



# Nominate/Revoke a Financial Adviser (Adviser Authority)

**To nominate a new Financial Adviser, please complete this form.**

Please use black ink and BLOCK letters.

**Facility Name**

**Facility Number(s)**

## Nominated Financial Adviser Details

Title

Advisers First Name

Advisers Surname

Company Name (if applicable)

AFSL Number

Dealer Group/  
Firm Name

Adviser Work Phone (  )

Customer reference used by adviser to identify your account

Adviser's existing Facility Access Code (if applicable)

## Type (please tick one):

**Primary Adviser**

This is the person who provides the primary advice to you regarding your loan.  
You can only have one primary adviser on your account.

**Secondary Adviser**

This is a person that you would like to be able to obtain information regarding your account.

## Revoke a Financial Adviser

Revoke **ALL** existing advisers' access (both information access & transaction access on my facility)

Revoke the existing advisers' access (both information access & transaction access on my facility) as listed below:

Adviser Name	Adviser Firm

## Acknowledgements

By completing and signing this "Nominate/Revoke a Financial Adviser (Adviser Authority)" form, I/we agree:

1. The lender will share information about my/our margin loan facility(s) to the nominated financial adviser, and any person that the lender reasonable believes is acting on behalf of the adviser or their company.
2. When nominating a primary adviser, commissions (if any) will be paid in accordance with the relevant intermediary agreement executed between the lender and your financial adviser's AFSL licensee.
3. When revoking a financial adviser who has been previously nominated as an Authorised Person, they will no longer remain as an Authorised Person on my/our account.
4. If I/we have an existing Primary adviser on my/our account, the person nominated above will replace that person.
5. If the nominated financial adviser leaves the company above, the lender may continue to provide information to the company and that adviser until advised otherwise.

## Borrower/s

### Borrower 1/Director 1/Sole Director

Print full name

Signature

Date  /  /

### Borrower 2/Director 2/Secretary

Print full name

Signature

Date  /  /

**Please complete and return to:**

Leveraged Equities | GPO Box 5388, SYDNEY NSW 2001 | Fax: 02 8282 8383

(06/10) (S29441)

**If you require any assistance, please contact our Client Service Team on 1300 307 807 or email [info@leveraged.com.au](mailto:info@leveraged.com.au)**