

Complete this form using **black pen**. Print in clear – **CAPITAL LETTERS**

Use this form to set up a new adviser for Advance Alliance Investment Funds and Advance Investment Funds.

If you have a question relating to changing the details of an Advance Alliance adviser, please call Advance Adviser Services on 1800 650 498.

1. NEW ADVISER DETAILS

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

2. NEW ADVISER CONTACT DETAILS

Office address

State
Postcode

Postal address (if different from above)

State
Postcode

Daytime phone number

Mobile phone number

Fax number

Email address

3. DEALER GROUP DETAILS

Dealer Group name

Please provide the adviser's AFSL Number/ASIC Authorised Representative Number and attach a copy of AFSL.

4. FEES

Please select from the following:

Please pay my fees directly to my nominated bank account given in section 5

OR

Please pay my fees to the dealer nominated in section 3
Dealer Group no.

5. EXTERNAL BANK ACCOUNT DETAILS

Fees will be paid into the following account

Name of financial institution

Branch name

BSB number

Account number

Account holder's name

6. TAXATION DETAILS

Please provide the Australian Business Number (ABN) of the Licensee. Fees cannot be paid if an ABN is not supplied.

Australian Business Number (ABN)

7. INVESTOR TRANSFER

Are investors being transferred to the new adviser?

No

Yes

➤ To complete the investor transfer, Advance requires you to submit a spreadsheet with the client numbers and full names of all investors that are being transferred.

If the transfer is occurring between dealer groups, Advance requires the following information.

- A letter from the old dealer group authorising the release of the investors. We've attached a template for this letter for your convenience. The letter should be provided on Dealer Group letterhead.
- A letter from the new dealer group accepting the transfer of the investors. We've also supplied a template for this letter. This letter must be provided on Dealer Group company letterhead.

8. ADVISER SIGNATURE



Signature of Adviser

Date (dd/mm/yy)

Signatory's name (please print)

Adviser stamp (please use black ink only)

You can submit this form by:

-  mail Advance Asset Management
GPO Box B87
Perth WA 6838
-  fax (08) 9274 5211

[Company Letterhead]

Letter of Authority to Act on Behalf of Dealer Group

Advance Adviser Services

Please set up [insert adviser name] as an authorised representative of [insert Dealer Group name].

Signed by

[Print name[]

Dealer Group Principal

[insert date]

[Company Letterhead]

Dealer Group Release of Investors

Advance Adviser Services

[insert Dealer Group name] authorises the release of the investors listed in the attached spreadsheet to [insert adviser name and adviser code].

Signed by
[Print name]

Dealer Group Principal
[insert date]

[Company Letterhead]

Dealer Group Acceptance of Investors

Advance Adviser Services

[insert Dealer Group name] accepts the transfer of the investors listed in the attached spreadsheet.
These investors should be allocated to [insert adviser name].

Signed by

[Print name[]

Dealer Group Principal

[insert date]