

Registration of Dealer Group Application Form

June 2019

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Adviser Payment Services

Phone 1800 222 066

Email APS@onepath.com.au

Address: GPO Box 5367, Sydney NSW 2001

Website onepath.com.au

This form is to be completed as part of the registration and set-up of a Dealer Group.

It is to be completed alongside the:

- copy of the Product Issuer Agreement (PIA);
- copy of Australian Financial Services Licence;
- copy of driver's licence or passport for the authorised representative who has signed the PIA;
- copy of a certificate of currency.

Please note:

- If you need to register a Financial Adviser, please include a Sales Account Number Application Form
- Please ensure all required documents (as specified above) are sent with this form to prevent delays.
- Please ensure all sections of the form are completed.

This form can be sent via email to APS@onepath.com.au or via post to GPO Box 5367, Sydney NSW 2001

1. Dealer Group Details

Please note:

Company name refers to the Dealer Group name as per ASIC registration. If this name is different to the trading name of the company, please provide only the ASIC name in this form.

Company Name

AFS Licence Number ABN - - -

2. Contact Details

Please note:

If any person/s need to be provided with online access to all Dealer Group accounts and information, please complete the registration at https://www.onepath.com.au/public/apps/reg/adviser_tc.asp?clear=y

Directors/Responsible Officer for AFS Licence

Name/s

Position

Name/s

Position

Business Address

Suburb/Town State Postcode

Postal Address

Suburb/Town State Postcode

Email Address

Phone Business Other

If additional contact persons need to be added, please complete the below

Name/s

Position

3. Banking Details

Please note: all payments will be made as direct transfers to the provided bank account

Account Name	<input type="text"/>																		
BSB Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Statements/Remuneration Details

Email address to send remuneration statement	<input type="text"/>											
Statement & Payment Frequency	Weekly or Monthly			Default Remuneration Type for Risk policies			Upfront, Hybrid, Stepped, Level					
	<input type="text"/>			<input type="text"/>			<input type="text"/>					

5. Professional Indemnity Insurance

OPL requires that you maintain Professional Indemnity Insurance that complies with ASIC's Regulatory Guide 126. This requires a minimum of \$2 million cover and must include specific cover terms relating to excess, reinstatement of cover, cover for authorised reps etc. Therefore please:

Confirm your cover complies with RG126 Yes No

6. Credit Checks

As part of the approval process of your application we will conduct a credit reference check which will be obtained from Veda Advantage.

7. Declaration

I am the Authorised and Responsible Officer of our AFSL and approve the set-up of the above Dealer Group. I understand OnePath Life Limited will not action this form until all the required details have been completed and relevant documents have been attached.

Name	<input type="text"/>																		
Position in Dealer Group	<input type="text"/>																		
Date (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>