



## Adviser Nomination Form

### Personal Details

First name: \_\_\_\_\_ Family name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company / SMSF (if applicable): \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_ Alternative contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Policy Details

Name of Provider \_\_\_\_\_ Product: \_\_\_\_\_

Policy/Account Number \_\_\_\_\_

### Signatures

Adviser name: Craig Lyons

Adviser code: \_\_\_\_\_

I/We request that the provider above amend their records to indicate that Craig Lyons is the appointed servicing adviser for the policy listed. I/We understand that Craig Lyons will receive the trailing commission if there is any payable and have access to my information.

For joint holdings, both owners need to sign.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(please print) (please print)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Bright Future Financial, Attn Craig Lyons, 231 Given Tce, Paddington, QLD 4064 or save and email to [customercare@brightfuturefinancial.com.au](mailto:customercare@brightfuturefinancial.com.au)

Save

#### Disclaimer:

In preparing this form, your investment objectives, financial situation and needs have not been taken into account and you should consider if the information is appropriate for your circumstances. Full terms and conditions of the Bright Future Financial Administration Service and our Financial Services Guide (FSG) can be viewed on our website [www.brightfuturefinancial.com.au](http://www.brightfuturefinancial.com.au).

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Authorised Representative No. 248376

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