView Managed Investments, ClearView Rollover Bond and ClearView Savings Bond (as applicable). This authority provides your financial adviser with online access to your account(s) and includes the ability to transact.

Important note

This form does not include the deduction of any Adviser Service Fees which can only be deducted from certain ClearView accounts by completing an Adviser Service Fee and Consent Form available at clearview.com.au/forms.

A. Member details

Account number

/ (e.g. CSUP / 100000)

Given name(s)

Surname

Contact phone number

()

Date of birth

Email address

B. Financial adviser details

Adviser code

Adviser name

Dealer group

C. Member declarations and signature

If you complete and sign this form, you confirm and agree:

- that this authority applies to the ClearView WealthFoundations Super and Pension, ClearView Managed Investments, ClearView Rollover Bond and ClearView Savings Bond product(s) that have been issued to you;
- that this authority authorises the financial adviser listed above to access your account(s) through the ClearView Portal and to undertake certain actions to operate your account(s) on your behalf, these actions include (but are not limited to): issuing investment instructions, updating your contact details and obtaining information about your account and investments;
- that we are not responsible for any actions undertaken by any person purporting to be you (or your financial adviser, as applicable) where they have been able to obtain access to your account through your password and/or PIN or comply with any of our security procedures. We will consider any actions in these circumstances to have been undertaken by you;
- that ClearView may rely on communications that purport to be from you (or your financial adviser, as applicable) which relate to information of a kind that we accept from time to time;
- that we are not responsible for any loss you may suffer and that you release and indemnify us from and against all liability which may be suffered by you or brought against us in respect of:
 - any act or omission of your authorised representative, whether authorised by you (or your financial adviser, as applicable) or not; and
 - any communication (including but not limited to, emails, signed documents, signed forms) we receive from your financial adviser or representative and we reasonably believe is genuine and is later determined to be fraudulent.
- that this authority will take effect on the date it is processed by us and continue until we receive written notice from you or your financial adviser to terminate this authority;
- we may, in our sole and absolute discretion and at any time, conduct an audit of the financial adviser's performance and obligations under this authority; and
- if the financial adviser listed above moves to a new adviser firm or dealer group and retains a relationship with you, we may, in our sole and absolute discretion allow this authority to continue.

Signature of member

Date signed

D. Financial adviser declarations and signature

If you are listed above as the financial adviser and sign this form, you confirm and agree:

- that you have fully explained the consequences and implications of this authority to the member listed above;
- that you will act honestly and in accordance with this authority;
- that you will provide clear and legible instructions to us by a means acceptable to us;
- that you will indemnify us in respect of any losses or liabilities arising as a result of our reliance on those instructions or any of the representations and declarations in this section being breached or being shown on the balance of probabilities to be untrue, incorrect or misleading on any one or more occasions;
- that you will promptly provide evidence of any instructions (in relation to this authority) you receive from the member if and when requested by us;
- that you will immediately notify us if there is any actual or apparent dispute in relation to instructions you have provided to us under this authority;
- to cooperate and comply with all reasonable requests made by us in relation to an audit of your performance under this authority; and
- that you will immediately notify us if you cease to have a relationship with the member listed above.

Signature of financial adviser

Date signed

D	D	M	M	Y	Y	Y	Y
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Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:

ClearView Wealth
Reply Paid 4232
Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee for the ClearView Retirement Plan ABN 45 828 721 007 RSE Registration No R1001624. ClearView Managed Investments is issued by ClearView Financial Management Limited ABN 99 067 544 549 AFSL Licence No. 227677. ClearView Rollover Bond and ClearView Savings Bond are issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL 227682.