

Address

Ground Level, Gateway Building
50 Appel Street
Surfers Paradise QLD 4217

Contact us

1300 44 33 19
invest@funding.com.au
funding.com.au

Appointment of Financial Adviser

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

Investor Details

Please complete the below section for Individual/Joint Applicants (Please use BLOCK letters).

Account Name

Investor Number

To be completed by your Financial Adviser

International advisers please contact Funding.com.au

Funding.com.au Financial Adviser Number

Name

Company

Dealer Group

Contact Name

Contact Phone

Email

AFSL Number

Authorised Representative Number

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:** % Paid on a monthly basis from your interest payments

I instruct **Funding.com.au** 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 wish to appoint the above named Investor Representative to represent and deal with my/our account(s) pursuant to the authorisation(s) selected above.
I/We hereby release, discharge and agree to indemnify Funding.com.au and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from Funding.com.au and/or the Investment Manager acting upon the instructions contained in this form of my/our Investor Representative and/or the release of information to our Investor Representative.

Signature of Investor	<input type="text"/>	Signature of Investor	<input type="text"/>
Investor Name	<input type="text"/>	Investor Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Return completed, signed form to:

Mail PO Box 5735, GCMC QLD 9726

Email invest@funding.com.au



funding.com.au