

Fund & Insurance Broker Nomination form

Personal Details

First name	Family name	Date of birth
Company / SMSF (if applicable)	Position	
Address	Suburb	
State	Postcode	
Daytime contact number	Alternate number	
Email address		

How to complete this form

- Please provide the name of your fund manager/insurer and policy number.
- For joint holdings, both owners need to sign

List of known contracts (managed funds, insurance etc)

Name of provider & product	Client number/ref.	Adviser code (internal use)
<i>e.g. Colonial First State Superannuation</i>	<i>e.g. ABC 1230000</i>	<i>(Leave blank)</i>

Signatures

I/We request that the providers above amend their records to indicate that Wealth Focus Pty Ltd is the appointed broker for the investments listed, list may not be exhaustive, please check for others. I/We understand that Wealth Focus will receive the trailing commission if there is any payable. I/We understand that you will apply a 100% rebate on any managed fund entry fees and ongoing fees in the form of additional units in the relevant fund.

Signature	Signature
Name (Please print)	Name (Please print)
Date	Date



Please return to Wealth Focus, Reply Paid 760, Manly, NSW 1655 or fax to 1300 55 98 70