# **Advice fee deduction authority**



BUSSQ is required by law to have your written consent before we can deduct a fee for financial advice relating to your BUSSQ account from your BUSSQ Super or Income account.

To provide your consent please complete and sign this form and return to: BUSSQ GPO Box 2775, Brisbane Qld 4001 or email a copy to **super@bussq.com.au**. For help completing this form call **1800 692 877**, email **super@bussq.com.au** or visit **bussq.com.au**.

| 1 Personal details   |                      |                  |         |                    |                |  |
|--|----------------------|------------------|---------|--------------------|----------------|--|
| BUSSQ member number  | Date of birth (dd/mm | ı/yyyy)          |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Mr/Mrs/Ms/Miss Given names   |                      |                  | Surname |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Contact number or mobile   | Email                |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Street address   |                      |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Suburb/Town  |                      |                  |         | State              | Postcode       |  |
|  |                      |                  |         |                    |                |  |
| Postal address (if different to above)   |                      |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Suburb/Town  |                      |                  |         | State              | Postcode       |  |
|  |                      |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| 2 Proof of identity  |                      |                  |         |                    |                |  |
| To protect your superannuation account and satisfy our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, we need you to prove your identity before money is deducted from your account. You have two options for verifying your identity, please select one below.                                     |                      |                  |         |                    |                |  |
| Option 1   |                      |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Electronic verification  BUSSQ can easily verify your identity electronically. You just need to provide your driver's licence or passport number details below and we arrange the checks for you. This option is not available for people currently living overseas.   |                      |                  |         |                    |                |  |
| I authorise BUSSQ to disclose my name, address, date of birth and information below to a credit reporting agency to check and report to BUSSQ on whether the details I provide match the personal information held by the credit reporting agency. Checking your identity this way is  |                      |                  |         |                    |                |  |
| not a credit check. This check will not give BUSSQ access to any other information about you and will not impact your credit rating or be stored against your credit information file. If the details you provide cannot be matched we will advise you in writing, and you will need to supply us with certified documents – see Option 2. |                      |                  |         |                    |                |  |
| I consent to my personal information being disclosed to verify my identity electronically.   |                      |                  |         |                    |                |  |
| Australian driver's licence  |                      |                  |         |                    |                |  |
| Driver's licence number  |                      | State of issue   |         | Expiry date (dd/mn | n/yyyy)<br>2 0 |  |
|  | 1.                   |                  |         |                    | 2 0            |  |
| Full name as it appears on your driver's   | licence              |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Australian passport  |                      |                  |         |                    |                |  |
| Passport number  |                      | Country of birtl | 1       |                    |                |  |
|  |                      |                  |         |                    |                |  |
| Full name as it appears on your passpo   | rt                   |                  |         |                    |                |  |
|  |                      |                  |         |                    |                |  |

