

## Adviser Registration

This form allows a representative of the Licensee to register as an adviser to provide services in connection with MetLife products, in accordance with their terms and conditions. The registration of any adviser is subject to agreement by MetLife, which may be given or withheld at MetLife's discretion.

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### Section 1. Licensee details

Licensee name*	MetLife Licensee number	AFSL number
Trading name (if applicable)		

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### Section 2. Reason for registration\*

<input type="checkbox"/> Client transfer	<input type="checkbox"/> Submission of new business	<input type="checkbox"/> Moving Licensees
<input type="checkbox"/> Client book purchase	<input type="checkbox"/> MetLife is on my Licensee's APL	
<input type="checkbox"/> Other (please specify)		

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### Section 3. Type of business

1. Do you require a Group adviser code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you require a Corporate adviser code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please specify the company you would like the Corporate adviser code set up as

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### Section 4. Adviser details

Company name	ASIC AR number		
Preferred name	ABN		
Given name*	Surname*		
Business address*	Suburb*	State*	Postcode*
Postal address (if different to the above)	Suburb	State	Postcode
Phone*	Mobile		
Email*			
Office email for commission statements			

\*Indicates required

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## Section 5. Privacy – Use and disclosure of personal information

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.


MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy)

I have read and understood the MetLife Privacy Policy, and I consent to MetLife collecting, using and disclosing my personal information (including sensitive information) for the purposes and in the manner outlined in that Privacy Policy.

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## Section 6. Declaration and authority

This section is to be signed by the adviser whose details have been provided in Section 3 of this form.

Signature	Print name	Position
		

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## Section 7. Support staff additional access

1.				
Title	Given name	Surname	Phone	Email
2.				
Title	Given name	Surname	Phone	Email
3.				
Title	Given name	Surname	Phone	Email
4.				
Title	Given name	Surname	Phone	Email

### Please return the completed form to

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001;  
or scan the form and upload to [www.metlife.com.au/formsupload](http://www.metlife.com.au/formsupload); or email [groupadmin@metlife.com](mailto:groupadmin@metlife.com)  
For assistance with the completion of this form, please call us on 1300 555 625 Monday to Friday  
8am – 6pm AEST.

[metlife.com.au](http://metlife.com.au)

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MetLife Insurance Limited | Level 9, 2 Park Street, Sydney | NSW 2000

ABN 75 004 274 882 AFSL NO. 238 096

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