



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 for Dealer name (two rows of 20 cells each)

Dealer group stamp

Large rectangular box for Dealer group stamp

Name of financial adviser

Grid for Name of financial adviser (two rows of 20 cells each)

Telephone

Grid for Telephone (12 cells)

Street address

Grid for Street address (two rows of 30 cells each)

Suburb

Grid for Suburb (20 cells)

State

Grid for State (3 cells)

Postcode

Grid for Postcode (5 cells)

Signature of financial adviser

Large rectangular box for Signature of financial adviser

Date

Grid for Date (3/2/4 cells)

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 for Service Administrator Name (30 cells)

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 for Intermediary branch code (30 cells)