

Adviser Service Fee Alteration and Consent Form

OnePath Investment Savings Bond,
OnePath Deferred Annuity and
OnePath Allocated Annuity

23 July 2021

OnePath Life Limited (OnePath Life)
ABN 33 009 657 176 AFSL 238341

Customer Services
Phone 133 665
Email customer@onepath.com.au
Website onepath.com.au

This form is for existing investors in OnePath Investment Savings Bond, OnePath Deferred Annuity and OnePath Allocated Annuity.

Instructions

- This form should be completed if you have agreed with your financial adviser to amend their Adviser Service Fee arrangements.
- If you have an existing Ongoing Adviser Service fee you must complete this form to consent that it continue to be charged. Your consent (at section 3), must be provided every 12 months using this form.
- Complete section 3 and 4 if you have agreed with your financial adviser to apply a new Adviser Service Fee or amend an existing Ongoing Adviser Service Fee.
- Section 5 should be completed by your financial adviser if alterations to product remuneration arrangements are required.
- Please complete this form and forward to us either by email or post.
 - Email a scanned copy
 - Post to:
OnePath
GPO Box 5306
Sydney NSW 2001

1. Investor number

2. Personal details

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s) (including middle name)

Date of birth (dd/mm/yyyy) / / Male Female

Address

Suburb/Town State Postcode

Contact Phone

3. Adviser Service Fee (ASF)

- The following ASF options are available – ongoing ASF.
- ASFs are optional and agreed between you and your financial adviser. The amounts nominated will be deducted from your account and are inclusive of any applicable GST. These are paid by OnePath Life under a separate contractual agreement OnePath Life has with your financial adviser's licensee.
- At our discretion we may decline to deduct any of these fees.
- You can terminate this ASF at any time by notifying us in writing. If you notify us that you no longer wish to use the services of a financial adviser in relation to your investment, the ASF will be terminated.

If you have agreed to pay your financial adviser an Adviser Service Fee (ASF) from your account balance (by redeeming units) please provide the details below.

Ongoing ASF

Deduct Ongoing ASF , % per annum

Please note: the maximum ASF is 0.60% pa.

Consent end date (required) / /

For the percentage ongoing fee selected:

Your adviser has estimated a fee of \$, for the 12 months commencing / /

This fee will be paid on a monthly frequency based on your account balance applied against the percentage entered above.

Note: The consent end date cannot be more than 12 months plus 150 days after the date of the below member consent.

The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue.

Adviser Service Fee declaration (to be completed by investor only)

To be completed by investors where an ASF is updated or a new ASF is commenced.

By signing below, I:

- understand that any ASF nominated will be deducted from my account balance and paid by OnePath Life to my financial adviser named in section 6
- understand that any ASF nominated will be deducted as directed by redeeming units from my investment and where it is payable as a percentage, I understand that it will be calculated on my total account balance
- confirm that any ASF nominated is solely for advice in relation to my interest in this investment only and not for any other purpose
- understand the ASF nominated is negotiable with my financial adviser and can be cancelled at any time
- understand my consent to pay the ongoing ASF to my adviser will cease on the consent end date
- understand I can withdraw my consent or vary the ongoing ASF arrangement at any time by notice in writing to my adviser or by contacting Customer Services
- understand that OnePath Life is required to obtain your specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.

Signature of investor 1 (sign clearly within box)

X

Date (dd/mm/yyyy) / /

Signature of investor 2 (if applicable) (sign clearly within box)

X

Date (dd/mm/yyyy) / /

Adviser Service Fee declaration (to be completed by financial advisers only)

To be completed by financial advisers where an ASF is updated or a new ASF is commenced.

- By signing below, I confirm and declare that:
- where an ASF is nominated it is solely for advice in relation to the investor's interest in this investment
- where an ASF is nominated it is not part of an early release scheme
- where an ASF is nominated it is reasonable and is commensurate with the type and scope of the advice being provided
- I have specifically drawn the applicant's attention to any ASFs nominated above and I have explained the implications and the effect of these fees for them.

Signature of financial adviser

X

Date (dd/mm/yyyy) / /

4. Declarations and signature(s)

By completing this form, I:

- acknowledge that I have read and understood the relevant disclosure document and any subsequent updates
- acknowledge that there is additional information about this product in the incorporated material which may assist me in making a decision about the payment of ASF to my financial adviser
- consent to the collection, use, storage and disclosure of my personal information (including sensitive information) as described in OnePaths' Privacy Policy which is available at onepathinsurance.com.au/about-us/privacy-policy.html, or can be obtained by calling Customer Services
- consent to OnePath Life, and its related companies using my personal information (including sensitive information) to send me information about their products or services from time to time. I also consent to OnePath Life disclosing my personal information (including sensitive information) to organisations, including those in an arrangement or alliance with OnePath Life or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Life, its related companies or alliance partners using and disclosing my information for this purpose, I understand and agree that I must phone 133 665 to withdraw my consent.
- authorise my financial adviser named in section 6 to receive and access my personal information for the purposes of managing my investment. Where there is any change relating to my financial adviser, I will notify you of the change in writing.

I declare that I have read this form and declare that the information completed on this form is true and accurate.

Signature of investor 1 (sign clearly within box)

X

Date (dd/mm/yyyy) / /

Signature of investor 2 (if applicable) (sign clearly within box)

X

Date (dd/mm/yyyy) / /

Financial adviser use only

5. ASF Cancellation

If you wish to cancel an ASF, please nominate below.

Cancel ongoing ASF

Cancel the ongoing ASF on this account

6. Financial adviser details

Master sales account no. Sales account no. (if applicable)

Seller code 2 (if applicable) Seller code 3 (if applicable)

Company name

Name of financial adviser

Phone Business Mobile

Fax

Email

Financial adviser stamp