| Option 2   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Send us certified documents  |   |  |  |  |  |  |  |
| For this option provide certified proof of identity documentation as per the guide on page 4. If the identification documentation I provide has not been certified correctly I understand BUSSQ may use the information from the documents in conjunction with the information on this form to verify my identity electronically.  |   |  |  |  |  |  |  |
| 3 Type of advice and advice fee to be deducted   |   |  |  |  |  |  |  |
| The maximum fee that can be deducted from your account is \$3,000 (inclusive of GST). A minimum balance of \$8,000 must be retained to keep your BUSSQ Super account open. If the deduction of this fee will reduce your Super account balance below this minimum your request will not be processed and you will be notified by BUSSQ (there is no minimum required balance for Income accounts). |   |  |  |  |  |  |  |
| Type of advice   | Advice fee (inclusive of GST)   |  |  |  |  |  |  |
| Initial advice Once-off advice   | \$  |  |  |  |  |  |  |
| BUSSQ account to be deducted  You can only make a deduction from an open BUSSQ account. Provide the account number for the BUSSQ account that you consent to have  |   |  |  |  |  |  |  |
| this advice fee deducted from.   |   |  |  |  |  |  |  |
| BUSSQ account number   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| 5 Member authorisation and declaration   |   |  |  |  |  |  |  |
| <ul> <li>I confirm that the amount to be deducted from my account is solely in relation to advice provided to me in relation to my BUSSQ account.</li> </ul>   |   |  |  |  |  |  |  |
| <ul> <li>I understand that the fee nominated in section 3 will be deducted from my BUSSQ account specified in section 4 within 10 business days of BUSSQ receiving all required information and that the value of my BUSSQ account will decrease by the amount of the fee paid.</li> </ul>   |   |  |  |  |  |  |  |
| • I understand that I can withdraw my consent at any time before the advice fee stated in section 3 is deducted from my BUSSQ account by contacting BUSSQ using the contact details provided on this form.   |   |  |  |  |  |  |  |
| <ul> <li>I understand that the information contained in this form will be used by BUSSQ to process my request to deduct a personal advice fee from<br/>my BUSSQ account.</li> </ul>  |   |  |  |  |  |  |  |
| I understand that BUSSQ may not be able to action my request if they have been notified of family law proceedings in relation to my Super or Income account.   |   |  |  |  |  |  |  |
| • I understand that my request will not be processed if the advice fee is more than \$3,000 or the deduction of this advice fee will reduce the balance of my Super account below the minimum allowable balance of \$8,000.  |   |  |  |  |  |  |  |
| I understand that my consent to the deduction of the advice fe<br>account.   | ee ends once the amount of the advice fee is deducted from my BUSSQ       |  |  |  |  |  |  |
| <ul> <li>I understand that if after payment of this advice fee I have insufficient funds in my account to cover insurance premium deductions all insurance benefits will cease and I may not be able to reinstate cover in the future.</li> </ul>  |   |  |  |  |  |  |  |
| If I have selected option 1 in section 2 I consent to my personal information being disclosed to verify my identity electronically.  |   |  |  |  |  |  |  |
| • I understand that I am solely responsible for the selection and appointment of my financial adviser. I acknowledge that BUSSQ is not responsible for the advice provided and will accept no liability for any loss or claim that may result from or in connection with the advice provided by the financial adviser.   |   |  |  |  |  |  |  |
| I declare all information provided on this form is true and corre  | ect.  |  |  |  |  |  |  |
| <ul> <li>BUSSQ collects and uses your personal information in accordance with the BUSSQ Privacy Statement which is available from our website or<br/>by calling 1800 692 877. Please call us if you have any questions about your rights under the privacy legislation.</li> </ul>   |   |  |  |  |  |  |  |
| I am the person named on this form or I have a power of attorney and identity documentation.   | ney to act on the member's behalf and have supplied to BUSSQ my certified |  |  |  |  |  |  |
| Please sign and date.  |   |  |  |  |  |  |  |
| Forms without both a signature and date are unable to be processed.  |   |  |  |  |  |  |  |
| Signature of member  | Dated (dd/mm/vyvy)  |  |  |  |  |  |  |

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# TO BE COMPLETED BY THE FINANCIAL ADVISOR

# 6 Financial Advisor details

| Advisor name                           |             |          |          |
|--|-------------|----------|----------|
|  |             |          |          |
| Daytime number or mobile               | Email       |          |          |
|  |             |          |          |
| Company name                           |             |          |          |
|  |             |          |          |
| ASIC financial advisor register number | AFSL number | Licensee |          |
| Address                                |             |          |          |
|  |             |          |          |
| Suburb/Town                            |             | State    | Postcode |
|  |             |          |          |
|  |             |          |          |



# Please provide to BUSSQ with this form:

- a copy of the fee invoice from the Financial Advisor
- a copy of the Statement of Advice
- the member's certified identity documentation if option 2 in section 2 has been selected

