



Register for MyMoney (use a separate form for each Fund manager/insurance company)

You can retrieve your money paid on commissions. Have them paid monthly to your bank account.

Please return this form to **MyMoney PO Box 4643, Melbourne, VIC, 3001** or Fax: **(03) 9005 4989**

For any questions regarding this form please contact the MyMoney Hotline on **1300 655 143**

1. Applicant Details (* = Required)			
Title* :		Date of birth* :	
Given name(s)* :		Surname/Company Name* :	
Address* :		City/Suburb* :	
State* :		Postcode* :	
Contact Number* :		Mobile :	
Email address* :			
2. Payment Details for direct transfer to your bank account (* = Required)			
Account Name* :		BSB* :	
		Account No* :	
3. Where did you hear about MyMoney			
Referred By :			
Promotion Code :			
4. Details of Existing Investments/Insurances (Use a separate form for each Fund manager/ Insurer)			
Fund manager / Insurer Name :			
Name of Owner (s)	Name of Product/Policy	Investment/Policy Number	Approx Value \$
5. Declaration for MyMoney (* = Documents and terms available from www.mymoney.com.au)			
I Declare that: (* Available on the MyMoney web site www.mymoney.com.au)			
I/we have read, and agree to the Terms and Conditions* and have read the Financial Services Guide *			
I/we consent to such use and disclosure of my/our personal information as set out in the Privacy Statement *			
I/we acknowledge that commissions will only be allocated once the servicing and commission rights have been transferred to MyMoney and will be paid to the holder of the MyMoney account.			
6. Authorisation to Financial Services Product Provider			
I authorise the company nominated above to change my existing Financial Adviser (if any) to MyMoney Australia Pty Ltd and understand the following consequences of my decision to change Financial Adviser:			
<ul style="list-style-type: none"> • My existing Financial Adviser (if any) will no longer be remunerated for advising me in relation to this account(s); • Any fee rebates and/or any Adviser Service Fee agreed with my existing Financial Adviser will be cancelled; • My new Financial Adviser will receive remuneration in relation to this account(s); • My new Financial Adviser will have access to my information. 			

Signatures:

Print Name		Print Name	
Signature		Signature	
Date		Date	

