

# Adviser/Broker 'Leverage Online' Registration

To view your client's facilities online, please complete this form.

Please use black ink, BLOCK letters and mark [x] in the appropriate boxes.

**This registration form will only be valid upon receipt of your client's registration forms giving consent for access to their facility. Alternatively, you may attach written consent from your clients to this registration form.**

**Adviser Name** ☐ Mr ☐ Mrs ☐ Miss ☐ Dr Other

First Name

Surname

**Adviser Company Name**

**Dealer Group Name**

AFSL number?

**Dealer Group Mailing Address** (your FAC and password will be sent to this address)

Address

Suburb/Town  State  Postcode

Work Phone (  )  Work Fax (  )

**Dealer Group Email Address**

## Facility Details

Please list the facilities you would like to view on Leverage Online. If you require more space, please attach an additional page.

**Facility Name**

**Facility Number**

**Registration Details** Please mark only **one** (1) box with an [x].

☐ I **do not** have an existing FAC and password

☐ I **do** have an existing FAC and password and would like to link the above facilities to Leverage Online using my existing FAC

**Please provide your existing FAC**

**If you would like authority to transact on behalf of your clients, please complete the Nominate and Revoke Authorised Person form in conjunction with your clients.**



## Acknowledgements

I acknowledge that I have received, read and agree to the Leverage Online terms and conditions.

Adviser/Broker Signature

Print full name

Date

 /  / 

If you would like an employee to also have access, they will need to complete the following section.

## Employee to complete

Employee Name ☐ Mr ☐ Mrs ☐ Miss ☐ Dr Other

First Name

Surname

**Registration Details** Please mark only **one** (1) box with an [x].

- ☐ I **do not** have an existing FAC and password
- ☐ I **do** have an existing FAC and password and would like to link the above facilities to Leverage Online using my existing FAC

**Please provide your existing FAC**

Employee Signature

Print full name

Date

 /  / 

### Submit this form by:

Mail: Leveraged, GPO BOX 5388, Sydney NSW 2001

Email: [customerservice@leveraged.com.au](mailto:customerservice@leveraged.com.au)

For any enquiries please contact the Customer Service Team on 02 8282 8251.

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Change of Adviser/Broker 'Leverage Online' Registration dated 31 July 2024