# 7 Advisor declaration and signature

# As the Financial Adviser of the member:

- I have provided the member with a Statement of Advice in relation to this advice fee and a copy is attached to this form.
- The advice fee is solely to pay for advice services that are related to the member's BUSSQ account.
- I understand BUSSQ reserves the right to decline payment of the requested advice fee (as well as any future requests).
- BUSSQ is unable to pay the advice fee if:
  - the advice fee is more than \$3,000, or
  - the deduction of this advice fee will reduce the member's Super account balance below the minimum allowable balance of \$8,000
- I declare all information provided on this form is true and correct.
- BUSSQ collects and uses your personal information in accordance with the BUSSQ Privacy Statement which is available from our website
  or by calling 1800 692 877. Please call us if you have any questions about your rights under the privacy legislation.

|        | Please sign and date. Forms without both a signature and date are unable to be processed. Signature of Financial Advisor                                     |                         |  |
|--------|--|-------------------------|--|
| l<br>V |  | Dated (dd/mm/yyyy)  2 0 |  |
|        | Once completed and signed return this form with the required documentation attached to: BUSSQ GPO Box 2775, Brisbane Qld 4001 or email to super@bussa.com.au |                         |  |

SIGN

#### **Certified documentation**

For Option 2 under Proof of Identity (Section 2 of this form), you need to provide certified documents to prove your identity. Follow the below guide and either email your certified documents with your completed form to super@bussq.com.au or post them to BUSSQ GPO Box 2775, Brisbane QLD 4001.

Please note certified proof of identity is only valid for a maximum of 12 months from the date the identification was certified.

Certified copies of the following documents can be used to prove your identity:

### One of the following documents only:

- A current driver's licence or permit issued under the law of a State or Territory, or
- A passport issued by the Commonwealth which can be up to two years out of date, that contains a photograph of the person in whose name the document is issued.
- Proof of Age Card
  - A card issued under a law of a State or Territory for the purpose of providing the person's age which contains a photograph of a person in whose name the documents is issued (includes Proof of Age Card or National Identity Card); or
- National Identity Card
  - A card issued for the purpose of identification that contains a photograph and the signature of the person in whose name the document is issued; and
  - Is issued by a foreign government, the United Nations or an agency of the United Nations; and
  - If it is in a language that is not understood by the person carrying out the verification it must be accompanied by an English translation prepared by an accredited translator.

### One of the following documents:

- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles you to financial benefits.

#### **AND**

#### OR

#### One of the following documents:

- Letter from Centrelink regarding a Government assistance payment
- Notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address.

#### For example:

- Tax Office Notice of Assessment
- Rates notice from local council

### Have you changed your name?

If you have changed your name, in addition to the above listed certified documentation, you need to supply a certified copy of one of the following documents:

- Marriage Certificate (required even if the parties are separated)
- Decree Nisi, Certificate of Divorce or Decree Absolute
- Deed Poll Documentation.

# Are you acting on behalf of someone else?

If you are signing on behalf of another person you will need to send by post original certified copies of the following documents (we cannot accept these via email):

- Current Power of Attorney document (with each page of the document certified)
- The member's identity documents
- Your identity documents.

#### Certifying your documents

All copies of proof of identity documents should be certified as a true copy of the ORIGINAL by an authorised person. Some examples of authorised persons are:

- A Justice of the Peace or Commissioner for Declarations
- A Police Officer
- A finance company officer or representative of an AFSL license holder with five or more years continuous services with one or more licensees
- A lawyer, judge or magistrate
- Permanent employee of Australia Post with five or more years of continued service.

The certifier must sight the original and make sure both documents are identical, and then make sure all photocopied pages are certified as true copies by writing or stamping wording to that effect followed by their:

- Signature
- Name
- Qualification
- Date, and
- Phone number.





I certify this is a true copy of the original document.

Julie Preston Justice of the Peace 19/06/2015 0412 345 678