

ANZ SMART CHOICE SUPER MEMBER ADVICE FEE



July 2024

Customer Services

Phone 13 12 87

Email smartchoice@insigniafinancial.com.au

Website anz.com/smartchoicesuper

INSTRUCTIONS

- If you have agreed to pay your financial adviser a One-off Member Advice Fee and/or an Ongoing Member Advice Fee from your account balance, please complete the form below. The amount nominated below will be deducted from your account and is inclusive of GST. This is paid by OnePath Custodians under a separate contractual arrangement OnePath Custodians has with your financial adviser.
- Complete all applicable sections of this form in **CAPITAL LETTERS** using a black or blue pen.
- If you have not previously provided proof of your identification, Anti Money Laundering / Know Your Customer legislation in Australia requires us to verify your identity. Please refer to page 4 for identification documents you need to provide. Alternatively, you may elect to electronically verify your identity online at www.anz.com/smartchoiceaccess or by calling Customer Services on 13 12 87.
- Email your completed and signed form to smartchoice@insigniafinancial.com.au or post to:
ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

1. MEMBER DETAILS

Member number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>		
First name(s)	<input type="text"/>								
Last name	<input type="text"/>								
Home phone	<input type="text"/>			Business phone	<input type="text"/>			Mobile phone	<input type="text"/>
Email	<input type="text"/>								

2. FINANCIAL ADVISER DETAILS (TO BE COMPLETED BY THE ADVISER)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>						
Given name(s)	<input type="text"/>						
Email address	<input type="text"/>						
Office address	<input type="text"/>						
	<input type="text"/>						
Office phone number	<input type="text"/>			Office mobile number	<input type="text"/>		
Sales Account Number (SAN)	<input type="text"/>						
Dealer Group name	<input type="text"/>						
Has the financial adviser held a SAN with ANZ/OnePath Custodians previously?	<input type="checkbox"/> Yes		<input type="checkbox"/> No				
If yes, please provide the previous SAN	<input type="text"/>						
Name of the Dealer Group the SAN was held under	<input type="text"/>						

I, the financial adviser, whose signature appears below, confirm that the nominated fee in section 3 is in relation to services to be provided to the member for their ANZ Smart Choice Super member account and/or the Fund, and is not part of an early release scheme.

Financial adviser's signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. ONE-OFF MEMBER ADVICE FEE (MAF)

- One-off MAFs are optional and agreed between you and your financial adviser.
- You can cancel this MAF at any time by notifying us in writing.
- We have the discretion to decline to deduct any of these fees.
- Please refer to the current Product Disclosure Statement (PDS) for further information.

I agree to a One-off MAF of \$ to be paid to the financial adviser nominated above for advisory services provided to me.

Services being provided:

- | | | |
|---|---|--|
| <input type="checkbox"/> Review of your account | <input type="checkbox"/> Strategic superannuation advice | <input type="checkbox"/> Investment advice on your account |
| <input type="checkbox"/> Contribution strategy | <input type="checkbox"/> Insurance in superannuation strategy | <input type="checkbox"/> Withdrawal advice |

Note: This is a One-off payment. Any further payments require an additional form to be completed each time you negotiate a new MAF.

4. ONGOING MEMBER ADVICE FEE(MAF)

- Ongoing MAFs are optional and agreed between you and your financial adviser.
- You can cancel this MAF at any time by notifying us in writing.
- We have the discretion to decline to deduct any of these fees.
- Please refer to the current Product Disclosure Statement (PDS) for further information.
- No Ongoing Member Advice Fees will be accepted for MySuper members in ANZ Smart Choice Super for employers and their employees and ANZ Smart Choice Super for QBE Management Services Pty Ltd and their employees.

I agree to an Ongoing MAF of \$ to be paid **each month** to the financial adviser for ongoing advisory services provided to me.

Consent end date[‡]

Ongoing MAFs are deducted from your account at the end of the month. Please confirm which month you would like the deductions to commence (please allow at least 15 days for this form to be received and processed by us). If a commencement month is not provided deductions will commence on the first available month for processing.

[‡]The consent end date is the date when all ongoing Member Advice Fees will end unless a new request has been submitted. Your last monthly payment will be paid on the month prior to the consent end date provided.

Note: This is a recurring arrangement paid on a regular basis, as requested by you. Where you have multiple investment options within your account, the fee will be deducted from your investment with the highest balance. To specify an alternative investment option please call Customer Services on 13 12 87.

Under the law you are required to opt-in to, or renew, your ongoing financial adviser fee arrangements annually (by way of a written opt-in notice provided to you by your financial adviser). Unless we receive another completed MAF request form, we will assume you have not opted-in/renewed the fee arrangement and will cease payment after annual consent end date.

