

3 Adviser signature

Adviser's signature *(in black ink)*

4 Please ask your client to sign here

Place common seal here if required

Signature *(in black ink)*

Name

Date

//

Corporate Title

Director, Secretary/Sole Director and Sole Secretary for and on behalf of the company by authority of the directors.
(Please circle applicable title).

Signature *(in black ink)*

Name

Date

//

Corporate Title

Director, Secretary/Sole Director and Sole Secretary for and on behalf of the company by authority of the directors.
(Please circle applicable title).

1. Ensure the client signs the form
 2. Retain a copy for your records
 3. Send this form (no stamp required) to: Reply paid 192 Macquarie Portfolio Services Pty Ltd PO Box H192 Australia Square NSW 1209
- If you have any queries about completing this form please **Ask Macquarie on 1800 025 063**