

2. Your details

Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name (first name, middle name)	Date of birth		
<input type="text"/>	<input type="text"/>		
Other names (if any)	Gender		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Business name	<input type="text"/>		
Position held	AFSL number – mandatory		
<input type="text"/>	<input type="text"/>		
Authorised Representative Number – mandatory	<input type="text"/>		
Business address – mandatory (PO Box not accepted)	<input type="text"/>		
<input type="text"/>	State <input type="text"/>	Post code <input type="text"/>	
Postal address (if different to the business address)	<input type="text"/>		
<input type="text"/>	State <input type="text"/>	Post code <input type="text"/>	
Residential address – for ID reference only (as per your ID documentation)	<input type="text"/>		
<input type="text"/>	State <input type="text"/>	Post code <input type="text"/>	
Email – mandatory	<input type="text"/>		
Phone (Business) – mandatory	Phone (Mobile) – mandatory	Receive direct marketing	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. 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 Asgard – PO Box 7490, Cloisters Square WA 6850.

4. 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 onlineservices@asgard.com.au 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 our Customer Relations team on 1800 060 802 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.

AdviserNET login access request



Please complete this form to setup or amend AdviserNET access.

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

- email: onlineservices@asgard.com.au
- mail: ATTN: Online Services, PO Box 7490, Cloisters Square WA, 6850

Questions? Call Online Services on 1800 060 802

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 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 can be obtained asgard.com.au/privacy 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.

Where your personal information is disclosed to CCSL Limited, it will be held under the Diversa Privacy Policy. The Diversa Privacy Policy may be obtained from Diversa's website on diversa.com.au.

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 copies of identification documents under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).

1. Your details

Title	Last name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name (first name, middle name)	Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names (if any)	Gender		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Position held	AFSL number – mandatory		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business trading name			
<input type="text"/>			



Business address – mandatory (PO Box not accepted)

Form with 24 address boxes, State (3 boxes), and Post code (4 boxes).

Postal address (if different to the business address)

Form with 24 address boxes, State (3 boxes), and Post code (4 boxes).

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

Form with 24 address boxes, State (3 boxes), and Post code (4 boxes).

Email – mandatory

Form with 24 email address boxes.

Phone (Business) – mandatory

Form with 12 business phone number boxes.

Phone (Mobile) – mandatory

Form with 12 mobile phone number boxes.

2. Setup new access

Do you currently hold an AdviserNET Login?

Form with two options: Yes (provide current user name) and No (am new to AdviserNET).

Please complete the following sections and confirm the level of access required.

Who can authorise the request?

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

Your AdviserNET access details

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

Form with 8 user name boxes.

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

Form with three options: Adviser access (BA), Office access (BO), and Dealer access (BD), each with a 7-digit code field.

Access to modify/delete user access and settings? Yes No

If you are applying for Office or Dealer access, Section 4 must be signed by the appropriate party.

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

- 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 permissions (Mandatory – Please select one option)

Form with three permission options: View only, View and edit, and View, edit and submit.



3. Amend/remove existing access

Complete the following sections to change or remove existing 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

i 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 – required if applying for Office or Dealer access

i Who can authorise the request?

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

Signature

Date

||

Name of person authorising

Email address of person authorising

Position of person authorising

i Note: If we do not have a signature of the authorised person on file additional information may be requested.

i 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.

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Contact details: Asgard Capital Management Ltd
ABN 92 009 279 592 AFSL 240695
Online Services 1800 060 802
LifeFocus – PO Box 7490, Cloisters Square, 6850



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