

Essentials

Adviser service fee form

Please complete this form if you have agreed to pay an Adviser service fee

Please indicate to which Plan the Adviser service fee applies:

- Investment Essentials
 Super Essentials

1. Personal details

Client name

Address

Suburb/town

State

Postcode

Email address

2. Adviser service fee

On my behalf, please arrange for the AFSL holder named below to receive the following payment

- Percentage % * per annum (up to 1.25% pa), or
 Flat dollar fee \$ ^ per quarter

* This is the maximum adviser service fee. Please see the Product Disclosure Statement for details of the adviser service fee range

^ The maximum flat dollar fee nominated must be within the percentage range applicable for the account balance. Please see the Product Disclosure Statement for details of the adviser service fee range.

3. Privacy

- If I/we do not wish to receive information electronic or otherwise, on other products and services that may be of benefit to you, please tick this box. Please see the Product Disclosure Statement for details on privacy and personal information.

4. I/we acknowledge that

- the adviser service fee nominated above will apply from the date that Questor receives and processes the completed adviser service fee form.
- the adviser service fee in respect of my/our investment options in The Portfolio Service will be no greater than the maximum amounts stated in the Product Disclosure Statement
- that the adviser service fee will be deducted from my/our balance in the Cash Management Account at the end of each quarter
- the Trustee/Responsible Entity is not responsible for any advice provided to me/us by my/our financial planner
- I/we may instruct the Trustee/Responsible Entity to cancel or alter the adviser service fee nominated on this form and will do so in writing
- Death or incapacity does not bring an end to this agreement and that the Trustee/Responsible Entity will continue to deduct fees and expenses in relation to my/our investment options in the The Portfolio Service. My/Our legal representative will contact the Trustee/Responsible Entity in relation to this agreement
- the Trustee/Responsible Entity may cancel this arrangement at any time
- I/we agree to be bound by the conditions as detailed above

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>

Financial planner only

Name	Phone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
AFSL holder	PortfolioNet account number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Referring source	Financial institution's BSB number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="□□□ - □□□"/>

- The investor/member(s) named above have instructed me to provide them with financial planning and investment advice on their investment options in The Portfolio Service. I agree to provide such advice on the terms and conditions contained in the investors instructions. I understand the terms as above.
- I acknowledge that any liability to pay an adviser service fee (to an AFSL holder approved by the Responsible Entity/ Trustee and stated on this form) will not exceed the amount detailed on this application form (except for a GST provision) and that the investor or Responsible Entity/Trustee may cancel or reduce this amount at any time without notice.
- I indemnify the Responsible Entity/Trustee against any claim arising pursuant to the advice given by me to the investor/member(s) named on this form.

Financial planner signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>