



SMSF MASTER INSURANCE PLAN

SMSF Provider / Adviser Registration Form

Complete this form to register as an SMSF provider for the AGI SMSF Master Insurance Plan.

If you have any questions, please contact AGI by email smsf@agigroup.com.au.

Name of SMSF Provider / Adviser		
Adviser / contact First Name (if applicable)		
Adviser contact Surname (if applicable)		
Phone		
Email		
Name of Licensee		
AFSL No.		
How did you find out about the AIA	ustralia / AGI SMSF Master Insu	rance Plan?
Online search (e.g. Google)		
Directed via AGI website		
Other (please provide details):		
Email this form to smsf@agigrou SMSF Provider Code.	<mark>com.au</mark> . We will issue you wi	th a confirmation email with your
Note: To apply for cover under the SMSF Please ensure that your clients have you Insurance Plan.		ill need to enter your SMSF Provider Code. y apply for cover under the SMSF Master
(Signature of SMSF Provider/Adv	er)	Date
The SMSE Master Insurance Plan is distributed	d administered by Australian Group Insu	Irances Pty I td (AGI) ARN 97 140 572 434