

## AMP Cash Management Service – Adviser Transaction Authority

Use this form to authorise the individual financial adviser named in section 4 to transact on your AMP Bank Account(s) using the AMP Cash Management Service (ACMS). This form can also be used to change an existing Adviser Transaction Authority you have previously provided to an individual financial adviser.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

### 1. Account holder details

Please include all Account holders.

Surname/Company/Trust name	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	Given name(s)
<input type="text"/>	<input type="text"/>

### 2. Adviser Transaction Authority

Please provide the Account number(s) and the level of access that you are authorising the individual financial adviser nominated in section 4 to hold. If there are more than three accounts, you must complete one or more separate **AMP Cash Management Service – Adviser Transaction Authority forms** for the additional accounts.

**Can Debit** access means that the adviser is authorised to **withdraw funds from the Account** (debit the Account) and to transfer these funds to an account held with AMP Bank or another financial institution that you have linked to the relevant account.

**Can Credit** access means that the adviser is authorised to **deposit funds into the Account** (credit the Account) by transferring funds from an account held with AMP Bank Account or another financial institution that you have linked to the relevant account.

**Note:** Only Accounts in the same name/s can be listed in this authority. For accounts in another name, please complete a separate **AMP Cash Management Service – Adviser Transaction Authority form**.

Account name	Account number	<input type="checkbox"/> Can Debit	<input type="checkbox"/> Can Credit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Remove access	
Account name	Account number	<input type="checkbox"/> Can Debit	<input type="checkbox"/> Can Credit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Remove access	
Account name	Account number	<input type="checkbox"/> Can Debit	<input type="checkbox"/> Can Credit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Remove access	

### 3. SMS transaction alert settings

You may choose to receive SMS alerts for transactions performed on the account(s) (as detailed in section 2) by your adviser or their delegates under this Adviser Transaction Authority.

Your SMS transaction alert settings will be applied on all accounts to which this Adviser Transaction Authority applies.

- |   |   |
|---|---|
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| I/we do want to receive SMS alerts for transactions performed on my/our account(s) by advisers or their delegates under this Adviser Transaction Authority. | I/we do not want to receive SMS alerts for transactions performed on my/our account(s) by advisers or their delegates under this Adviser Transaction Authority. |

### 3. SMS transaction alert settings (continued)

If you have selected 'Yes', please nominate the SMS transaction alert recipient and provide their Australian mobile number. The recipient **must** be one of the account holders detailed in section 1.

SMS alert recipient's name

Recipient's Australian mobile number

Select the Threshold Amount (\$ value) of transactions for which SMS notifications will be sent. You will **not** receive SMS transaction alerts for transactions of less than your nominated Threshold Amount.

SMS alert Threshold Amount

\$

Select the times that SMS notifications will be sent to the SMS alert recipient:

- The SMS alert recipient wants to receive SMS alerts 24/7.
- The SMS alert recipient wants receive SMS alerts during AMP Bank Call Centre operating hours **only**.

### 4. Details of new or existing individual financial adviser

Surname

Given name(s)

Email

AMP Sales ID

Practice name

Contact phone number

### 5. Privacy Collection Statement

#### Privacy Collection Notice:

AMP Bank collects personal information from the applicants named in this form, which will be used (along with any other information we already hold) to process your request to authorise an individual financial adviser to transact on your AMP Bank Account(s) or change/remove an existing Adviser Transaction Authority arrangement. If we cannot collect your personal information, we cannot process your request.

We are required or authorised to collect this personal information under various laws including those relating to taxation and Anti-Money Laundering and Counter-Terrorism Financing Laws.

Some of the entities we might share your personal information with are listed in our privacy policy, and include:

- other members of the AMP group and external service providers that we need to deal with for the purposes described above
- courts, tribunals or government agencies as required by law or regulations
- persons or third parties authorised by you (including others named in this application), or if required or permitted by law.

Some external service providers we need to deal with can be located or host information outside Australia. A list of countries where these providers may be located can be obtained via the AMP Privacy Policy.

