

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

PAYMENTS TO YOUR FINANCIAL ADVISER (optional, to be completed by the Investor)

You may instruct us to make certain payments to your Financial Adviser from your investment in the La Trobe Australian Credit Fund as follows:

☐ **Upfront payment:** _____ % Paid upon initial investment from your investment capital.

☐ **Ongoing payment:** _____ % Please refer to page 66 of the La Trobe Australian Credit Fund Product Disclosure Statement (**PDS**) for further details.

I instruct **La Trobe Financial** to deduct the upfront payment amount from my account following my investment/s and/or deduct the ongoing payment on a regular basis. This must be signed by all investors.

Signature of Investor

Signature of Investor

Investor name

Investor name

Date

Date

FINANCIAL ADVISER ACCOUNT AUTHORITY (optional to be completed by the Investor)

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account.

☐ **I/We authorise my/our Financial Adviser to transact on my/our account as if they were the legal and beneficial owner of the account including making further investments in, transfers within or withdrawals from my/our account.**

Declaration

I/We have read the section on Third Party Access to Your Account in the Product Disclosure Statement and agree to be bound by those terms and conditions.

I/We wish to appoint the above named Investor Representative to represent and deal with my/our account(s) pursuant to the authorisation(s) selected above. 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 contained in this form of my/our Investor Representative and/or the release of information to our Investor Representative.

Signature of Investor

Signature of Investor

Investor name

Investor name

Date

Date

RETURN COMPLETED, SIGNED FORM TO:

Mail: **La Trobe Financial**
GPO Box 2289, Melbourne Victoria 3001 Australia

Email: **investor@latrobefinancial.com.au**
Toll Free: **1800 818 898**