

Use this form to provide InvestSMART with instructions for altering a third party authority.

Please complete this form electronically or by pen, using CAPITAL letters and placing a cross in any applicable boxes.

1. ADD, CHANGE OR REMOVE A THIRD PARTY

Please indicate which action you wish to undertake

Add a new third party authority

Change an existing third party authority

Remove third party authority

2. AUTHORISED ACCOUNT NUMBER(S)

List the account number which you authorise the third party to access or which your third party can access.
All accounts listed must have the same account holders.

3. PROVIDE SIGNATORY INFORMATION

Please include all account holders

Company name (if applicable)

Surname

Surname

Surname

Surname

Given name(s)

Given name(s)

Given name(s)

Given name(s)

4. NEW OR EXISTING THIRD PARTY DETAILS

Representative(s) name

Company

Contact email

Contact phone number

Expiration date of Third-Party Authority (if required)

5. ACCESS FOR AUTHORISED THIRD PARTY

The third party is a representative of the account holder, as such the account holder is responsible for the actions and decisions they carry out with respect to your account. You can revoke this at any time by contacting us.

Enquiry access – Third party can request statements, enquire about balances and transactions.

Data feeds access – Third party can request and setup data feed access.

Other – Please specify below

Additional requirements (if any)

6. DECLARATIONS

By signing this Third Party Authority Form, I am making the following statements.

I:

- authorise InvestSMART to provide the Authorised Representative nominated in section 4 with details of my account(s) as listed in section 2 and 3;
- understand that this authority does not allow the Authorised Representative to change my details or carry out any transaction on my behalf;
- acknowledge that InvestSMART is not responsible for any loss or liabilities that may result from InvestSMART providing information to my Authorised Representative;
- agree to my information being used in accordance with InvestSMART's Privacy Policy;
- acknowledge that I can revoke this Authority at any time by writing to InvestSMART.

Full name of Account Holder 1

Full name of Account Holder 2 (if applicable)

Signature

Date

Signature

Date

Please complete, scan and email to invest@investsmart.com.au or alternatively complete and mail to

InvestSMART Financial Services Pty Ltd, PO Box 744, QVB, NSW, 1230

If you need assistance with this form, please contact InvestSMART Financial Services

invest@investsmart.com.au | 1300 880 160