

## 1 MEMBER DETAILS

Member Number	<input type="text"/>	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title (Mr, Mrs, Ms, etc)	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Given Name(s)	<input type="text"/>						
Surname	<input type="text"/>						
Postal Address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Home Phone	( <input type="text"/> ) <input type="text"/>	Work Phone	( <input type="text"/> ) <input type="text"/>				
Mobile	<input type="text"/>						

## 2 FINANCIAL ADVISER DETAILS

Dealer Group Name	<input type="text"/>		
AFS Licence No.	<input type="text"/>	Adviser Number	<input type="text"/>
Adviser Name	<input type="text"/>		

## 3 FINANCIAL ADVISER LEVEL OF AUTHORITY

Please change my financial adviser's level of authority to:

### Authority to Operate

My financial adviser can electronically submit investment instructions to LifeFocus and amend my account details on my behalf, without any specific prior authorisation from me. Authority to Operate allows my financial adviser to only submit the following instructions on my behalf:

- Change my asset allocation within my account
- Change fund managers within my account

## 4 PRIVACY ACKNOWLEDGEMENT

I release and indemnify the Trustee from any losses arising from the Trustee acting on the instructions of my appointed advisor under this authority.

I authorise the Trustee to follow instructions given under this authority until such time as I provide the Trustee with written notice cancelling this authority.

Member Signature

Date Signed (dd/mm/yyyy)

### ON COMPLETION PLEASE FORWARD TO:

LifeFocus Superannuation Fund  
PO Box 1282  
ALBURY NSW 2640