

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

This notification confirms my/our request to appoint an adviser on my/our investor account

Account Name _____

Investor Number _____

La Trobe Direct Client Number _____

TO BE COMPLETED BY YOUR FINANCIAL ADVISER (International Advisers please contact La Trobe Financial)

La Trobe Financial Adviser Number _____

Name _____

Company _____

Dealer Group _____

Contact name _____

Contact phone _____

Email _____

PAYMENTS TO YOUR FINANCIAL ADVISER (optional, to be completed by the Investor)

You may instruct us to make certain payments to your Financial Adviser as follows:

Upfront payment: _____ % Paid upon initial investment from your investment capital

Repeat payment for subsequent investments

Ongoing payment: _____ % Please refer to page 57 of the Product Disclosure Statement (**PDS**) for further details

I instruct **La Trobe Financial** to deduct the upfront payment amount from my account following my investment/s and/or deduct the ongoing payment on a regular basis. This must be signed by all investors.

Signature of Investor _____

Signature of Investor _____

Investor name _____

Investor name _____

Date _____

Date _____

FINANCIAL ADVISER ACCOUNT AUTHORITY (optional to be completed by the Investor)

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account.

I/We authorise my/our Financial Adviser to transact on my/our account as if they were the legal and beneficial owner of the account including making further investments in, transfers within or withdrawals from my/our account.

Declaration

I/We have read the section on Third Party Access to Your Account in the Product Disclosure Statement and agree to be bound by those terms and conditions. I/We wish to appoint the above named Investor Representative to represent and deal with my/our account(s) pursuant to the authorisation(s) selected above. I/We hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions contained in this form of my/our Investor Representative and/or the release of information to our Investor Representative.

Signature of Investor _____

Signature of Investor _____

Investor name _____

Investor name _____

Date _____

Date _____

RETURN COMPLETED, SIGNED FORM TO:

Mail: **La Trobe Financial**
GPO Box 2289, Melbourne Victoria 3001 Australia

Email: **advisersupport@latrobefinancial.com.au**