

15 November 2010

**Customer Services**

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Date faxed (dd/mm/yy)

Number of pages faxed

  

**INSTRUCTIONS**

Complete and sign the form and return to:

**ANZ Super Advantage**  
OnePath Life Limited  
GPO Box 4028  
Sydney NSW 2001

Please complete where you and your plan's financial adviser have agreed that an Adviser Service Fee will be charged to your members' accounts for the adviser's services.

If agreed to by you, ANZ Super Advantage allows for an Adviser Service Fee of up to 1.00% p.a. after tax (incl. GST) to be deducted from your members' accounts on a monthly basis. You and your plan's financial adviser must agree to the amount of the fee by completing this form. Plan members will be provided with 30 days prior written notice before the deduction of this fee from their accounts is effected.

**1. PLAN DETAILS**

Plan name

**2. ADVISER SERVICE FEE**

I agree to an Adviser Service Fee of (up to 1.00% p.a. after tax, incl. GST)  .  % p.a. of plan members' account balances.

Please note: this fee can only be paid to the employer plan's financial adviser and will cease upon a member's transfer to ANZ Super Advantage Personal.

**3. DECLARATION AND AUTHORISATION**

By completing this form, I:

- confirm that I have read and understood the conditions related to the Adviser Service Fee outlined in the ANZ Super Advantage Product Disclosure Statement (PDS).
- accept that OnePath and other members of the ANZ Group may send me information about its products or services from time to time. I understand that I may notify OnePath of my decision not to receive further information by contacting OnePath directly.

I, the undersigned, whose signature appears below agree to the amount specified in section 2 being deducted from plan members' account balances and paid to the financial adviser nominated in section 4 (on page 2).

Full name of Authorised officer (e.g Director/Partner)

Signature (sign clearly within the box)

Date (dd/mm/yy)



**4. ADVISER DETAILS**

Adviser name	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Agency no.	<input type="text"/>		
Sub agent no. (if applicable)	<input type="text"/>		
Adviser reference no.	<input type="text"/>		

I, the adviser, whose signature appears below, confirm that:

- the nominated fee in section 2 is in relation to services to be provided to the employer and plan members solely about superannuation matters relating to the employer plan within ANZ Super Advantage.
- I am the holder of an AFSL or am a representative or an authorised representative of an AFSL holder.

Signature of Adviser (sign clearly within the box)

Date (dd/mm/yy)