

Fee for service payment request form



Please use a dark pen and CAPITAL letters, or type directly into this form online, print it and send it to us. Use (X) to mark boxes.

Complete this form if you want to authorise your Financial Adviser's advice fee to be deducted from your Aware Employer Sponsored Super, Aware Personal Super, Aware Retirement Income Stream, Aware Transition to Retirement Income Stream or Investment Fund A, Investment Fund B, Personal Retirement Plan, Allocated Pension, Term Allocated Pension, Flexible Income Plan, Tailored Super Plan or Transition to Retirement Pension Account. This form is only available for advisers registered with Aware Super.

If you have any questions, please call us on 1300 046 615 or contact us at adviser.services@aware.com.au

1. Your personal details

Member number	Date of birth (DD-MM-YYYY)	Mr	Mrs	Miss	Ms	Dr
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name						
<input type="text"/>						
First name/s						
<input type="text"/>						
Address						
<input type="text"/>						
Suburb/town	State	Postcode				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Home phone number	Mobile number					
<input type="text"/>	<input type="text"/>					
Email						
<input type="text"/>						
<input type="text"/>						

2. Financial adviser details

Last name						
<input type="text"/>						
First name						
<input type="text"/>						
Licensee name						
<input type="text"/>						
AFSL number	Contact phone number					
<input type="text"/>	<input type="text"/>					
Email						
<input type="text"/>						
<input type="text"/>						

3. Advice fee

Fee to be charged (inclusive of GST)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Which Aware Super account would you like the fee to be paid from?	Account number						
	<input type="text"/>						

4. Your privacy

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which is available at [aware.com.au/conditions-of-use/privacy-and-governance](https://www.aware.com.au/conditions-of-use/privacy-and-governance).

5. Acknowledgment & declaration (to be completed by you)

- I confirm the information I have provided on this form is true and correct.
- I authorise Aware Super to pay the advice service fee nominated in Section 3 to the Financial Adviser listed in the 'Adviser Details' section of this form, understanding that the Financial Adviser must be registered with Aware Super in order to receive payment. This amount is a single payment for advice provided and is not a recurring fee payable for ongoing advice.
- I understand that authorising a fee for service payment request means that the advice fee detailed on this form will be debited from my Aware Super Account nominated in Section 3.
- I understand that advice fee can only be debited from my Aware Super account for advice related to my interest in that account.
- I understand that for a fee to be deducted, I must have a minimum account balance of \$10,000 at the time of this request and that I must not close my account before the fee is deducted, or the fee cannot be charged.
- I acknowledge that the fee nominated in Section 3 will be deducted and paid to my Financial Adviser regardless of any decision made by me to implement any of the recommendations made by my Financial Adviser.
- I understand that I can only lodge up to two Fee for Service Payment Requests per 12 month period and the maximum fee payable to my Financial Adviser up to \$8,000 across all my accounts.
- I acknowledge and accept that Aware Super reserves the right to decline this fee for service payment request at any time and not to pay the fee.
- I understand that I am able to cancel any fee for service payment which has been authorized by me but which is yet to be paid at any time by notifying Aware Super.
- If for any reason the deduction of a fee is not made by Aware Super I acknowledge that I remain liable to pay the applicable fees to my Financial Adviser.
- I provide my consent for Aware Super to obtain, on request at any time, a copy of my advice document from my Financial Adviser in relation to this fee for service payment request.



Please sign and date form here.

Signature

Date signed (DD-MM-YYYY)

Full name (print in CAPITAL letters)

6. Certified identification

Proof of identity

- I will provide electronic proof of identification for verification.

By choosing this option, I agree to Aware Super using my driver's licence, Australian passport **and/or** Medicare details and the other details on this form to verify my identity electronically using independent data sources. I understand that my information will be used to match data from government and non-government sources via the use of third party systems.

Please provide any TWO of the following:

1. Full name **exactly** as it appears on my Medicare card

My Medicare number is

Valid to

My reference number
on this card is

Select your Medicare card colour

- Green Blue Yellow

i If providing your driver's licence details in this step, your driver's licence number and driver's licence card number must be provided for Aware Super to complete Proof of Identification checks for those Australian States and Territories where the card number is a mandated requirement. Visit aware.com.au/member/forms-and-resources/proofofid for further information on whether your State/Territory has this as a mandated requirement.

6. Certified identification (continued)

2. Full name **exactly** as appears on my driver's licence

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Licence number Driver's licence card number State of issue

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3. Full name **exactly** as it appears on my Australian passport

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My Australian passport number is

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OR

I will provide certified copies of 2 original proof of identity (POI) documents. By choosing this option, You **MUST** supply a certified copy of your identification, by a person duly authorised to do so. If you do not, your payment will be delayed. See the *Providing proof of identity* Member fact sheet available on our website for details on what identification documents you can use.

If paper copies of my certified identification are incorrectly certified or can't be read, I authorise the use of my personal details for the purpose of electronic data verification using independent data sources. I understand that my information will be used to match data from government and non-government sources via the use of third party systems.

7. Acknowledgment & declaration (to be completed by the financial adviser)

- I confirm that the advice fees are solely to pay for advice services related to the member's interest in the account in respect of which the fee for service payment request is made.
- I have read and agree to the Adviser Registration Terms and Conditions which are available at aware.com.au/adviser
- I acknowledge and accept that Aware Super reserves the right to decline payment of this fee for service payment request at any time.
- I understand that for a fee to be deducted, the member must have a minimum account balance of \$10,000 at the time of the request, or the fee cannot be charged.
- I understand that Fee for Service Payment Requests can only be lodged on a members account up to twice per 12 month period and the maximum fee payable across all accounts is a maximum of \$8,000.
- I understand that the member can cancel the advice fee, at any time before it is paid.
- I will provide a copy of the member's advice document in relation to this advice fee request at any time on Aware Super's request.

Please sign and date form here.

Signature	Date signed (DD-MM-YYYY)										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
Full name (print in CAPITAL letters)											

8. Signing

A party may sign this document electronically and bind itself accordingly. In addition, the intention is to print it out when so signed so that where a party prints it out, the first print-out by a party after all signatories who are signing have done so, will also be an executed original counterpart of this document. Each signatory confirms that their signature appearing in the document, including any such print-out (irrespective of which party printed it), is their personal signature.