

Fund / Insurance Broker Nomination Form

Complete this nomination form to begin your membership and start clawing back the ongoing trailing commissions on your investments, superannuation, pensions and insurances.

By nominating iRefund as your broker, we will also <u>refund 100%</u> of any entry fees on all future contributions to your enrolled investments, superannuation and pension accounts. **100% of ownership & control will remain with you.**

To begin accumulating your annual refund payment return this nomination form to:

Fax: 1300 305 938 or Mail: iRefund, Reply Paid 3183, Melbourne VIC 3001

Your details

First name or company i	name :			
Surname:	Date of Birth / /			
Address :				
Suburb:	State:	Post Code:		
Phone: (m)	(h)	(w)		
Email:				
Member number (if you	are already a member):			

Details of existing Investment / Insurance - Please use a separate form for each fund manager / Insurer

yana managan yana a				
Fund manager / Insurers Name eg – Colonial First State				
eg – Coloniai First State				
Account Name : eg – John Citizen	Name of Fund or policy: eg – Australian shares or life insurance	Customer account / policy number :		

I/We request that the fund manager / insurance company named above amend their records to indicate that Investor Refund Pty Ltd (trading as iRefund) is the appointed broker for the investments / policies listed above. I/We understand that Investor Refund Pty Ltd will receive the existing trailing commission / adviser service fee based on my/our investment amount / policy. I/We understand that Investor Refund will apply a 100% rebate on any entry fees that would otherwise be charged, in the form of additional units in the relevant fund, both for any ongoing regular contributions and any future contributions I/we may make to the investment. I/We have read and agree to the Investor Refund Pty Ltd terms and conditions and Financial Services Guide and acknowledge that Investor Refund Pty Ltd has not provided me/us with advice regarding the above investment / insurance.

Signature: x	Signature: x	
Name:	Name:	
Date :	Date :	
Were you introduced to iRefund ?		

Referrers name / email	Referrers member no.	
	(if known)	
<u>or</u> Promotional Code		