

Appointment of Financial Adviser



Account Name: _____

Investor No: _____ LaTrobe Direct Client No: _____

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

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 Telephone _____

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 46 of the PDS for further explanation

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 my/our account in the PDS and agree to its terms and conditions. I/We wish to appoint our Financial Adviser as noted on this Application Form to represent and deal with my account(s). 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 of my/our Financial Adviser.

Signature of Investor _____

Signature of Investor _____

Investor Name _____

Investor Name _____

Date _____

Date _____

Send the completed form to

La Trobe Financial
GPO Box 2289
Melbourne Victoria 3001 Australia or
advisersupport@latrobefinancial.com.au