Consent for Fixed-Term Adviser Service Fee Deduction



Adviser Service Fee

	a Friendly S	ociety L	imited (L	AFS). Pleas	e rea	d the form ca	to your nominated financial adviser from your account refully to ensure this accurately reflects the act your adviser.
Policy number (if known)							
Investor / joint inve	stor detail	s					
Investor 1							
Title	⊠ Mr 🗵	Mrs	X Ms	Miss		Date of birth	DD/MM/YYY
Surname							
Given names Residential address (not a PO Box) Suburb							State Postcode
Country (if not Australia)							State Postcode Postcode
Phone						Mobile	
Email						WIODIIC	
Investor 2							
Title	⊠ Mr ≥	Mrs	X Ms	Miss		Date of birth	DD/MM/YYYY
Surname							
Given names Residential address (not a PO Box) Suburb							State Postcode
Country (if not Australia)							State Tostcode Tostcode
Phone						Mobile	
Email							
Financial adviser d	ataile						
Adviser full name							
							AEQL AEQL
Dealer Group Office address (not a PO Box)							AFSL
Suburb							State Postcode
Country (if not Australia)							
Phone						Mobile	
Email							



Nominated product/policy							
You agree that the Fixed Term Advis	ser Service Fe	ee will be deducted	d from the acc	count(s) noted belo	DW:		
Product name / Policy number			Policy owner(s)				
Fixed term adviser service fee a	mount						
You agree that the following fee will of 12 months:	be deducted	from your nomina	ated account(s	s) and be paid as a	adviser service fe	ees for a maximur	
Dollar (\$)/month		Percentage (%)/	per annum				
\$	OR OR		%				
Reasonable estimate / %FUA		/					
We estimate you will pay the followi	ng ongoing f	ee(s) from the pol	icy noted belo	I			
Product name / Policy number	Policy o	wner(s)		Current investment balance	Agreed percentage fee	Estimated fee (inc GST) / month	
				\$	%	\$	
				\$	%	\$	
Total estimate of fees for the next 12	months					\$	
Please be aware this is an estimate of feapplied at the time the deduction is proc Services provided for fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(7)			
Below is an outline of the services y	our adviser w	vill provide under t	his fee agreen	nent.			
Consent period							
		V V			V		
This consent starts on $igl lackbrackDigr lackbrackDigr $	IVI / Y Y	Y Y and ends	on DD/N	/ M / Y Y Y	Υ		

The consent end date for this current arrangement cannot be changed. The maximum period the consent can be valid for is 12 months from the fee start date.



Client authorisation

By signing below, you give consent to both of:

- (i) the deduction of one-off fees, as outlined in this notice; and
- (ii) the method of payment of those one-off fees.

Signat	ture 1
Х	
Name	
Date	DD/MM/YYYY

Signat	ture 2
Х	
Name	
Date	DD/MM/YYY



Return by post

(together with any identification documents where relevant)

Australian Unity – Investment Bonds Reply Paid 89, Adelaide SA 5001 (No stamp required if mailed within Australia)

If posting from outside Australia, please send to: 271 Spring Street, Melbourne VIC 3000



Email

investmentbonds@australianunity.com.au

Contact us

Adviser Services 1300 133 285 australianunity.com.au/wealth