

adviser registration form

HESTA

Complete this form to register as a Financial Adviser permitted to arrange an advice fee deduction from your client's HESTA account.

1 Adviser details

Title: Ms Mrs Miss Mr Dr Other

Given name/s:

Family name:

Telephone number (business hours):

Mobile:

Position/title:

Email:

(we will send any HESTA related updates to this email address).

ASIC Financial Adviser Number:

Practice name:

Practice website:

Street address:

Unit number / Street number

Street name

Suburb

State/Terr.

Postcode

Postal address:

PO Box / Unit number / Street number

Street name

Suburb

State/ Terr.

Postcode

2 Declaration

- I understand the sole purpose test contained within *Superannuation Industry (Supervision) Act 1993*, and have been provided training by the Practice/Licencee to the charging of advice fees to member's superannuation accounts
- I will only seek the approval for deduction of an advice fee from a member's account where it is in the members best interests and is consistent with the sole purpose test
- I have attached a valid copy of my driver's license or passport that has been certified by an authorised person as true and correct.

Signature:

Date signed:

Scan and email all requirements to hesta@hesta.com.au or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

contact us

hesta@hesta.com.au | 1800 813 327 | Email forms to hesta@hesta.com.au or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**