



Change of adviser authority



Important information

This form must be mailed to: **Commonwealth Financial Services, PO Box 340 Silverwater, NSW 2128**
Contact phone number: **13 20 15** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note:

- Please use this form if you would like to change the adviser(s) linked to your account(s) and to nominate the rights the adviser(s) will have in relation to your account(s).

Section 1 – Personal details (all fields must be completed)

Investor 1

Given name(s) Surname Date of birth

Residential address

State Postcode Country

Postal address (PO Box is not acceptable)

State Postcode Country

Mobile number Alternate phone number

Email address

Investor 2

Given name(s) Surname Date of birth

Residential address

State Postcode Country

Postal address (PO Box is not acceptable)

State Postcode Country

Mobile number Alternate phone number

Email address

Please provide your account details below:

Product name	Account number	Investor 1 (please (✓) tick if investor 1 nominated above is attached to this account)	Investor 2 (please (✓) tick if investor 2 nominated above is attached to this account)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2 – Adviser access

Please indicate below the rights your adviser(s) nominated in **section 3** will have in relation to your account(s) by placing a tick (✓) in either the 'Yes' or 'No' box for each item.

Adviser access	Please tick (✓) appropriate box
1 Obtain information in relation to the account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Act as the servicing adviser(s) on my/our account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – New adviser details

Please provide below the details of the new adviser(s) that you would like to attach to the account(s) nominated in **section 1**.

Adviser 1

Name of financial adviser

Financial adviser number

AFSL number

Company name of financial adviser (if applicable)

Contact name

Mobile

Alternate phone number

Email address

Adviser 2

Name of financial adviser

Financial adviser number

AFSL number

Company name of financial adviser (if applicable)

Contact name

Mobile

Alternate phone number

Email address

Section 4 – Declaration and acknowledgment

By signing this form I declare as follows,

I/We appoint the adviser(s) nominated in **section 3** to replace any adviser(s) previously nominated for my/our account(s) nominated in **section 1**.

Investor 1

Full name

Member's signature

Date

Section 4 – Declaration and acknowledgment (continued)

Investor 2

Full name

Member's signature

Date



If there are more than two investors, please have all investors sign and date the form in the blank space below.