

Financial Adviser Appointment Form



Wholesale Access Fund (WAF) account name	Account number	
Investor surname		
Investor given name		
Joint investor surname		
Joint investor given name		
I/We hereby appoint the following financial adviser	Dealer group stamp	
Financial adviser's dealer group		
Address		
Suburb	State	Postcode

to be my/our financial adviser subject to the terms of Trust Deed and the Guide relating to the WAF, to exercise all the powers I/we have in respect of my/our account in the WAF including to accept IDPS reporting, make deposits and withdrawals and change income distribution instructions, investment selections and Regular Investment Plan instructions. I/We acknowledge that I/we are liable for the actions or omissions of the agent.

Financial adviser signature

X

Date
 / /

Investor signature

X

Date
 / /

Joint investor signature

X

Date
 / /

Please return to Australian Executor Trustees Limited by:

Fax 1800 781 166
Email forms@aetlimited.com.au
or Post Australian Executor Trustees Limited
 Administration Services
 GPO Box 546
 Adelaide SA 5001

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