

# Form 2 Adviser Appointment

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# Form 2

You can use this form to appoint a new financial adviser and confirm to what extent we can take instructions directly from them and the fees we are to pay to them in respect of your AESF [i.e. separately from the underlying investments of the pension]. You can also use this form to appoint 'Information Only' access to third parties, such as an accountant or a spouse.

## The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call  
Member Services 1300 131 227

Issued by the Trustee  
Tidswell Financial Services Ltd  
ABN 55 010 810 607  
AFSL 237628  
RSE Licence L0000888

## 1. Member details

Member number/s

Date of birth  
[dd/mm/yy]

Full name

Email address

## 2. Details of your financial adviser

Company Name

Financial Adviser Full Name

Regulator Reference

Street address

[Your street address  
cannot be a post office box]

Unit number

Street number

Street name

Suburb

State

Postcode

Postal address

[If different to your street address]

Post Office Box number

Suburb

State

Postcode

Email address 1

Email address 2

Mobile number

Work number

Fax number

**3. Authorisation and fees**

**Do you authorise your Financial Adviser to arrange investment instructions on your behalf?**

Yes  No

If NO, we will require your express instruction each time an investment switch or choice is made

**Is your Financial Adviser to be paid a fee from your AESF bank account?**

Yes  No

If YES, Please complete the following information. NOTE: None of the fees deducted are to be rebated to the client

Initial Fee \$  or  % Annual Fee \$  or  %

**Do you wish for another party to have Information Only access to your pension scheme?**

Yes  No

Please fill in their name and address below for our verification procedures

**4. Declaration**

**Adviser Declaration**

I hereby confirm that I have been appointed by the client in relation to their AESF and can confirm that the fees described above have been discussed and agreed with the client.

Sign

Name

Date [dd/mm/yy]

**Member Declaration**

I hereby confirm that I have discussed and agreed to the above described fees payable to my Financial Adviser and for information to be provided or instructions accepted in accordance with the above.

Sign

Name

Date [dd/mm/yy]

**When complete**  
email and post this form:  
info@aesf.com.au

AESF  
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Hahndorf SA 5245  
Australia