

licensee registration form

HESTA

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.

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:

2 Primary contact person and Authorised Signatory

AFS Licensees may nominate individuals to carry out administrative functions and sign documents on behalf of the AFS Licensee. The people nominated are referred to as 'Authorised Signatories' in this form.

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.

Signature:

Date signed:

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

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. The information you provide on this form, and any subsequent information you provide to us or our service providers in relation to this form, is collected in accordance with the HESTA Privacy Collection Statement available at [hesta.com.au/privacy](https://www.hesta.com.au/privacy) or by calling 1800 813 327. Where you provide us with personal information about another person, it is your responsibility to notify that person about the disclosure of their personal information to us.

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.

Signature:

Date signed:

4 AFS licensee declaration

In the case of company signatories, two directors or a director and a company secretary must sign unless the company has a sole director and sole secretary. Company signatories must also indicate their company title. If an otherwise authorised person or persons is signing on behalf of a company, by that person or persons must provide a copy of the authority under which they are signing and must also be attached.

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

Declaration: Oversight of fees charged to member's superannuation accounts.

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
- Processes that regularly check that advice or other services for which fees are being deducted are provided.
 Yes No

Declaration: Professional Indemnity Insurance

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.

Signature 1:

Name 1:

Signature 2:

Name 2:

5 Payment details

Name of financial institution:

Account name:

BSB number:

Account number:

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