Personal information is treated in accordance with the AMP Privacy Policy, which sets out how to access or update your personal information. It also contains information on how you can make a complaint about a breach or potential breach of our privacy obligations, and how we deal with such a complaint. You can view our Privacy Policy online at [amp.com.au/privacy](http://amp.com.au/privacy) or contact us on 13 30 30 for a copy.

## 6. Account holder signatures

By signing below each account holder declares and warrants as follows:

1. I instruct AMP Bank to add or remove, as specified, the individual financial adviser whose details appear in section 4 to operate on the nominated accounts, to the extent of the authority selected in section 2.
2. I authorise AMP Bank to act on instructions received by telephone, facsimile or ACMS from the Authorised Financial Adviser (including their employees, agents, and contractors) to:
  - request general account (including balance and individual transactions) and personal information related to the account(s) nominated on this form.
3. I authorise AMP Bank to act on instructions received through ACMS from the Authorised Financial Adviser (including their employees, agents, and contractors) to:
  - transfer funds to and/or from my account(s) and set up periodical payments to and/or from accounts held by me (individually or jointly) with the Bank according to the Adviser Transaction Authority above.
4. I authorise AMP Bank to act on instructions received through ACMS from the Authorised Financial Adviser (including their employees, agents, and contractors) to:
  - transfer funds to and/or from my account(s) and set up periodical payments to and/or from accounts held by another financial institution that are registered by me for that purpose with AMP Bank.
  - change and/or cancel periodical payments set up either by me or by the individual financial adviser (including their employees, agents, and contractors).

### Please Note

Points 3 and 4 above mean that all bank accounts, including any third party bank accounts held with AMP Bank or another financial institution that you may currently have access to (and/or may add in the future), through AMP Bank's internet banking, BankNet, will also be made available to your Authorised Financial Adviser (and their employees, agents and contractors). This authority will enable them to transfer to and from these accounts in the same manner as you.

For example, if you have an account/s with AMP Bank or at other financial institution/s linked to your AMP Bank Account and can transfer to or from that account via BankNet, this authority will enable the Authorised Financial Adviser (and their employees, agents and contractors) to also have this ability.

By signing this **AMP Cash Management Service – Adviser Transaction Authority** form each account holder declares and warrants as follows:

I understand and agree that:

- the Authorised Financial Adviser is my agent for the purpose of accessing the account/s in line with the level of authority noted above and I am responsible for the actions of the adviser.
  - the access authority for the Authorised Financial Adviser remains in effect until I revoke it by providing a notice in writing to AMP Bank.
  - the operating authority for the account/s noted above is 'any to sign'.
  - any instruction given in accordance with this authority will be relied on by AMP Bank and, to the extent permitted by Law, AMP Bank is not liable for any loss or damage I, or anyone else, suffers where AMP Bank acts on those instructions. Where permitted by Law AMP Bank reserves the right to limit any liability to me to the resupply services.
  - the Authorised Financial Adviser may delegate this authority (to instruct AMP Bank as detailed above) to their employees, agents, and contractors without prior consent from me, subject to the Authorised Financial Adviser providing full details of all people to whom they delegate this authority to AMP Bank before such instructions are issued by any delegate.
  - any delegates nominated by the Authorised Financial Adviser can issue instructions regarding my accounts in accordance with the Adviser Transaction Authority I have given to the Authorised Financial Adviser.
  - AMP Bank will only act on requests from the Authorised Financial Adviser's delegate/s, if the requestor has been nominated by the Authorised Financial Adviser in accordance with any delegation procedures required by AMP Bank.
  - the Authorised Financial Adviser is obligated to advise AMP Bank in writing if any delegated authorities or details of individual delegates' details change. If AMP Bank has not been advised in writing by the Authorised Financial Adviser that a delegate no longer has authority, then that delegate may still operate my account and I cannot claim that the delegate is not acting for me.
5. I indemnify:
- AMP Bank against all loss, liabilities and costs incurred directly or indirectly as a result of the authority given by me to any Authorised Financial Adviser.
  - AMP Bank against all loss, liabilities and costs incurred directly or indirectly in connection with any action by an Authorised Financial Adviser or any payment made from or to my/our Account on instruction received from an Authorised Financial Adviser or his or her delegate.
  - and release AMP Bank from claims and liabilities in connection with any act or omission relating to the authorisation of an Authorised Financial Adviser to access my Account.

