

B. Financial adviser details and declaration

Adviser name

Adviser code

Dealer group

By signing the below, I confirm all members listed on page 1 of this form meet the Family Group eligibility requirements as per the WealthFoundations Product Disclosure Statement (**PDS**) and have provided consent to join the Family Group.

Signature of financial adviser

Date

We are committed to handling the personal information and sensitive information in a secure manner and in accordance with the Privacy Laws. For a copy of our Information Handling Policy, please visit **clearview.com.au**.

Sending your form

Please send the form to us via email or mail.

Mailing address

ClearView WealthFoundations
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**.