



# Application to have external advisor or administration fee deducted

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an  X

## SECTION 1 - YOUR PERSONAL DETAILS

Client number











Last name

Mr

Mrs

Miss

Ms

Dr

First name/s

Male Female



Date of birth (DD/MM/YYYY)











Postal address

Suburb/town

State




Postcode





Street address (if different to postal address)

Suburb/town

State




Postcode





Home phone











Day time phone











Mobile











Email

## SECTION 2 - ADVISER DETAILS

Advisor first name/s

Advisor surname

Authorised Representative Number











AFSL Number











Name of AFSL holder

Company name

Company address

Suburb/town

State




Postcode





## SECTION 3 - FEE

a) How much is the one off Advisor fee? (Including GST)











b) Which WA Super account would you like the above about to be paid out of?

Account number











## SECTION 4 - PAYMENT DETAILS

Paying by cheque, please make cheque out to:

OR

Paying by direct credit:

Name of bank, building society or credit union

Name of account holder

BSB











Account number



**SECTION 5 - IDENTIFICATION**

To ensure that you, and only you, are paid your entitlements, WA Super needs certified identification to release your money.

To reduce the risk of identity fraud and prevent people falsely claiming your hard earned super, it is important that these precautions are taken.

To find out what are acceptable documents and what is a certified copy see our Proof of identity requirements factsheet available on the website.

**SECTION 6 - YOUR PRIVACY**

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at [www.wasuper.com.au/privacy/](http://www.wasuper.com.au/privacy/).

**SECTION 7 - ACKNOWLEDGEMENT AND DECLARATION - CLIENT**

- I understand that by signing this form the amount specified in section 3 will be paid to the Advisor specified in section 2.
- I acknowledge and understand that the amount specified in section 3 must only be used for advice in relation to my WA Super superannuation account/s and must not be used to pay for any other products or financial planning advice outside of superannuation.
- I acknowledge and understand that this form does create a contract or agreement between WA Super and the Advisor specified in section 2.
- I have read and understood the Fund's Privacy Statement outlined in the Product Disclosure Statement.
- I have attached my certified personal identification requirements that need to be met when submitting this form.
- I understand that in completing and signing this form that any previous details will be replaced by the new details on this form.
- If my residential address is different to that which is registered with WA Super I have attached proof of residential address to this form.

**Signature**

**Date**

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**SECTION 7 - ACKNOWLEDGEMENT AND DECLARATION - ADVISER**

- I acknowledge and understand that the amount specified in Section 3 must only be used for advice in relation to the WA Super members superannuation account/s and must not be used to pay for any other products or financial planning advice outside of superannuation.

**Signature**

**Date**

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