

This form should be completed by an Australian Financial Services Licence (AFSL) holder firm and provide details of any Authorised Representatives (AR) who will introduce clients to My Options Superannuation Pty Ltd.

If you are not registered as a Macquarie adviser, please apply [here](#).

AFSL DETAILS

Name of AFSL holder	<input type="text"/>
Main business address	<input type="text"/>
AFSL number	<input type="text"/>
Macquarie Company Number	<input type="text"/>
Business email	<input type="text"/>
Business telephone	<input type="text"/>
Please provide details of any other trading names used	<input type="text"/>

AFSL INDIVIDUAL CONTACT DETAILS

Please provide contact details of an individual contact to whom we will send correspondence relating to this agreement.

AFSL individual name	<input type="text"/>
AFSL number	<input type="text"/>
Position	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Mobile number	<input type="text"/>

ADVISER REGISTRATION FORM

AUTHORISED REPRESENTATIVES DETAILS

Please supply details of each AR under your AFSL that you have authorised to provide Self-Managed Superannuation Fund (SMSF) advice.

Individual AR Name

AR Business Name
(if applicable)

ASIC Authorised Representative Number

Categories of authorised services

Macquarie Adviser/Representative Number

Business address

Business email

Business telephone

Individual AR Name

AR Business Name
(if applicable)

ASIC Authorised Representative Number

Categories of authorised services

Macquarie Adviser/Representative Number

Business address

Business email

Business telephone

Individual AR Name

AR Business Name
(if applicable)

ASIC Authorised Representative Number

Categories of authorised services

Macquarie Adviser/Representative Number

Business address

Business email

Business telephone

Please photocopy this page to provide details of additional individuals

ADVISER REGISTRATION FORM

DECLARATION (TO BE COMPLETED BY ALL FIRMS)

I/We confirm that the information provided in this form is true and accurate and I/we agree to notify you immediately should any of the above details change, in particular if any circumstances arise which affect the Firm's regulatory status.

I/We understand that you will only offer access to your services with my/our participation on behalf of my/our clients if I/we have the appropriate regulatory licences for the services which I/we and my/our Authorised Representatives are providing to my/our clients.

I am/We are authorised to make this declaration on behalf of the AFSL holder.

Signed	<input type="text"/>	Date	<input type="text"/>
		Position	<input type="text"/>
Name	<input type="text"/>		

Signed	<input type="text"/>	Date	<input type="text"/>
		Position	<input type="text"/>
Name	<input type="text"/>		

Please email us a scanned copy of the completed and signed form to info@myoptionssuper.com.au



PART OF



GROUP PLC

FOR MORE INFORMATION PLEASE CONTACT
MY OPTIONS SUPERANNUATION PTY LTD

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