

1 CLIENT DETAILS

INVESTOR 1

Title (Mr/Mrs/Ms etc)	Account Number (if known)
<input type="text"/>	<input type="text"/>
Surname/Company Name	
<input type="text"/>	
Given Name/Company Contact	
<input type="text"/>	
Account Designation	
<input type="text"/>	
A/C >	

INVESTOR 2

Title (Mr/Mrs/Ms etc)
<input type="text"/>
Surname
<input type="text"/>
Given Name
<input type="text"/>

2 ADVISER DETAILS

Adviser Name	<input type="text"/>	Adviser Stamp				
Adviser Signature	<input type="text"/>					
Adviser Number	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	(<input type="text"/>)	Fax Number	(<input type="text"/>)			

Fee Rates:

Please quote all fees **inclusive of the net effect of GST**

Contribution fee* <small>(0.0 – 4.1%)</small>	<input type="text"/>	%
Ongoing commission* <small>(0.0 – 0.82%)</small>	<input type="text"/>	% per annum
Adviser service fee* <small>(0.0 – 1.025%)</small>	<input type="text"/>	% per annum
OR	<input type="text"/>	\$ per annum

Inclusive of any Goods and Services Tax (GST) after allowance of any reduced input tax credit that the Responsible Entity is entitled to.

3 AUTHORISATION & SIGNATURE(S)

I/We request and authorise the changes above to be made to our account details.

Note: if the account being debited under this arrangement is a joint account, both signatories are required to sign.

Signature (1)	<input checked="" type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Title	<input type="text"/>
Signature (2)	<input checked="" type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Title	<input type="text"/>

Send this form to:
LifeFocus Investment Fund
PO Box 1282
ALBURY NSW 2640