

Adviser Ad-Hoc Pension Payment Authority Form

Purpose of this form

Use this form to authorise your adviser to initiate ad-hoc payments from your pension account.

Important note

Please note that payments will only be made to the bank account that is used for your regular pension payments.

A. Member details

Account number / (e.g. CPEN / 100000) Apply to all accounts

Given name(s)

Surname

Contact phone number

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Date of birth

Email address

B. Adviser details

Adviser code

Adviser name

Adviser practice

Do you allow support staff from your Adviser's Practice to initiate an ad-hoc pension payment from your account?

Yes No

C. Member declarations and signature

If you complete and sign this Form you confirm and agree:

- that this authority applies to the pension product(s) that you have which is issued by us;
- that this authority authorises us to accept certain instructions from the Adviser listed above whether made in writing, electronic communication or any other form of communication (including by telephone) as if those instructions were provided by you;
- that we are entitled to rely on instructions provided by the Adviser listed above without further inquiry;
- that we are not responsible for any actions undertaken by any person purporting to be you or the Adviser listed above;
- to indemnify us against any claim, liability, loss, damage, expense (including legal costs on a full indemnity basis) incurred in connection with this authority and reliance by us on instructions received from the Adviser listed above or instructions 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;
- that this authority is terminated at the earlier of the date on which the Adviser listed above is no longer the listed financial adviser in relation to your account or when we receive written notice of termination of this authority from you;
- we may, in our sole and absolute discretion and at any time, conduct an audit of the Adviser's performance of its obligations under this authority; and
- if the Adviser listed above moves to a new adviser firm or dealer group and retains a relationship with the member, we may, in our sole and absolute discretion and provided the new adviser firm or dealer group has an existing distribution agreement with us, allow this authority to continue.

Signature of member

Date signed

D	D	M	M	Y	Y	Y	Y
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D. Adviser declarations and signature

If you are listed above as the 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 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 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**.