## Third party authority for personal representatives



In this form references to 'I', 'me' and 'my' include individual investors, joint investors and corporate investors.

Complete this form to authorise a family member or other representative of a personal nature ("Third Party") as a Third Party Personal Representative who can seek information from Netwealth about your account. The Third Party will not be able to transact on your account or provide instructions to Netwealth on your behalf.

This form cannot be used to authorise third be authorised via the Netwealth website.	d parties of a professional nature e.g. your financial adviser, lawyer or accountant. Professional third parties must
	ure documents for the product in which your account is held as there may have been changes to the terms and n. The current disclosure documents are available on our website.
Step 1. Provide client details	
Client name	
Client number	
Account number(s) <sup>1</sup>	
Tick this box to authorise the Third P	Party nominated in Step 2 to have access to information on all accounts you hold with Netwealth.
<sup>1</sup> The Third Party will only have access to information on	n the listed account/s if access to all accounts is not selected.
Step 2. Nominate a Third Party Persona	al Representative
Name of Third Party	
Relationship to client	Power of Attorney Legal Guardian Spouse/Partner
	Other family member (specify relationship below)
Is the Third Party a Netwealth client?	Yes No
If yes, please provide Netwealth details	Client number Account number
Residential address	
Suburb/town	
State	Postcode Country (if not Australia)
Contact Phone	Home ( ) Work ( ) )
Mobile	
Fmail	

(Optional) If you wish to limit the term of this a	uthority, please enter an expiry	/ date below. If left blank or if a	a valid date is not provided, t	this authority will
remain valid until revoked.				

M M	/
M M	

If you wish to nominate an additional Third Party Personal Representative, please copy this page.

## Step 4. Read and sign this client declaration

By submitting this instruction, I represent to Netwealth that all the details in this form are true and correct and I declare that:

- 1. I have received, read and understood and agree to be bound by the terms and conditions set out in the relevant disclosure documents that are current as at the date I sign this form for the product or products to which this appointment relates;
- 2. I authorise Netwealth to provide information about my Netwealth account/s to the Third Party nominated in Step 2;

For **Netwealth Superannuation Master Fund** accounts this form is to be signed by the member.

- 3. I acknowledge that Netwealth is not responsible for any loss and/or liabilities which may result from Netwealth providing information about my Netwealth account/s to the Third Party, except where, and to the extent, any such loss or liabilities were directly caused by Netwealth's negligence, fraud or wilful misconduct; and
- 4. I authorise Netwealth to disclose to my Financial Adviser (if applicable) information regarding this transaction and/or my investments held through the relevant accounts.

Member full name																												
Signature														Da	ate	D	D	/	M	M	/	Υ	Υ					
For Wrap Services accounts this f	orm is to be sign	signed by signatories to the account.																										
Account signatory one full name																												
Position/title			ndivi	dual					Di	rect	or					So	le d	e director & sole company secretary										
			Other	-																								
Signature																			Da	ate	D	D	/	M	M	/ [	Υ	Υ
Account signatory two (if applica	ble)																											
Position/title		Individual Director Com									omp	pany secretary																
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It is recommended that you retain							-		•																			
Step 5. Once completed pleas	e send to us																											
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For more information: 📮	netwealth.con	ı.au			180	1800 888 223								ည်	7	You	r ad	vise	r									