Consent to deduct advice fees

Purpose of this form

Before any adviser fees can be deducted from your account, your adviser and ClearView are required by law to obtain your written consent. **You can provide your consent either by signing this ClearView form or by signing a form of consent provided by your adviser.** Either way we must receive a signed consent form which meets the ASIC requirements in order to deduct your adviser's fees from your account.

Important notes

- All sections must be completed for ClearView to accept this consent form.
- You can withdraw or vary your consent at any time by contacting us or your financial adviser.

Account number where fees are deducted ☐☐☐☐ / ☐☐☐☐☐☐

Member name

Surname

Adviser name

Business name

Adviser phone

(☐☐) ☐☐☐☐☐☐☐☐

Adviser email

Date client entered into advice arrangement (e.g. when the SoA/FDS was signed)

D D M M Y Y Y Y

A. How long does your consent last? (Select appropriate)

Your financial adviser will have to ask for your consent again if advice fees are to be deducted from your super account once the consent expires. Consents for ongoing fees are also required to be updated annually.

☐ **Ongoing fees:** The consent will cease to have effect up to 150 days after the below anniversary date.

Anniversary date D D M M Y Y Y Y (e.g. 12 months from the start date of the arrangement)

☐ **Ad-hoc fees:** Your consent expires once the amount is deducted from your super account.

B. What amount of adviser fees will you pay from your account?

☐ **Option 1: Exact fees** (usually used for $ based fees)

i. Amount of deduction $ ☐☐☐☐☐☐☐ . ☐☐

This amount will be deducted monthly from your account for ongoing fees.

☐ **Option 2: Reasonable estimate of fees** (usually used for % based fees or $ based fees indexed to CPI)

i. Estimate of amount of deduction $ ☐☐☐☐☐☐☐ . ☐☐

This amount will be deducted monthly from your account for ongoing fees.

ii. An explanation of the method used to work out the estimated amount.

C. Outline of the services the adviser will provide you in relation to your WealthFoundations account for the fee you pay. Tick all that apply:

- [ ] Review of your account
- [ ] Strategic superannuation advice
- [ ] Retirement planning on your account
- [ ] Investment advice on your account
- [ ] Contribution strategy
- [ ] Insurance in superannuation strategy
- [ ] Withdrawal advice
- [ ] Other

Signature

By signing the below, you consent to the deduction of adviser fees outlined in section B from your WealthFoundations account.

Signature of member

X

Date signed

D D M M Y Y Y Y

Note: If signing under a Power of attorney, please provide an original certified copy of the power of attorney. By signing you verify that, at the time of signing, you have not received notice of revocation of that power.

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:
ClearView Wealth
Reply Paid 4232
Sydney NSW 2001

Email address:
client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.