



TOWER Australian Superannuation Limited  
ABN 69 003 059 407 AFSL Number 237851  
80 Alfred Street Milsons Point NSW 2061

E-App Reference No:

**1. AUTHORISED REPRESENTATIVE DETAILS**

<b>PRINCIPAL AUTHORISED REP</b>	TOWER Adviser No./Authorised Rep No.	<input type="text"/>
	Authorised Rep Name	<input type="text"/>
	Dealer Group	<input type="text"/>
	Commission Split (whole nos.)	New Business % <input type="text"/> Servicing % <input type="text"/>
	Business Phone / Mobile Phone	<input type="text"/>
	Email	<input type="text"/>
<b>SHARED AUTHORISED REP</b>	TOWER Adviser No./Authorised Rep No.	<input type="text"/>
	Authorised Rep Name	<input type="text"/>
	Dealer Group	<input type="text"/>
	Commission Split (whole nos.)	New Business % <input type="text"/> Servicing % <input type="text"/>

Note: New business and servicing commission must each total 100%

**LIFE INSURED NO. 1 COMMISSION DETAILS**

	UPFRONT	HYBRID 1	HYBRID 2	LEVEL	A	B	C	D	E
LPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete commission details section on stand alone personal statement for any subsequent life insured.

Is a concurrent application being submitted to TOWER for this applicant/life to be insured?  No  Yes  
 If required, have you arranged:  Medical Exam  Blood Tests  ECG  Fast-Check  Other

If arranged, who have these been organised through, and when will they be done?

If this case has already been pre-assessed by TOWER, please provide details including the name of the underwriter involved.

**CHECKLIST**

- Application fully completed and signed where required
- Initial Deposit Premium attached
- Client contact details completed so they can be contacted if required
- PREMIUM QUOTE ATTACHED
- Faxscan used - 1800 300 072

**DECLARATION**

I am an Authorised Representative of Dealer No.

and am authorised by them to deal and give advice on the type of product submitted.

Authorised Representative Signature  Date