

# Adviser Service Fees - Ongoing Fee Arrangements

## Wholesale Client Status Declaration

### Guide to completing this form

- This form is to be completed by financial advisers who want to confirm the wholesale status of clients for the purpose of establishing ongoing advice fee arrangements.
- Ongoing fee arrangements can be updated using the Advice Fees Form.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

## 1. Financial adviser details

Given name(s)

Surname

Generation Life Adviser code

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AFS Licensee name

AFS Licensee number

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Phone number

Mobile phone number

Email address

## 2. Investor details

Account number 1

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Account name 1

Account number 2

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Account name 2

## 5. Adviser declaration of wholesale client status and signatures

Where ongoing advice fee arrangements have been agreed with my client(s) as the investor(s) I confirm that:

- I will be providing personal advice to my client(s) and have entered into an ongoing fee arrangement for a period of more than 12 months,
- the client(s) is/are not a retail client(s) as defined under Section 9 of the Corporations Act 2001 ('Retail Client') and is/are a Wholesale, Professional or Sophisticated client(s) and that the abovementioned account(s) is/are not used in connection with a business,
- I can demonstrate that the client(s) is/are not a Retail Client and will provide sufficient information to Generation Life on request to substantiate this,
- I will promptly notify Generation Life if any client associated with the abovementioned account(s) becomes a Retail Client and ceases to be a Wholesale, Professional or Sophisticated client,
- I release Generation Life Limited and its directors, employees and associates (each, an Indemnified Person) from, and indemnify each Indemnified Person against, any claim, loss or liability incurred by an Indemnified Person in connection with or arising from Generation Life's reliance on this declaration,
- I warrant that the information provided in this declaration is true and correct.

### Signature of financial adviser

Financial adviser name (please print)

Signature

Date (dd/mm/yyyy)

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### You can submit this form by:

Email: enquiry@genlife.com.au

Mail: GPO Box 263, Collins Street West, Melbourne VIC 8007