Adviser code request

Asgard

Please complete this form to setup a new adviser code.

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'.
- Adviser code requests can only be made in the name of an authorised individual, not in the name of a business or company.

Checklist

- ☐ Complete all relevant sections, sign and date this form.
- ☐ Attach a copy of the Adviser Authorisation/AFS Licence (relevant to the individual under this application)
- ☐ 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).

Additional information required if you are transferring existing clients from a previous adviser code:

- ☐ Attach a copy of the transferring Dealer Group release letter or individual client authorities to transfer
- ☐ Attach the list of clients to be transferred (if transferring specific clients only).

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 (as per your ID documentation)

Title

Last name

Given name (first name, middle name)

Date of birth

Other names (if any)

Gender

☐ Male ☐ Female

Position held

AFSL number – mandatory

Authorised Representative Number – mandatory

Business trading 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

Receive direct marketing

☐ Yes ☐ No

2. Adviser, Dealer and Office codes

Do you currently hold an Asgard Adviser code?

☐ **Yes** provide a current code – BA – 01

☐ **No** I am new to Asgard

Do you have an existing Dealer or Office code that you want to link your new Adviser code?

☐ **Yes** ➡ Provide the Dealer and Office codes below

Dealer code: – BD – 01

Existing dealer name:

Office code: – BO – 01

ⓘ If an Office code is not provided, a new Office code will automatically be created under the existing Dealer code.

Existing office name:

If your office is applying for multiple Adviser codes, please provide office name below. This will ensure we link all the new Adviser codes to the same office.

Office name:

☐ **No** Complete and attach a **Dealer Application form**

ⓘ The Dealer Application form is available from our Business Development Manager or Contact Centre.

3. Transferring existing clients

Are you transferring any existing clients from an existing Adviser code?

☐ **Yes** Complete the Transfer details section below

Ensure you attach the release letter from the transferring Dealer group.

☐ **No** Proceed to section **4. Access to AdviserNET**

Transfer details

Indicate below the existing Adviser code and clients you wish to transfer.

Please attach with this form the release letter issued by the transferring Dealer Group who currently holds these clients. This may be completed by the Dealer's authorising Officer (Dealer Principal, State or Senior Manager) or Adviser. Alternatively, attach individually signed authorities to transfer.

Note:

> When transferring existing superannuation and pension clients to a new Dealer Group, the destination Dealer Group must be licensed to give superannuation advice.

> When transferring from a Dealer Group to a new Dealer Group they must be both under the same promoter.

Existing Adviser code ☐☐☐☐☐☐☐ – BA – 01

Existing Adviser name (as reflected on the BA code)

☐ Transfer all clients from the above existing Adviser code

OR

☐ Transfer only specific clients from the above existing Adviser code

Please attach the list of clients to be transferred from this Adviser code.

4. Access to AdviserNET

Do you require AdviserNET access?

☐ **Yes** Complete the User details section below

☐ **No** Proceed to section 5. Identity verification

User details

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

Indicate the access you require below (you may select more than one option):

☐ Adviser code access

OR

☐ Office code access

If you are applying for Office code access, you MUST have the Managing director or Office principal sign the authorisation below.

Authorised by

☐ Managing Director ☐ Office principal

Signature

Date

Name of person authorising

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

Signature

Date ☐☐/☐☐/☐☐☐☐

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
ABN 92 009 279 592 AFSL 240695
1300 784 207
GPO Box 2861, Adelaide, SA 5001

Asgard