## Bendigo SmartStart Appointment of Representative (Financial Adviser Authority)

Bendigo Superannuation

This form can be used for the following products:

- · Bendigo SmartStart Super®
- · Bendigo SmartStart Pension®

Use this form if you wish to **authorise your nominated financial adviser** and their staff (financial adviser) to operate your account and to give instructions on your behalf in relation to your Bendigo SmartStart account to Bendigo Superannuation Pty Ltd (Bendigo Super).

Please complete this form in **black** or **blue** ink using **CAPITAL LETTERS** and where provided, mark answer boxes with an **X.** 

Step 1 Member	person	al details	5													
Member number (if ki	nown)															
Title		Surname														
Given name(s)																
Date of birth	/	/														
Step 2 Financia	al advise	r details														
Important note: If the nominated in this sec		isting finand	cial advise	r listed o	n your a	ccount,	we will	replac	e his,	/her d	etails	with	the fi	nancia	al ad	viser
If there is a change o			will cease	paying ar	ny agreed	d Memb	er Advi	ce Fee	(s) to	the fi	nancia	al adv	iser v	ia his	/her	deale
Dealer group name																
AFSL No			Dealer	code (if l	known)											
Adviser name																
Adviser code (if know	n)															
Work phone number																
Email address																
Adviser signature																
Date	/	/														
									Licensee's stamp							

## Step 3 Member declaration

- I have read and understood Bendigo and Adelaide Bank Group's Privacy Policy which is available at
   <a href="https://www.bendigobank.com.au/privacy-policy">www.bendigobank.com.au/privacy-policy</a> and agree that Bendigo Superannuation Pty Ltd (Bendigo Super) and Bendigo and Adelaide
   <a href="https://www.bendigobank.com.au/privacy-policy">Bank Group may collect</a>, use and disclose my personal information for the purposes of administering my account and providing
   relevant services to me in accordance with the law.
- I acknowledge and authorise my nominated financial adviser to operate my account and to give certain instructions on my behalf in relation to my account to Bendigo Super by any method acceptable to Bendigo Super, including electronically.
- I authorise my representative to do the following in relation to my account:
  - · Make enquiries about my account
  - · Direct Bendigo Super to establish/change my investment strategy and/or future cashflow (excluding MySuper members)
  - · Alter the amount of my pension payments
- I understand that I still retain full control of my account and acknowledge that, under this authority, my financial adviser (and their partners, officers, employees and agents) is able to operate my account in any way Bendigo Super allows subject to certain restrictions.

I acknowledge that the following are some examples of instructions which Bendigo Super **will not** accept from my financial adviser (and their partners, officers, employees and agents):

- · providing a request to withdraw any funds from my account;
- · providing new bank account details;
- · changing my bank account details held on file;
- · authorising any other person to operate my account;
- · changing any fees or commission payable to my nominated financial adviser;
- signing any form where the law or an external party requires the member's signature on the form (eg. Binding Death Benefit Nomination, Request to Transfer a Superannuation Benefit, Direct Debit Request, Fund Choice Nomination);
- changing the name on my account;
- · appointing a new financial adviser for my account; and
- · changing my communication preferences.
- I agree to release and indemnify Bendigo Super, any company in the Bendigo and Adelaide Bank Group and any associated company (including any of their officers, employees or agents) acting in good faith from and against any and all losses, liabilities, actions pro ceedings, accounts, claims and demands arising from the appointment or exercise of powers by my financial adviser under this authority.
- I understand and acknowledge that, under this authority, I am bound by the actions of my financial adviser in relation to the operation of my account unless their rights to operate have been withdrawn by you.
- · I understand that Bendigo Super may cancel this arrangement or vary these conditions on 14 days notice.
- I understand that this arrangement will continue until I cancel the authority in writing, or until Bendigo Super exercises its rights to cancel the arrangement.

I wish to cancel t	he authority for my financial adviser to operate my account of	r give any instruct	ions on my	behalf.		
Member signature		Date	/	/	,	

## **Contact details:**

Bendigo Superannuation Pty Ltd Bendigo SmartStart

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Email: superannuation@bendigobank.com.au

Website: bendigobank.com.au/super