

# Deduct a financial advice fee from my account



## IMPORTANT INFORMATION

Use this form to authorise the payment of advice fees related to the superannuation or pension assets in your CareSuper account.

You must have an account balance of at least \$3,500 to be eligible to pay for financial advice from your account. You can apply to deduct up to \$1,500 (including GST) in any financial year.

Complete this form with your financial planner and provide all supporting documents with this form. If any required items are not provided, your request cannot be approved.

For more information about deducting an advice fee from your super or pension account, please see [caresuper.com.au/advice](https://caresuper.com.au/advice)

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

## 1. YOUR PERSONAL DETAILS

Member account number (if known) \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_

Surname \_\_\_\_\_ Title \_\_\_\_\_

Given names \_\_\_\_\_

Residential address (required) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Email \_\_\_\_\_



**NOTE:** You should complete this form with your financial planner.

Your planner is required to complete sections 2, 3, 4 and 8 of this form.

## 2. FINANCIAL PLANNER'S DETAILS (PLANNER TO COMPLETE)

Financial planner's full name \_\_\_\_\_

Business name \_\_\_\_\_

Planner's Australian Business Number (ABN) \_\_\_\_\_ Contact telephone number \_\_\_\_\_

Business address (PO Box/Unit number/Street number/Street name) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Licensee name \_\_\_\_\_

Licensee AFSL number \_\_\_\_\_ ASIC Financial Adviser Registration number \_\_\_\_\_

### 3. FINANCIAL PLANNER'S BANK DETAILS

CareSuper will pay the advice fee to an Australian bank account in your financial planning business name. Fees can only be paid by electronic funds transfer (EFT).

Bank name/financial institution

Account name

BSB

Account number

### 4. RETIREMENT ADEQUACY CHECK

- I confirm I've attached a copy of the tax invoice (see info at right on tax invoices)  Yes
- I confirm I've provided a Statement of Advice (SOA) to the member  Yes
- I am an authorised representative of Industry Funds Services Limited (IFS)  Yes  No

1. Complete the following questions to assess the impact of the fee deduction on the member's super or pension account balance.

a) How will the fee deduction impact retirement adequacy and how was this addressed?

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b) What value is the member receiving for the advice?

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2. Complete the following table to calculate the total amount that can be deducted from the member's super or pension account to pay for financial advice.

| Advice fee  | Calculation |
|---|-------------|
| a) Total advice fee:  | \$          |
| b) Percentage of advice relating to super:  | %           |
| c) Amount of advice fee relating to super (a x b):  | \$          |
| d) Percentage of super-related advice attributed to the CareSuper member that the fee is being attributed to: | %           |
| e) Amount of advice fee attributed to that member (c x d):  | \$          |
| f) Percentage of advice fee attributed to CareSuper accounts:   | %           |
| g) Amount of advice fee able to be deducted from the member's CareSuper account(s):                           | \$          |

### 5. ADVICE FEE DETAILS

You can request to deduct a maximum amount of \$1,500 (including GST) to pay for super-related advice from your CareSuper account in any financial year. You must complete a new form and provide certified identification for each request.

The fee will be deducted proportionately across your investment options within 3 business days of the request being approved. If you're invested in the Direct Investment option, the fee will be deducted proportionately from your other investment options.

Advice fee to be deducted:

\$ \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_ (including GST)



Your responses to questions 1 a and b must align to the Statement of Advice.

The tax invoice must:

- Match the amount of advice fee able to be deducted from the member's CareSuper account(s), as calculated in section 4, question 2g
- Be on the financial planning business letterhead
- Specify the member's details
- Be addressed to CareSuper.

## 6. PROOF OF IDENTIFICATION

For security reasons, you must provide certified copies of identification documents with this form. Your name must be the same as shown on your proof of identity, or additional change of name documentation must also be provided.

I have included a certified copy of **one** primary photographic identification document:

- Driver licence
- Passport

**OR**

One primary non-photographic identification document:

- Birth certificate
- Citizenship certificate
- Centrelink pension card

**AND**

One secondary identification document:

- Centrelink payment letter
- Government or local council payment notice (less than one year old) clearly showing your name and residential address.

## 7. MEMBER DECLARATION

By signing this form, I authorise CareSuper to:

- Deduct an advice fee from my CareSuper account (if approved), and
- Pay these funds to my planner for the advice services received.

I confirm that:

- I have received advice services relating to the superannuation or pension assets in my CareSuper account
- I've received a Statement of Advice (SOA) and/or my planner has made a Record of Advice (ROA) available to me.

I understand:

- As a CareSuper member I have access to financial advice over the phone at no extra cost as part of my membership
- The advice fee can only be deducted to pay for advice relating to the superannuation or pension assets in my CareSuper account
- An account balance of at least \$3,500 is required to be eligible to pay for financial advice
- A maximum of \$1,500 can be deducted from my CareSuper account to pay for super-related advice fees each financial year. If I exceed this limit, or if the services are outside of advice related to my CareSuper account, I will need to pay the cost of advice myself
- CareSuper's acceptance of this form is not an endorsement of the advice provided to me.

## RESIDENCY STATEMENT

I am an Australian or New Zealand citizen or an Australian permanent resident

- Yes  No

## PRIVACY

I have read CareSuper's privacy policy at [caresuper.com.au/privacypolicy](https://caresuper.com.au/privacypolicy) and I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified. I consent to the collection and use of my personal information by the Trustee to establish and administer my advice fee deduction request.

I authorise CareSuper to use or disclose any ID information provided to electronically match identity details against Government records or other identification sources. The identity match process may involve the use of the Australian Government's Document Verification Service and our third-party identity match provider.

I have read and agree to the above member declaration statements.



Member's signature

Date (DD/MM/YYYY)

Full name



For more information, including a full list of people able to certify documents, read our **Certifying your identification documents** fact sheet available at [caresuper.com.au/certifyingid](https://caresuper.com.au/certifyingid).



## YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it. (We cannot accept digital signatures.)

## ONCE YOU'RE DONE

Return this completed form and any supporting documents by posting to:

**CareSuper**  
Locked Bag 20019  
Melbourne VIC 3001

For more information call **1300 360 149**.

## 8. FINANCIAL PLANNER DECLARATION

As the member's financial planner, I confirm:

- I'm currently listed on the ASIC Financial Advisor register and have not been previously banned by either the Financial Planning Association of Australia, the Independent Financial Adviser Association of Australia or by ASIC, from delivering advice
- I've provided a Statement of Advice (SOA) to the member in relation to this advice fee
- I have third party authority on the member's account
- I've attached an invoice for a fee (not commission) related to the member's superannuation assets in their CareSuper account. It is on my financial planning business letterhead, specifies the member's details and is addressed to CareSuper
- I agree to refund the advice fees to the member's account if in the future, services are proven to have either not been delivered, or were not for super-related advice
- CareSuper reserves the right to decline payment of this and/or future advice fee requests.



Financial planner's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date signed (DD/MM/YYYY)

### IMPORTANT

Your financial planner must sign here.

### SUPPORTING DOCUMENTATION CHECKLIST

I have:

- Completed all sections of this form
- Attached a certified copy of proof of identity
- Attached a copy of the tax invoice.