

Member grouping request for family fee aggregation

3. CONSENT OF EXISTING MEMBERS TO ADDITION OF NEW MEMBER

(1)
Member number Member name

X / /
Signature of member Date

(2)
Member number Member name

X / /
Signature of member Date

(3)
Member number Member name

X / /
Signature of member Date

(4)
Member number Member name

X / /
Signature of member Date

4. ADVISER SIGNATURE

I declare that the members nominated for family fee aggregation qualify as:

- members of the same immediate family, including grandchildren
- companies, family trusts and super funds, provided directors/beneficiaries are members of the same immediate family.

Each member account meets the minimum balance.

Adviser name Adviser number

X / /
Adviser signature Date

PRIVACY: USE AND DISCLOSURE OF PERSONAL INFORMATION

Information supplied will only be used to assess your investor grouping request for family fee aggregation purposes. Our policy on privacy is available from www.axa.com.au or by calling us on 1800 622 772.