

Appoint or change your adviser for your employer plan

A09



right by your side

Use this form to appoint, change or remove the adviser you have nominated for your Brighter Super employer plan.

If you wish to appoint, change or remove the adviser for your member account, complete our *Appoint or change your adviser* form.

Employer's details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.

Employer number	Company name		
Contact name		ABN	
Email		Phone number	
Business address			
Suburb/town		State	Postcode

1 What would you like to do?

Please tick (✓) the box and indicate your choice(s) below.

- I would like to remove the adviser nominated on my employer plan (section 2).
- I would like to appoint or change the adviser nominated on my employer plan (section 3).

2 Remove your previous adviser

Complete this section if you want to remove or replace the adviser nominated on your employer plan.

Adviser details

Brighter Super Adviser ID	Adviser's full name
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3 Nominate your new Adviser

Complete this section if you want to nominate a new adviser on your employer plan.

[Ask your adviser to complete the adviser details on the following page](#)

Adviser's Details

Adviser's name	Brighter Super Adviser ID		
ASIC¹ authorised representative number	AFS² Licence number		
Practice name			
AFS² Licensee name			
Phone	Mobile		
Email			
Company address			
Suburb/town	State	Postcode	

¹ Australian Securities & Investments Commission ² Australian Financial Services

4 Adviser declaration (required if section 3 has been completed)

I declare that,

- The information provided on this form is true and correct and I am an authorised representative of the AFS Licensee nominated on this form.
- This form will only be accepted if the AFS Licensee has entered into an arrangement with the Trustee, and nominated me as and their authorised representative under that arrangement.
- Any financial advice I have provided (or will provide) under this authorisation will be consistent with the arrangement in place between myself and/or my AFS Licensee and Brighter Super.
- I will advise Brighter Super as soon as is reasonably practicable, and within the time required by Law, if this arrangement, and/or any arrangement to pay an advice fee pursuant to this arrangement from a Brighter Super account, is cancelled.

Signature	Date signed / /
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Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

5 Employer declaration

By signing this form I/we acknowledge, confirm and/or declare that:

- I/we am authorised to complete this request on behalf of the employer and confirm that the information provided on this form is true and correct.
- The employer appoints the adviser nominated in section 3 as the adviser for their Brighter Super employer plan.
- The employer requests Brighter Super cancel any existing authorisation for the adviser nominated in section 2 to act as the employer's adviser and revokes any authority for them to obtain information about the employer plan or plan member(s).

Representative 1	Position
Signature	Date signed / /
Representative 2	Position
Signature	Date signed / /

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