Where an income tax deduction is available under the applicable laws and is claimed by the Fund, in respect of those fees, the benefit of this tax deduction will be passed to you as a reduction or refund of contributions tax.

5. THIRD PARTY AUTHORITY TO BE PROVIDED TO ADVISER AND STAFF

- The Third Party Authority only allows access to information and does not allow any changes or decisions to be made on my behalf.
- I authorise the provision of my personal and superannuation information to the financial adviser nominated in section 2 of the form.
- I authorise the provision of my personal and superannuation information to the staff of the financial adviser nominated in section 2 of the form.
- I understand that this authority will expire 18 months from the signature date under section 6 of this form.
- I understand that I may revoke this authority at any time through written or verbal communication with ANZ Smart Choice Super.

I agree to providing Third Party Authority to Adviser and Staff.

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6. DECLARATION AND AUTHORISATION

By completing this form, I:

- confirm that I have read and understood the conditions related to the One-off MAF and Ongoing MAF outlined in the PDS.
- confirm that the MAF nominated is solely for advice in relation to my interest in the Fund and is not part of an early release scheme.
- understand that any One-off MAF and/or Ongoing MAFs nominated will be deducted from my account balance and paid by OnePath Custodians to the nominated financial adviser, under a separate contractual arrangement.
- authorise the collection, use, storage and disclosure of my personal information as described in ANZ's Privacy Policy which is available at anz.com/privacy and OnePath Custodians' Privacy Policy which is available at onpath.com.au/superandinvestments/privacy-policy. If I have provided information about another person in this application, I declare that I have the permission of that person to do so. I understand that ANZ and OnePath Custodians require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information may be used and disclosed by ANZ and OnePath Custodians.
- authorise ANZ, OnePath Custodians and their related companies to use my personal information to send me information about their products or services from time to time. I also consent to OnePath Custodians disclosing my personal information to organisations, including those in an arrangement or alliance with OnePath Custodians or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Custodians, its related companies or alliance partners using and disclosing my information for marketing purposes, I understand that I may phone 13 12 87 to opt out of marketing activities.
- authorise the provision of my personal information to the financial adviser nominated in section 2 for the purpose of providing me with personal advice relating to my ANZ Smart Choice Super member account.
- understand my consent for a one-off MAF can be revoked at any time before the one-off fee is paid.
- understand I can withdraw my consent or vary the ongoing MAF arrangement at any time by notice in writing to my adviser or to Customer Services.
- understand that OnePath Custodians is required to obtain your specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.

I, the undersigned, whose **signature** appears below, agree to the amount specified in section 3 being deducted from my account balance and paid to the financial adviser nominated in section 2.

Member's signature

Date

Note: ANZ Smart Choice Super is a suite of products consisting of ANZ Smart Choice Super and Pension, ANZ Smart Choice Super for employers and their employees and ANZ Smart Choice Super for QBE Management Services Pty Ltd and their employees.

ANZ SMART CHOICE SUPER MEMBER ADVICE FEE

COMPLETING PROOF OF IDENTITY

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) requires us to verify your identity before we make a payment of your super.

To verify your identity please send in original certified copies (not original documents) of the following:

A certified copy of an original primary photographic document

OR

A certified copy of an original primary non-photographic document; **AND** a certified copy of an original secondary identification document

List of acceptable documents

Primary photographic identification type

- Current Australian Passport
- Expired Australian passport which has not been cancelled and was current within the preceding two years
- Current Australian driver's licence
- Proof of Age card issued by the Australian Government
- Current Foreign passport issued by a foreign government or the United Nations*
- A national identity card issued by a foreign government or the United Nations*
- Australian Firearms/shooting licence

Primary non-photographic identification document type

- Australian Visa
- A government issued concession card, such as a pensioner concession card, a health care card, or a senior's health care card
- Birth certificate or birth extract by an Australian state or Territory government
- Birth certificate issued by a foreign government, the UN or an agency of the UN*
- Citizenship certificate issued by the Commonwealth
- Citizenship certificate issued by a foreign government*

Secondary identification document types

- A Medicare card
- A municipal council rates notice or a utility bill (such as a water, gas or electricity bill) that contains the person's name and residential address, issued in the past three months
- Current Overseas driver's license containing a photograph of the person*
- Bank Statement issued in the past three months
- Credit card
- Australian Government issued competency card
- Australian Government issued companion card
- Student ID card
- Aviation Security Identification card
- Maritime Security Identification card
- Australian Tax Office Assessment issued in the last twelve months
- Rental agreement issued in the last three months
- Professional or Trade Association card

* Please note: if a foreign document is written in a language other than English, please attach a certified copy of the translation prepared by an accredited translator, either an overseas Australian Embassy or Consulate or an approved translator listed in the National Accreditation Authority for Translators and Interpreters (NAATI) – only available within Australia.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney