

Nominated Adviser Form



St. George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Complete this form to add/change or remove an adviser on your current margin loan facility.

Section 1 Name of borrower(s) on the St.George Margin Lending Facility

Borrower(s)

Details

Borrower(s) Client Reference Number

Section 2 I/We request you to (please tick (✓) one)

Adviser Request

Add an adviser to my/our margin loan account

Change the adviser on my/our margin loan account

Remove the existing adviser from my/our margin loan account.

Section 3 (if any)

Existing Adviser

Details

Name of Adviser

AFS Licensee Name

AFS Licence No.

Dealer Group

Section 4

New Adviser

Details

Title

Surname

Given Name(s) in full

Adviser Company

AFS Licence No.

Dealer Group

ABN

Mailing Address

Suburb

State

Postcode

Phone Number

Fax Number

Mobile Phone Number

Email Address

Section 5 Would you like a copy of your margin lending statement sent to your adviser?

Statements



Yes

No

Section 6 Borrower

Authorised Signatory **Would you like your adviser to be your authorised signatory?**

By saying "Yes", you give your adviser the authority to act on your margin lending facility in all matters as if they were you (including but not limited to increasing the loan, buying and selling investments and changing your contact details, but excluding the receipt of margin calls on your behalf). Your nominated authorised signatory must be an Australian resident for tax purposes and reside in Australia. You must notify us in writing if you wish to revoke this authority at any time.

Margin Calls – As well as contacting the applicants, St.George Margin Lending may attempt to contact your financial adviser in the event of a margin call. Please ensure the contact details of your financial adviser are up to date at all times.



- Yes
(Your adviser must complete the rest of this section)
- No
(Skip to Section 7)

Adviser

Have you, the adviser, already provided St.George Margin Lending your Proof of Identity?



- Yes
(Skip to Section 7)
- No
(Please complete the below details)

Please provide a copy of the adviser's identification as per the Proof of Identity Requirements as stated below.

Date of Birth

 / /

Residential address – PO Box not accepted

Suburb

State

Postcode

Country

Proof of Identity Requirements

Select ONE valid option from this section only		
The identification provided must contain the individual's full name and either residential address (not PO Box) and/or date of birth	Australian State/Territory driver's licence containing a photograph of the person	<input type="checkbox"/>
	Australian passport (a passport that has expired within the preceding 2 years is acceptable)	<input type="checkbox"/>
	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person	<input type="checkbox"/>
	Foreign passport or similar travel document containing a photograph and the signature of the person*	<input type="checkbox"/>
*Documents that are written in a language other than English must be accompanied by an English translation prepared by an accredited translator.		
If you are unable to provide one of the forms of identification detailed above, please contact our Account Management Team on 1300 304 065 for further options.		

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Section 7 Declaration and Signing I/We authorise the person(s) identified as the New Adviser in Section 4 to act on my/our behalf in relation to the my/our margin lending facility.
I/We authorise the revocation and/or changes to my/our existing authorised signatory as identified in this form.

First Borrower
Print Full Name

Signature

Date
____ / ____ / ____

Second Borrower
Print Full Name

Signature

Date
____ / ____ / ____

Company Borrower or Company Trustee
In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.
Company Director
Print Full Name

Office Held

Signature

Date
____ / ____ / ____

Company Director/Secretary (if applicable)
Print Full Name

Office Held

Signature

Date
____ / ____ / ____

Adviser's Signature

Date
____ / ____ / ____

Adviser's Stamp (including AFS Licensee number)



Please send the completed form and photocopies of relevant required identification to:
St. George Margin Lending
Reply Paid 1467. Royal Exchange NSW 1224
or fax to 1300 179 540 (International 61 2 9995 8292)

Office Use Only

Actioned By	Date	Reviewed By	Date
_____	____ / ____ / ____	_____	____ / ____ / ____