

licensee registration form

Complete this form if you want your Advisers to be able to register to deduct a fee from a HESTA member's account and receive HESTA related updates from time to time. You can type information or if writing use CAPITAL LETTERS.

1 AFS licensee details

Licensee name:

AFS License Number:

Business name:

ABN:

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

Website:

Payments for fee deductions will only be paid via electronic funds transfer (EFT). Provide all details as requested below.

Bank account name:

Note: Your nominated account must be held in the company name.

BSB:

! Please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA takes no responsibility for incorrect bank details being provided.

Bank account number:

2 Primary contact person and Authorised Signatory

Please complete details for each Authorised Signatory in the sections below:

Title: Ms Mrs Miss Mr Dr Other

Given name/s:

Family name:

Telephone number (business hours):

Mobile:

Position/title:

Email:

Email (remuneration):

Email (Compliance):

The Authorised Signatory must sign in the signature box below. By signing below, the Authorised Signatory represents to HESTA that they will always act within the scope of their authority from their AFS Licensee.

You are also acknowledging that the answers to our AFS licensee declaration checklist are true and correct.

Signature:

Date signed:

3 Secondary contact person and Authorised Signatory

Title: Ms Mrs Miss Mr Dr Other

Given name/s:

Family name:

Telephone number (business hours):

Mobile:

Position/title:

Email:

The Authorised Signatory must sign in the signature box below. By signing below, the Authorised Signatory represents to HESTA that they will always act within the scope of their authority from their AFS Licensee.

You are also acknowledging that the answers to our AFS licensee declaration checklist are true and correct.

Signature:

Date signed:

4 AFS licensee declaration checklist

Sign this form in consideration for HESTA registering you as an AFS Licensee holder who can provide advice services in connection with HESTA products.

As an AFS Licensee we have oversight in place in relation to financial advice fee deductions from client's accounts including:

- Advisers are appropriately trained to understand the sole purpose test contained within *Superannuation Industry (Supervision) Act 1993*, as it relates to the charging of advice fees to member's superannuation accounts
 Yes No
- Processes that regularly check that the fee deducted from member's accounts are consistent with the sole purpose test
 Yes No
- Processes that regularly check Advisers are acting in the member's best interest when charging fees to member's superannuation accounts
 Yes No

Do you have professional indemnity insurance (minimum \$1m)?

- Yes. Please attach a copy of your current Certificate of Insurance and the policy document.
- No. Cover must be arranged before the application can be finalised.

Licensee responsible person (name):

Licensee signature:

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

5 Advice fee audit

HESTA is required by APRA and ASIC (Regulators) to monitor and maintain oversight on advice fees charged by financial advisers.

HESTA reserves the right to request a Statement of Advice or Record of Advice relating to any Advice Fee Deduction and to withhold any Advice Fees (or seek refund of a fee already paid) to the extent it forms the reasonable view that the Statement of Advice or Record of Advice does not relate to a matter that would allow HESTA to action the deduction of Advice Fees under the relevant law.

HESTA reserves the right to reject an advice fee if it suspects that the Sole Purpose test has not been satisfied.

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**

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