

6. ADVISER SIGNATURE

Signature of Adviser

Date (dd/mm/yy)

Signatory's name (please print)

Adviser stamp (please use black ink only)


You can submit this form by:


Retail Corporate/Super

 mail BT
GPO Box 2675
Sydney NSW 2001

Margin Lending

 mail BT Margin Lending
GPO Box 3917
Sydney NSW 2001

 fax (02) 9274 5670

 fax (02) 9274 5782

[Company Letterhead]

Letter of Authority to Act on Behalf of Dealer Group

BT Adviser Processing:

Please set up [insert adviser name] as an authorised representative of [insert Dealer Group name].

Signed by

[Print name]

Authorised Representative

[insert date]