AdviserNET login access request

Asgard

Please complete this form to setup or amend AdviserNET access.

Complete this form in **BLOCK LETTERS** and send it to us by either:

> Email: panoramaadviserregistration@btfinancialgroup.com
> Mail: GPO Box 2861 Adelaide SA 5001

Questions? Call us on 1300 784 207

Note: Please ensure any documents (containing personal information) attached within your email, are sent securely to us.

Options available can be found in the 'Data protection guide'.

Checklist

- ☐ Complete all relevant sections, sign and date this form.
- ☐ If you are applying/changing Office or Dealer access, please ensure the request has been signed by an authorised person.
- ☐ Attach copies for at least 2 forms of ID such as driver's Licence, passport and/or Medicare card (relevant to the individual under this application).

Privacy Statement and Consent Request

Privacy Statement

All personal information and credit-related information we collect about you is collected, used, and disclosed by us in accordance with our Privacy Statement which is available at bt.com.au/privacy/privacy-statement or by calling us.

Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your application.

Before you, or your agents provide your client's personal information to us, or you provide access to any of our products or services to your customers whereby we will collect or you will provide to us their personal information, you must make them aware:

> that you will be doing this;
> the contents of our Privacy Statement and any other relevant privacy notices; and
> that we will collect, use and share their personal information in accordance with our Privacy Statement and any other privacy notices we give you.

Where you provide us with another person's sensitive information (or sensitive information will be collected by or provided to us by you or your agents in relation to a customer's use of any of our products or services), you must first obtain their consent to sharing it with us and their consent to us collecting, using and disclosing their sensitive information in accordance with our Privacy Statement and any other relevant privacy notices.

Consent Request

By signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to us holding this information after it has been provided because we are required to retain a record of your personal information that is contained in your identification documents under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).

1. Your details

Title

Last name

Given name (first name, middle name)

Date of birth

Other names (if any)

Gender

☐ Male ☐ Female

Position held

AFSL number – mandatory

Business name

Business address – mandatory (PO Box not accepted)

State

Post code

Postal address (if different to the business address)

State Post code

Residential address – for ID reference only (as per your ID documentation)

State Post code

Email – mandatory

Phone (Business) – mandatory

Phone (Mobile) – mandatory

2. Setup new access

AFSL number (only relevant for adviser)

Do you currently hold an Asgard AdviserNET Login

☐ Yes, provide a current user name

☐ No, I am new to Asgard

Your AdviserNET access details

Preferred user name (up to 8 letters and/or digits – subject to availability e.g. john123)

Indicate the access you require and provide the relevant code below (you may select more than one option):

☐ **Adviser access**	Adviser Code (BA)	– B A – 0 1
☐ **Office access**	Office Code (BO)	– B O – 0 1
☐ **Dealer access**	Dealer Code (BD)	– B D – 0 1

Note:

- The relevant Adviser, Office or Dealer code must be completed
- Section 4 must be signed by the appropriate party.
  - **Adviser Access:** Will provide visibility of all clients under the provided adviser code.
  - **Office Access:** Will provide visibility of all advisers and their clients under the provided office code.
  - **Dealer Access:** Will provide visibility of all offices, advisers and their clients under the provided dealer code.

User access administration rights

Authority to modify/delete user access and settings: ☐ Yes ☐ No

Note: Where a user is granted access to modify/delete user access and settings, that user will be able to modify other users' transaction permissions and delete their access to AdviserNET.

User access permissions (Mandatory – Please select one option)

☐ **View only permissions**

☐ **View and edit permissions**

☐ **View, edit and submit permissions**

3. Amend/remove existing access

Complete the following sections to change or remove existing user's access.

Change of access level

Please change the following user(s) access level.

Full name	User name	Relevant code	Access required: Adviser(BA) Office (BO) Dealer (BD)	Authority to modify/ delete user access and settings	Authorised by (must be signed by relevant authority)	Full name of person authorising the request	Position of the authorised signatory
John Smith	john123	9999999 – BA – 01	Office (BO)	Yes	Signature	James Jones	Director
			-	-			
			-	-			
			-	-			

Remove user(s)

The following user(s) are no longer authorised. Please revoke their access.

Full name	User name	Relevant code
John Smith	john123	9999999 – BA – 01

Any users authorised to modify/delete user access and settings can remove users online via Home > Resources > System and settings > User access and settings.

4. Authorised signatory

Who can authorise this request?

> Adviser (BA) access – Adviser
> Office (BO) access – Managing Director or Office principal
> Dealer (BD) access – Managing Director

Signature

Signed date (ddmmyyyy)

Name of person authorising

Email address of person authorising

Position of person authorising

Note:

> If we do not have an identification document for the signatory which holds a signature, additional information may be requested.
> If we cannot verify the signature against the identification document we hold on file for the signatory, additional information may be requested.
> If we cannot verify the individual above as an authorised signatory additional information may be requested.

5. Identity verification

We will verify your identification information if you are new to Asgard, or have not previously been verified by us. If your identity has been successfully verified, you don't have to provide any ID documents.

Provide copies for at least 2 forms of ID of the documents below. Providing all 3 ID documents will increase your success rate of being verified. Select which documents you have attached with this form:

☐ Australian driver's licence (Front and back)
☐ Passport
☐ Medicare card Medicare card colour: ☐ Green ☐ Yellow ☐ Blue

Do you agree to electronic identity verification?

☐ **Yes**, I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems and services for the purposes of confirming my identity. I have also read and agree to the 'Electronic Identity Verification Terms'.

☐ **No**, I will provide certified copies of my ID documents, along with this form, to Panorama – GPO Box 2861, Adelaide SA 5001.

6. Your signature and consent

By signing this form:

> you are bound by the 'AdviserNET user agreement'. A copy of this agreement can be accessed via panoramaadviserregistration@btfinancialgroup.com and will be made available when you login to AdviserNET for the first time.

> I agree to the consents in the Privacy Statement and Consent Request section.

Signature

Signed date (ddmmyyyy)

DD / MM / YYYY

Terms and conditions

In signing this form, you are bound by the 'AdviserNET user agreement' and 'Electronic Identity Verification Terms'. These terms and conditions will be updated from time to time. Upon your first login you will receive a prompt to accept the most recent terms and conditions. These should be reviewed prior to accepting as they could have been amended since signing this form.

Anti-Money Laundering, Counter-Terrorism Financing and Sanctions obligations

We are bound by applicable laws about the prevention of money laundering and the financing of terrorism as well as sanctions obligations, including but not limited to the Australian Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF laws).

We are required to carry out procedures that verify you and your clients identity before providing services to you, and from time to time thereafter.

Data Protection

For secure data protection, Asgard recommends the use of Fileshare, a secure external file sharing solution that will provide an efficient way for you to send and receive sensitive information. Please contact us on 1300 784 207 to assist with this setup.

For security reasons, if any documents containing personal information are attached within your email, please ensure that these are password protected. Failure to do so is at your own risk as we're unable to assume responsibility for your security obligations.

Contact details:
Asgard Capital Management Ltd
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