Adviser registration form

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

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

Complete this form if you want to register to be an Aware Super Servicing Adviser.

Once you have been notified that your registration is approved:

- you will be issued with an Aware Super Adviser Code
- you will receive access to the Adviser Portal
- clients can request you to be listed as their Servicing Adviser
- for relevant accounts, clients can request an advice fee be deducted from their Aware Super account for advice provided in relation to that account.

1. Adviser and practice details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐

Adviser last name

Adviser first name

ASIC Financial Adviser Authorised Representative Number

Adviser phone number

Adviser mobile number (required for 2 factor authentication purposes)

Adviser email address (required for online portal login registration)

Email address for general correspondence

Practice name

Practice ABN

Practice address

Suburb

State

Postcode

Practice phone number

2. Authorised Officer details

Full name of Authorised Officer 1

Full name of Authorised Officer 2

Full name of Authorised Officer 3

Full name of Authorised Officer 4

Full name of Authorised Officer 5

Any additional names can be provided as an annexure to this form.

3. Licensee details

Registered Licensee Name

AFSL Number

4. Acknowledgment & declaration

- I have read, understood and agree to the full Adviser Registration Terms and Conditions that forms part of this application. I acknowledge that I may be subject to specific obligations under any contract between Aware Super and the Licensee.
- I will notify Aware Super in a timely manner by email if I need to update the Authorised Officers that can request information about my client's Aware Super accounts.
- I declare that once I have been provided with online Adviser Portal access, my password will be mine only, and that I am at all times solely responsible for ensuring the security of it.
- I will notify Aware Super immediately in the event that I have been provided access to any or all information that I do not believe I should have access to, or in the event that the security of my password for the online Advisor Portal access may have been compromised.
- Where applicable, a fee for service payment request will meet the sole purpose test, and other provisions, as outlined in the Adviser Registration Terms and Conditions.
- I have read, understood, and agree to allow Aware Super to collect and keep my information confidential in accordance with its confidentiality obligations under any contract between Aware Super and the Licensee.

4. Acknowledgment & declaration (continued)

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:

a) Your date of birth (DD-MM-YYYY) ☐☐-☐☐-☐☐☐☐

b) And, any TWO of the following **THREE** options:

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

My Medicare number is

Valid to M M - 2 0 Y Y

My reference number on this card is

Select your Medicare card colour ☐ Green ☐ Blue ☐ Yellow

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

Licence number

Driver's licence card number

State of issue

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

My **Australian** passport number is

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.

☐ 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.

5. Signing

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

Please sign and date form here.

Signature

Date signed (DD-MM-YYYY) ☐☐-☐☐-☐☐☐☐

Save form Print form Clear form