



## ADVISER REGISTRATION FORM

This form is used to register an Adviser on our SMSF Administration System and to link Funds to the Adviser for the purpose of Web Access to Reports.

Name:

DOB:

How did you hear about us?

Company Name:

Address:

Postal Address:

Phone:  Fax:

Email:

Name of Dealer Group:

Please nominate a contact in your office to whom we should direct ongoing administration enquiries:

Name:

DOB:

Email:

If you have a preference please nominate a username and password for your access to the report website.

Username:

Password:

ON COMPLETION PLEASE FAX OR SCAN & EMAIL TO  
TRANZACT SUPER [contact@tranzacttotalsuper.com.au](mailto:contact@tranzacttotalsuper.com.au)  
FAX: 07 3211 1455 TS ARego 1109