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## REQUEST FOR PARAPLANNING SERVICES

Adviser details			
Adviser's name			
Practice name			
Postal address			
Email address			
Work phone		Mobile phone	
Licensee / Dealer			
Accreditation	<input type="checkbox"/> DFP <input type="checkbox"/> CFP <input type="checkbox"/> Degree		

Service required – please ✓			
Client name			
Standard SoA	<input type="checkbox"/>	Review SoA	<input type="checkbox"/>
Multiple Scenario SoA	<input type="checkbox"/>	Review Re-weight SoA	<input type="checkbox"/>
Risk Only Plan	<input type="checkbox"/>	Strategy Modelling	<input type="checkbox"/>
Consolidation of Super	<input type="checkbox"/>	Goals Report	<input type="checkbox"/>
Entity / SMSF SoA	<input type="checkbox"/>	Special Request	<input type="checkbox"/>

Your investment preference – please ✓		
<input type="checkbox"/>	Master Trust / Wrap	Please attach instructions
<input type="checkbox"/>	Retail	Please attach instructions
<input type="checkbox"/>	Direct Equities	Please attach instructions

Disclosure of fees and commissions – please ✓			
<input type="checkbox"/>	Fee for Service	<input type="checkbox"/> hours @ \$            per hour and the fee is capped at \$ <input type="checkbox"/> OR Set fee \$ <input type="checkbox"/> AND Recouped from commissions	
<input type="checkbox"/>	Asset Based Fee	Please attach your fee schedule	
<input type="checkbox"/>	Commissions	State the percentage of commission you wish to receive: i.e. 80% of the available commission.	
	<input type="checkbox"/> Entry Fee	%	Commission    %
	<input type="checkbox"/> Exit Fee	%	Commission    %
	<input type="checkbox"/> Review Fee	%	
	<input type="checkbox"/> Trail Commission	%	

Delivery format requested	
<input type="checkbox"/>	EMAIL – Please email the final SOA to me
<input type="checkbox"/>	POST – Please print bind and Express Post the SOA to me - additional \$80 inclusive of GST (for this service we will need a copy of your letterhead)
<input type="checkbox"/>	VSP FILE – Please email the Visi file to me

**Additional requests / instructions**

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**Product recommendations**

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**Checklist – please ✓**

<input type="checkbox"/>	Client questionnaire is signed
<input type="checkbox"/>	Clients objectives are detailed in client questionnaire
<input type="checkbox"/>	Risk Profile has been completed
<input type="checkbox"/>	Recommended products
<input type="checkbox"/>	Replacement of Product details have been provided
<input type="checkbox"/>	Insurance Quotes and working papers (calculations) are attached
<input type="checkbox"/>	Annuity Quotes are attached
<input type="checkbox"/>	Letterhead if you would like to use our binding services for your SoA

**Adviser authorisation**

<input type="checkbox"/>	I have read and I understand the Paraplanning offer.	
<input type="checkbox"/>	I understand that my SOA request can not be booked in or commenced until I have provided all of the information requested by In Practice Solutions. I understand that any changes requested, after the job sheet has been signed off, may result in additional charges.	
<input type="checkbox"/>	I understand that my signature is authority for the In Practice Solutions to invoice me according to the services requested on the cover page.	
ADVISER SIGNATURE:		DATE:
<b>X</b>		

**IMPORTANT!**

**If this form and/or your client questionnaire are not fully completed, your SoA request may be delayed.**

**Please attach your Client Questionnaire and File notes**

**and keep a copy of all documentation forwarded to In Practice Solutions.**