

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

This notification confirms my/our request to appoint an adviser on my/our investor account

Account Name _____

Investor Number _____

La Trobe Direct Client Number _____

To Be Completed by Your Financial Adviser (International Advisers please contact La Trobe Financial)

La Trobe Financial Adviser Number _____

Name _____

Company _____

Dealer Group _____

Contact name _____

Contact phone _____

Email _____

Identity verification declaration

In accordance with the Financial Services Council/Financial Planning Association Industry Guidance Note 24, I warrant that:

- customer identification has taken place under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (Act)*, in my capacity as an Australian financial services licence (AFSL) holder or as authorised representative of an AFSL holder;
- I have completed the industry agreed 'Customer Identification Form' (ID Form) including the record of verification pursuant to FSC/FPA Industry Guidance Note No. 24 (FSC GN24); and
- I have collected and assessed the customer's tax information and believe that the tax information provided is reasonable considering the documentation provided.

La Trobe Financial and I agree that:

- a copy the ID Form is not required to be provided at account opening;
- copies of the completed ID Form and any records related to customer identification will be retained and managed by me. I agree that La Trobe Financial is authorised to access the records and/or conduct audits of the records at any time; and
- I will notify La Trobe Financial if I am no longer able to retain the records and deliver the records to La Trobe Financial at my own cost.

Acceptance of the application form constitutes acceptance by La Trobe Financial.

I understand and agree that La Trobe Financial is authorised to conduct random audits of these records in accordance with its obligations under the Act.

Signature of financial adviser _____

Date _____

Investor Directed Payments to your Financial Adviser (optional)

This section is optional and you may revoke our appointment as your agent at any time by giving us notice in writing.

Ongoing payment: _____ % p.a. (Maximum payable 0.50%). Only applicable to 12 Month Investment and 2 Year Investment Accounts. Please refer to Section 11 of the La Trobe Australian Credit Fund Product Disclosure Statement for further details.

I/We appoint **La Trobe Financial** as my/our agent for the sole purpose of paying certain amounts to my/our financial adviser (as identified below) on my/our behalf. I/We direct La Trobe Financial to pay the amounts as calculated above to my financial adviser. This must be signed by all investors.

Signature of Investor _____

Signature of Investor _____

Investor name _____

Investor name _____

Date _____

Date _____

I confirm that I have clearly disclosed and explained the amount of the payments described above and that the client has understood the payment arrangements.

Name of financial adviser _____

Signature of financial adviser _____

Date _____

Financial Adviser Account Authority (optional, to be completed by the Investor)

TO BE COMPLETED BY INVESTOR(S)

You may appoint someone to represent you in dealing with your investments with La Trobe Financial. If you would like to do this, please complete the following steps:

A. Name and Signature of Investor Representative

Full name _____	Signature _____
Email _____	Phone _____

B. Level of authority

There are two types of authority that you can provide to your Investor Representative. Please select your preferred level of authority.

- Enquiry Only:** I/we authorise you as our Investor Representative to make enquiries and receive information from La Trobe Financial in relation to but not to transact on this account.
- Full Transaction Authority:** I/we authorise you as my/our Investor Representative to transact on this account including making further investments, transfers or withdrawals to/from the account.

Note: Bank Account amendments will require oral confirmation from investment account holder(s) in all instances.

C. Declaration

I/we have read the section on Third Party Access to my/our account in the PDS and agree to its terms and conditions. I/we wish to appoint our Investor Representative to deal with the account as authorised. I/we hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions of my/our Investor Representative, other than where arising from the negligence, wilful misconduct or fraud of La Trobe Financial, their employees, officers, contractors, agents or that of the Investment Manager or their employees, officers, contractors or agents.

Signature of Investor _____

Signature of Investor _____

Investor/Authorised Signatures

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Signature of Investor _____

Signature of Investor _____

Investor name _____

Investor name _____

Date _____

Date _____

RETURN COMPLETED, SIGNED FORM TO:

La Trobe Financial
GPO Box 2289,
Melbourne Victoria 3001 Australia
 OR
investor@latrobefinancial.com.au

ENQUIRIES:

For all enquiries please email: **investor@latrobefinancial.com.au**
 Toll Free: **1800 818 898**