# Adviser code request

**Complete these forms in block letters and mail it to:**
GPO Box 2861, Adelaide SA 5001

**Questions?** Call us on 1300 784 207 or email panoramaadviserregistration@btfinancialgroup.com

**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'.

## 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.

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 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. Adviser code request

**Do you currently hold an Adviser code?**

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

☐ No I apply for an adviser code to be established under my name.

Please attach copies for at least 2 forms of ID such as driver's licence, passport and/or Medicare card to this application. Once your adviser code has been established Dealer Services will notify you and send you a welcome email with your new adviser code.

**Complete your existing Dealer code (BD) and Dealer name below.**

Dealer code ☐☐☐☐☐☐☐☐ – BD – 01

Dealer name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## 2. Your details

Title

Last name

Given name (first name, middle name)

Date of birth

Other names (if any)

Gender

☐ Male ☐ Female

Business name

Position held

AFSL number – mandatory

Authorised Representative Number – mandatory

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

## 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 Panorama – GPO Box 2861, Adelaide SA 5001.

## 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 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

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## 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.

# 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: 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 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).

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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 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 trading name

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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

**Do you currently hold an AdviserNET Login?**

☐ **Yes** provide a current user name

☐ **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)

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

☐ Adviser access Adviser Code (BA) – BA – 01

☐ Office access Office Code (BO – BO – 01

☐ Dealer access Dealer Code (BD) – BD – 01

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)

☐ View only permissions
☐ View and edit permissions
☐ View, edit and submit permissions

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## 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 |
| | | |
| | | |
| | | |

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

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## 4. Authorised signatory – required if applying for Office or Dealer access

**Who can authorise the request?**
Adviser (BA) access – Adviser
Office (BO) access – Managing Director or Office principal
Dealer (BD) access – Managing Director

Signature

Date
D D / M M / Y Y Y Y

Name of person authorising

Email address of person authorising

Position of person authorising

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

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.

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## 6. Your signature and consent

By signing this form:

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

Signature

Date

DD / MM / YYYY

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