

Licensee registration

Complete this form if you are a AFS Licensee and you want to set up or change your licensee details with smartMonday to enable you to write business in smartMonday products.

IMPORTANT: To appoint an authorised representative of your licensee to advise on a smartMonday account, the financial adviser will need to complete the relevant *Application* form (when setting up a new account) or complete an *Authority to advise* form available at smartmonday.com.au.

Checklist

Check these items off before submitting your form. If you have any questions, please contact your smartMonday relationship manager.

Attach a letter, on your licensee's company letterhead, that lists the authorised representative/s that may be appointed to provide financial advice to smartMonday members. We may also accept this information in the form of an email from your licensee.

Attach a copy of your Professional Indemnity Insurance Policy to this completed form.

Retain a copy of this completed form for your records.

Return your completed form to your smartMonday representative.

Purpose of this form?

Tick one box:

Register a new licensee with smartMonday

Change the details of an existing licensee

Licensee details

IMPORTANT: A letter is required from the licensee authorising the adviser to act on their behalf. This letter must be provided on licensee's letterhead or in the form of an email from the licensee.

AFSL Licensee name

AFSL number

Licensee ABN

Licensee email

Licensee phone

Primary contact name at licensee

Position title of primary contact

Primary contact (email)

Primary contact (phone)

Account name

Licensee banking details

For payment of advice fees. These fees must be paid to the licensee bank account.

BSB number

Account number

Name of financial institution

Send your completed form back to your smartMonday relationship manager.



Licensee - Declaration and Signature/s

Must be signed by two Directors, or a Director and Company Secretary, or a Sole Director (for a sole proprietary company).

I/We declare and agree:

- > the details provided in this form and any attachments accompanying this form are true and correct
- > the copy of Professional Indemnity Insurance Policy is current at the time of this application
- > that the receipt of advice fees from smartMonday (as specified in the smartMonday PDS) will not be paid to an Authorised Representative of the Licensee company unless those fees are solely to pay for advice services relating to the member's smartMonday account/s.

Signature 1

Signature 2

Print name

Print name

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

Corporate title

Corporate title

Director

Sole Director

Director

Company Secretary

smartMonday relationship manager to complete

smartMonday relationship manager name

smartMonday relationship manager phone

smartMonday relationship manager email

Due diligence checklist:

Licensee letter received, verified, and attached with this form?

Professional indemnity insurance policy attached?

List of authorised reps received and attached with this form?

smartMonday relationship manager signature

Date (DD/MM/YYYY)