AMP Bank remains liable for any loss or liability which, by operation of law, AMP Bank cannot exclude.

## 6. Account holder signatures (continued)

6. I confirm and agree that:

- this authority takes effect on the date that AMP Bank amends its records to note the authority and continues until cancelled by me in writing to AMP Bank. Cancellation also takes effect on the date that AMP Bank amends its records to note the changes.
- AMP Bank may cancel an Authorised Financial Adviser's access to my/our account by telling me/us in writing.
- in the event of the death of all Account holders in section 1, the Authorised Financial Adviser's access authority terminates.

7. I/we warrant that the information in this **AMP Cash Management Service – Adviser Transaction Authority** form is accurate and complete.

Signature of Account holder 1

X

Name of Account holder 1

Date

D D M M Y Y Y Y

Signature of Account holder 2

X

Name of Account holder 2

Date

D D M M Y Y Y Y

Signature of Account holder 3

X

Name of Account holder 3

Date

D D M M Y Y Y Y

Signature of Account holder 4

X

Name of Account holder 4

Date

D D M M Y Y Y Y

## 7. Authorised financial adviser signature

1. By signing this **AMP Cash Management Service – Adviser Transaction Authority** form, I confirm and agree that I:

- warrant that any instructions issued by me or by my delegate(s) to AMP Bank will be in accordance with instructions I have received or previously agreed with the Account holder/s.
- warrant that any transaction performed on the Accounts by me or by my delegate(s) will be in accordance with instructions I have received or previously agreed with the Account holder/s.
- accept that any instructions given by me or my delegates to AMP Bank under this authority will be relied on by AMP Bank and that to the extent permitted by Law, AMP Bank is not liable for any loss or damage I, or anyone else, suffers where AMP Bank acts on those instructions.
- will act in accordance with AMP Bank's procedures for the maintenance and notice of changes to delegates or delegation under the authority provided by the Account holders.
- have read and that I am bound by the Terms and Conditions governing the Account(s) for which this authority has been provided by the Account holders.
- release AMP Bank from claims and liabilities in connection with any act or omission in relation to the instructions issued by me or my delegates, and
- accept liability for any loss or costs resulting from actions or instructions issued by me or by my delegates under this authority.

AMP Bank remains liable for any loss or liability which, by operation of law, AMP Bank cannot exclude.

2. I agree that:

- this authority takes effect on the date that AMP Bank amends its records to note the authorisation and continues until the Account holders or I cancel it in writing to AMP Bank. Cancellation also takes effect on the date that AMP Bank amends its records to note any changes.
- AMP Bank may cancel my authority on one or more of the nominated Accounts by telling me in writing.
- In the event of the death of all Account holders named in section 1, this authority terminates.

3. I warrant that the information I have provided in this **AMP Cash Management Service – Adviser Transaction Authority** form is accurate and complete.

## 7. Authorised financial adviser signature (continued)

### 4. Verification of identity:

- Yes – I have previously provided AMP Bank with the information required to verify my identity for the purposes of ACMS Adviser Transaction Authority.
- No – I have not previously provided AMP Bank with the information required to verify my identity for the purposes of ACMS Adviser Transaction Authority.

If 'No' – please also complete an **AMP Cash Management Service – Identification Verification for Advisers or Delegates** form. Return all forms and supporting documents to AMP Bank, Reply Paid 79702, PARRAMATTA NSW 2124.

5. Please contact [banksupportservices@ampbanking.com.au](mailto:banksupportservices@ampbanking.com.au) if you change the Sales ID or AMP Planner Portal log in. Failure to do so may affect your ability to transact on your customers' accounts.

Signature of Authorised Financial Adviser

Date

Name of Authorised Financial Adviser

Practice name