

I confirm that I have agreed to the following:

## Success Employee Benefits

An Authorised Financial Services Provider No:14400

## **CLIENT ADVICE DECLARATION**

## (Single Need)

I, the undersigned, confirm that I require financial advice and/or a financial product regarding my financial provisions, from:

• Success Employee Benefits (FSP NO. 14400) represented by Ivan Perovic,

I confirm having been informed that a FSP must, prior to providing a client with advice and/or selling a product,

- obtain from the client appropriate and available personal and financial information and conduct an analysis, based on that information, for purposes of the advice, and,
- Take reasonable steps to ensure that the client understands the advice and/or product and that the client is in a position to make an informed decision.

However, I confirm that I do not want such a financial needs analysis because I know which type of product and/or products I need.

<ul> <li>declare that I am aware of the fact that:</li> <li>as a full analysis could not be une</li> <li>I must carefully consider whether tion;</li> </ul>	advised of the full implications of my actions and, having considered same, I hereby dertaken that there may be limitations on the appropriateness of the advice; or the advice on its own is appropriate considering my financial needs, objectives and situate a transaction that is not appropriate to my financial needs, objectives and circumstances, leds analysis.
NAME	ID NUMBER
SIGNATURE	DATE
ON BEHALF OF SUCCESS BROKE	<u>S</u>
<u>IVAN PEROVIC</u>	
SIGNATURE	DATE



