

# Appoint, change or cancel a financial adviser form

Pengana Capital Limited (ABN: 30 103 800 568, AFSL: 226566)

Use this form if you are an existing investor and wish to appoint, change or cancel your financial adviser. You can also use this form to change their details (such as their address) or to start or change the way your financial adviser is paid from your investment.

Complete all sections in BLOCK CAPITALS and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

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**Step 1**    **Instructions if you are appointing, changing or canceling a financial adviser.**

If you wish to appoint, change or cancel a financial adviser, the following needs to be completed:

- write your account number and account name as it appears on your latest statement
- complete **section 2** 'Appoint, change or cancel a financial adviser'
- sign the form as per the 'Signing instructions' in **section 5**.

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**Step 2**    **Send your documents to us.**

You can return your form by post or email according to the details below:

Send by post:

Pengana Capital Group  
GPO Box 804  
MELBOURNE VIC 3001

Scan and email to: [transact@pengana.com](mailto:transact@pengana.com)

Please include your account number in the subject line of your email.

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## 1. INVESTOR DETAILS

Account number

Account name

## 2. APPOINT, CHANGE OR CANCEL A FINANCIAL ADVISER

I/We wish to:

appoint/change a financial adviser

cancel a financial adviser

Please provide details of your financial adviser

Dealer group name

Adviser name

AFSL number

Authorised representative number

## 3. OPERATING YOUR ACCOUNT

Do you want your financial planner to be able to operate your account?

If the answer is "Yes", your financial adviser must provide ID and verification documentation for KYC and verification purposes. If you want to give your adviser a view only access to the account, please select "No".

No

Yes

In general, an appointed financial planner can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial planner to operate your account, or if your financial adviser changes - we will and OneVue will keep accepting their instructions until you or they advise us in writing that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

You indemnify us from any loss you, we or OneVue suffer as a result of the actions of your appointed financial planner, and agree to ratify their actions if we ask.

## 4. APPOINTMENT OF A FINANCIAL ADVISER

This section should be completed by your financial adviser. Your financial adviser will have online access to your account. If you would like your financial adviser to receive copies of your statements by email please enter their email address below.

Email address

**Notice to financial adviser:** by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on this product.

If you would like to register for adviser online to view your client's investment information please complete the below.

## Financial adviser contact details

**Business address** - A PO Box/RMB/Locked Bag is not acceptable.

Property/building name (if applicable)

Unit  Street number  Street name

Suburb  State  Postcode  Country

**Postal address (if different to residential address)** - A PO Box/RMB/Locked Bag is acceptable.

Property/building name (if applicable)

Unit  Street number  Street name

Suburb  State  Postcode  Country

## Contact details

Business number (include country and area code)  Mobile number (include country code)

Adviser signature

Full name

Date (DD/MM/YYYY)

## 5. DECLARATIONS & ACKNOWLEDGMENTS

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this formsupersede, and have priority over, all previousinstructions received by us, and
- agree to indemnify us from and against all losses, costs,expenses, claims, actions or proceedings brought against usin connection with following your instructions on this form.

### Who needs to sign this form?

**Individual** - where the investment is in one name, the account holder must sign.

**Joint Holding** - where the investment is in more than one name, all of the account holders must sign.

**Companies** - where the company has a sole director who is also the sole company secretary, this form must be signed by that person.If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

In consideration of amending the register you must agree to indemnify and forever keep indemnified us (including our directors, offices and employees) from and against all losses, claims, actions, proceedings, demands, costs and expenses which may be made or brought against us by reason of compliance with your request.

## 6. SIGNATURE(S)

Signature of investor 1, director or authorised signatory

Signature

Given name(s)

Surname

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director

Company secretary

Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Signature

Given name(s)

Surname

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director

Company Secretary

Authorised Representative