



Section 2: Financial adviser confirmation (Adviser use only)

I confirm that the client information is correct and that the individual is a client of my dealer group. I acknowledge that there will be no conflict of interest between a decision made by the client and myself as a result of information obtained from AET My Portfolio.

Dealer name [grid]

Dealer group stamp [box]

Name of financial adviser [grid]

Telephone [grid]

Street address [grid]

Suburb [grid]

State [grid]

Postcode [grid]

Signature of financial adviser [box with X]

Date [grid] / [grid] / [grid]

Please return to us by:
Fax 1800 781 166
Email forms@aetlimited.com.au
or post Australian Executor Trustees Limited
GPO Box 546
Adelaide SA 5001

Office use only

Service Administrator Name [grid]

I confirm all records linked to the above investor account(s) are being maintained on behalf of the dealer group and branch. Australian Executor Trustees' Information Service Helpdesk is to be informed immediately if any of the above parties no longer require access to AET My Portfolio.

Intermediary branch code [grid]