

# ClearView WealthFoundations

## Adviser and Dealer Service Fees

Please complete this form to:

1) Authorise an Ad hoc adviser service fee to be deducted from your account to pay your financial adviser.

And/or

2 Authorise a change to or add a new Ongoing adviser and/or dealer service fee to be deducted from your account to pay a regular amount to your adviser and/or dealer.

If you are requesting an ad hoc fee be applied or making an increase to ongoing fees then both you and your financial adviser will need to sign this form. For a reduction in ongoing fees only one signature is required. Both you and your financial adviser will receive confirmation of any change in fees.

Fields marked with an asterisk (\*) must be completed in order for us to action your request.

\*I want to  Authorise an ad hoc payment and/or  Change/Add an ongoing adviser and/or dealer service fee

### A. Member details

\*My WealthFoundations account number  /  (e.g. CSUP / 100000)

\*Title

Mr  Mrs  Ms  Miss  Dr  Other

\*Gender

Male  Female

\*Date of birth

\*Given name(s)

\*Surname

Contact phone number (  )

### \*B. Financial Adviser details

\*Adviser Code  Adviser name

\*Dealer Group

### C. Fee details

The fees nominated in this section are agreed between you and your financial adviser. You instruct ClearView Life Assurance Limited (CLAL), to collect the fee for the dealer group your financial adviser operates through, and instruct CLAL to pay the agreed fees to the dealer group who will then pay the agreed fees to the authorised representative (your financial adviser).

The actual fees paid to your financial adviser are greater than the fees deducted from your account. Your financial adviser is paid fees inclusive of GST whereas the amounts deducted from your account are inclusive of GST less RITC (effectively reducing the rate of GST payable).

**When entering fees in this section please show the amount net of GST and RITC. For example if you nominate \$1,000 then based on current GST and RITC rates we will deduct \$1,025 from your account and pay \$1,100 to your financial adviser.**

1. Request an Ad hoc adviser service fee \$  .

**Note:** This will not affect any existing ongoing adviser and/or dealer service fee arrangement that is in place.

**2. Nominate a new ongoing adviser service fee**

\*Annual amount to apply to total account balance (payable monthly)

.  % p.a OR \$  .  p.a.

If you have chosen a \$ amount would you like this indexed to CPI each year?  Yes  No

**Note:** This will replace any existing ongoing adviser service fee.

**3. Nominate a new ongoing dealer service fee**

\*Annual amount to apply to total account balance (payable monthly)

.  % p.a OR \$  .  p.a.

If you have chosen a \$ amount would you like this indexed to CPI each year?  Yes  No

**Note:** This will replace any existing ongoing dealer service fee.

**D. Member declarations and signature**

By signing this form, I:

- direct that the amount(s) specified in section C be paid by CLAL to the dealer group who will then pay the agreed fees to my financial adviser;
- declare that, if signing under a power of attorney, I verify that, at the time of signing, I have not received notice of revocation of that power;
- confirm that the amount specified above is to be deducted from my account and paid to my financial adviser; and
- acknowledge that if I have specified an ongoing adviser service fee or ongoing dealer service fee be paid, CLAL will continue to pay the fee until I notify you to the contrary.

Signature of member

Date

**Note:** If signing under a Power of attorney, please provide an original certified copy of the power of attorney

**E. Financial adviser declarations and signature**

By signing this form, I:

- declare that I am authorised to sign on behalf of my dealer group and acknowledge and agree that the amounts specified in section C may cease or vary if requested by the member;
- confirm that the fees relate entirely to advice and the services that I will provide to the member in relation to their account specified above; and
- declare that I am authorised to provide advice in relation to the member's account under an Australian Financial Services Licence.

Signature of Financial Adviser

Date

Full name of Adviser

**Sending your form**

Please send the form to us via email or mail. If you have any questions or need help please call our Service Centre on **132 977**.

Mailing address:

**ClearView WealthFoundations  
Reply Paid 4232  
Sydney NSW 2001**

Email address:

**client.wealth@clearview.com.au**