

REGISTRATION FORM

PART A: NAME AND CONTACT DETAILS (MANDATORY FIELDS)

1. Full name of person or company

2. Date of birth

3. Contact details

Contact name (if trading by a company):

Email:

Telephone:

Postal address:

PART B: QUESTIONS TO HELP DETERMINE IF YOU ARE A GROUP MEMBER (NON-MANDATORY FIELDS)

References to 'you' below are to the person or company named in response to question 1.

Please note that you are not required to answer any question in this Part B if you are unsure of the answer.

4. Did you receive personal advice from a financial adviser that was an authorised representative of AMP Financial Planning Pty Ltd, Charter Financial Planning Limited or Hillross Financial Services Limited?

☐ Yes ☐ No ☐ Unsure

5. To the best of your recollection, when did you receive the advice referred to in question 4, above?

6. Did you acquire, renew or continue to hold insurance or other financial products based on the financial advice received, referred to in question 4 above?

☐ Yes ☐ No ☐ Unsure

By signing this form, I acknowledge that I have reviewed this form and agree to its terms, including the preceding notice marked "Important". I understand that the Respondents will provide information relevant to my insurance policy or financial product to Shine Lawyers and Piper Alderman, but it will only be used for the purpose of these legal proceedings.

Shine Lawyers' and Piper Alderman's privacy policies in relation to the handling of your personal information can be accessed at shine.com.au/privacy-policy and piperalderman.com.au/privacy-policy respectively.

Signature:

Name:

Date:
