

## **Westpac Margin Lending Nominated Financial Adviser**

Complete this form to add/change or remove a financial adviser on your Westpac Margin Loan facility.

## **Questions?**

If you have any questions regarding completing this form, please call us on 1800 816 222. Phone lines are available Mon - Fri from 8.30am - 5.30pm (Sydney time).

## **Privacy Statement - Financial Adviser**

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Third Party Privacy Notice which is available at <a href="westpac.com.au/privacy/supplementary-notices/third-party-notices/">westpac.com.au/privacy/supplementary-notices/third-party-notices/</a>. Our Third Party Privacy Notice 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 or request.

| 1. Borrower's details   |  |
|---|--|
| Borrower's name's   |  |
|   |  |
| Borrower's Client Code  |  |
|   |  |
| 2. Financial Adviser request  |  |
| I/We request to: (please tick ✔ one option below)   |  |
| Add a financial adviser to my/our Westpac Margin Loan ac  | ccount. Please complete Sections 4 and 5 of this form.   |
| Change the financial adviser on my/our Westpac Margin L   | oan account. Please complete Sections 3 to 5.            |
| Remove the existing financial adviser from my/our Westpa financial adviser. Complete Sections 3 and 5 only. | ac Margin Loan account. I/We do not want to assign a new |
| 3. Existing Financial Adviser details   |  |
| Name of Financial Adviser   |  |
|   |  |
| AFSL No.  | Dealer Group   |
|   |  |



| 4. New Financial Adviser details (complete this section with your Financial Adviser) |                                      |                 |   |
|--|--------------------------------------|-----------------|---|
| Title: Mr Mrs  | Miss Ms Other                        |                 |   |
| Given name(s) (include firs  | t and middle names)                  |                 |   |
|  |                                      |                 |   |
| Surname  |                                      |                 |   |
|  |                                      |                 |   |
| Name of Dealer Group   |                                      |                 |   |
|  |                                      |                 |   |
| Financial Adviser's Compar   | ny name <i>(if applicable)</i>       |                 |   |
|  |                                      |                 |   |
| AFSL No.   | ABN                                  |                 | Margin Lending Adviser No. (if applicable)  |
|  |                                      |                 |   |
| Adviser mailing address  |                                      |                 |   |
|  |                                      |                 |   |
|  |                                      |                 |   |
| Adviser email address*   |                                      |                 |   |
|  |                                      |                 |   |
| *We may elect to email cor   | respondence to you                   |                 |   |
| Work phone number  |                                      | Mobile phone nu | mber  |
| ( )  |                                      |                 |   |
|  | ility or, in relation to a managed i |                 | tement and to receive or access information rovide us with instructions in relation to that |



## 5. Signing section

By signing this form, I/we agree that:

• I/We authorise the person identified as the New Adviser in Section 4 to act on my/our behalf in relation to my/our margin lending facility.

For company or company trustee borrowers, either two directors, or one director and the secretary OR the sole director and the secretary must sign. Indicate your company capacity by marking the appropriate box below your signature.

| Signature of <b>Financial Adviser</b> (Not required where you are removing an existing financial    |                                      |
|---|--------------------------------------|
| adviser and not appointing a new one)   | Date                                 |
| ×   | / /                                  |
| Full name of <b>Financial Adviser</b> (Not required where you are removing an existing financial ad | lviser and not appointing a new one) |
| Signature of <b>Borrower 1</b>  | Date                                 |
| X   |                                      |
| Full name of <b>Borrower 1</b>  |                                      |
|   |                                      |
| ☐ Director ☐ Sole Director and Secretary  |                                      |
| Signature of <b>Borrower 2</b>  | Date                                 |
| X   | / /                                  |
| Full name of Borrower 2   |                                      |
|   |                                      |
| ☐ Director ☐ Company Secretary  |                                      |
| Financial adviser stamp (including AFSL number)   |                                      |
|   |                                      |
|   |                                      |
|   |                                      |
| You can submit this form by:  |                                      |
| Mastras Margin Londing  |                                      |

- ♠ Westpac Margin Lending GPO Box 3917, Sydney NSW 2001
- ✓ mltransact@westpac.com.au

