

Living Super Dealer Group accreditation form



Dealer Group details

Company name

Trading name or name of trust (if applicable)

Primary contact details

Contact name

Business phone number

Mobile number

Contact email address

Registered business address (PO Box not acceptable)

Unit/Shop number

Street number

Street name

Suburb

State

Postcode

Mailing address

Unit/Shop number

Street number

Street name

Suburb

State

Postcode

Details of Bank account

Account name

Name of Financial Institution

BSB number

Account number

Details of your Business

ACN

ABN

Are you registered for GST? Yes No

Select your business type:

 Sole Trader Partnership Company

Other
(please specify)

How long has your business been in operation?

 Years Months

How long has your business operated from the present address?

 Years Months

How many staff and/or Authorised Representatives does your business have?

How many Authorised Representatives do you require to be accredited with Living Super?

Besides financial advice, what other business activities are you engaged in?



Dealer Group compliance details

Australian Financial Licence (AFSL details)

Name of AFSL holder

AFSL number of licence holder

AFSL Product Advice Authorisation—(Please advise as per the Dealer Group AFSL)

Dealer Group contact security question: Secret question (e.g. What is my mother's maiden name?)

Answer

Professional indemnity insurance

Please provide Professional Indemnity Insurance Details (please attach a copy of your PI schedule) Note: A copy of the policy including the renewal certificate must be provided each year.

Limit of Liability: Per claim \$

In aggregate \$

Name of insurer

Policy number

Expiry date (DD/MM/YY)

Director details (Please list all directors)

Director 1

First name

Surname

Contact number

Nationality

Country of birth

Date of birth (DD/MM/YYYY)

Residential address

Street number

Street name

Suburb

State

Postcode

Are you a discharged bankrupt?

Yes

No

Have you been banned or suspended by a Financial Services Regulator?

Yes

No

Have you previously claimed on Professional Indemnity Insurance?

Yes

No

Director 2

First name

Surname

Contact number

Nationality

Country of birth

Date of birth (DD/MM/YYYY)

Residential address

Street number

Street name

Suburb

State

Postcode

Are you a discharged bankrupt?

Yes

No

Have you been banned or suspended by a Financial Services Regulator?

Yes

No

Have you previously claimed on Professional Indemnity Insurance?

Yes

No

Director 3

First name

Surname

Contact number

Nationality

Country of birth

Date of birth (DD/MM/YYYY)

Residential address

Street number

Street name

Suburb

State

Postcode

Are you a discharged bankrupt?

Yes

No

Have you been banned or suspended by a Financial Services Regulator?

Yes

No

Have you previously claimed on Professional Indemnity Insurance?

Yes

No



Director 4

First name Surname Contact number

Nationality Country of birth Date of birth (DD/MM/YYYY) //

Residential address

Street number Street name Suburb State Postcode

Are you a discharged bankrupt? Yes No
 Have you been banned or suspended by a Financial Services Regulator? Yes No
 Have you previously claimed on Professional Indemnity Insurance? Yes No

Control and ownership

Excluding the people already named on this form are there any other individuals who own or have direct control of the business?

- Ownership (directly or indirectly)—ultimately owns 25% or more of the business
- Control—determines key financial/operating decisions about the business

Note for Trusts: include details of appointer/custodian/principal/protector/guardian (if applicable)

Yes No

Person 1

First name Surname Contact number

Nationality Country of birth Date of birth (DD/MM/YYYY) //

Residential address

Street number Street name Suburb State Postcode

Are you a discharged bankrupt? Yes No
 Have you been banned or suspended by a Financial Services Regulator? Yes No
 Have you previously claimed on Professional Indemnity Insurance? Yes No

Person 2

First name Surname Contact number

Nationality Country of birth Date of birth (DD/MM/YYYY) //

Residential address

Street number Street name Suburb State Postcode

Are you a discharged bankrupt? Yes No
 Have you been banned or suspended by a Financial Services Regulator? Yes No
 Have you previously claimed on Professional Indemnity Insurance? Yes No



Declaration—Director(s) to read and sign below

By signing the below, I/we:

- declare that the information (including personal information) and security details provided above are true and correct and I/we authorise the Trustee to verify this information;
- acknowledge that the Living Super Privacy Policy is available to us [here](#), or on request before providing any personal information in this form and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purposes set out in the Privacy Policy;
- agree to ensure that all authorised representatives and employees (Representatives) also comply with the relevant terms of the Distribution Agreement (including procuring that each of our Representatives hold all appropriate licences, authorisations, permits and approvals for the Dealer Group to perform its obligations under the Distribution Agreement), Product Disclosure Statement, Product Guide and any other guide, policy of code provided by the Trustee from time to time.

Name of Director

Signature of Director

Date (DD/MM/YY)

Name of Director

Signature of Director

Date (DD/MM/YY)

Name of Director

Signature of Director

Date (DD/MM/YY)

What to do when you have completed this form

To ensure the Trustee process your accreditation without any delay take some time to go through the checklist below:

Have you completed all sections of the form in full?

Yes No

Have 2 original signed copies of the Distribution Agreement been provided?

Yes No

Is a copy of your Professional Indemnity Insurance attached?

Yes No

Have you attached certified copies of Drivers Licence OR Passport for all Directors and all persons named in the control and ownership section of the form including any representative who has signed the Deed on your behalf?

Yes No

Once the form has been fully completed please post the original signed form to:

Living Super
Reply Paid 93910
Melbourne VIC 3001

Privacy Statements and Privacy Policy

Privacy Policy for Living Super

Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235153 RSE L0000635) (Diversa/the Trustee), the trustee of Living Super, a sub-plan of OneSuper (ABN 43 905 581 638) is committed to ensuring the confidentiality and security of your personal information. Diversa collects and handles your personal information in accordance with its legal obligations, including those under the Privacy Act 1998 (Cth). Diversa uses personal information in this form to confirm that you are authorised and appropriate to be accredited to advise or deal in Diversa's products and use its online advice tools. To find out more about how Diversa handles your personal information, how you can access or seek to correct personal information about you held by Diversa, and Diversa's privacy complaints process, you can review the Living Super Privacy Policy [here](#), or request a copy by either calling or writing to us.

How to contact us

If you have any further questions about Living Super privacy, please contact us by:

- calling: 133 464
- emailing: livingsuper@onesuper.com.au
- writing to: Living Super Privacy Officer
Reply Paid 93910
MELBOURNE VIC 3001

The Living Super [Privacy Policy](#) may be updated from time to time as the Trustee strives to improve the standard of service provided to you.

For the curious: This information was prepared and sent on behalf of Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635 (Diversa, the Trustee, we, our and us), the Trustee of Living Super, a sub-plan of OneSuper ABN 43 905 581 638 (Fund) and the issuer of interests in the Fund. Living Super is a product issued out of the Fund. Insurance cover offered by the Fund is provided by MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096. The information contained above is general advice only and has been prepared without taking account of your objectives, financial situation or needs. Consider your personal circumstances, the appropriateness of the product and read the Product Disclosure Statement, Product Guide and Financial Service Guide before making any decision to acquire or continue to hold the product. These documents together with the relevant Target Market Determinations are available at ing.com.au. You may also decide to seek independent financial advice before making a decision about the product. ING is a business name of ING Bank (Australia) Limited ABN 24 000 893 292, AFSL 229823 and is the sponsor of Living Super. An investment in Living Super is neither a deposit nor liability of ING Bank (Australia) Limited or any of its related corporations and none of them stands behind or guarantees the Fund.

