Client Consent form



A	Your information Client 1				
		Miss Ms Other			
	Surname			Member number	
	Given name(s)				
ı	Client 2 (if applicable) Title Mr Mrs Miss Ms Other				
	Surname			Member number	
	Given name(s)				
В	 where applicable, disclosing my 	confidential information for the purpose	information to third p	with financial advice and related services, and parties for the purpose of providing me/us with financial advissessment purposes, TSFP's software providers.	ice
C	Your document delivery method We consent to receive and access disclosure documents* from TSFP via my/our TelstraSuper online account(s) (if applicable) and email at the nominated email address below Note: If you do not tick this box, you will receive your documents by post. * This may include financial services guides, statements of advice, records of advice and fee disclosure statements and other documents/information.				
D	Your signature(s) Name - Client 1:		Name - Client	t 2 (if applicable):	
	Signature		Signature		
	X		X		
	Date		Date		
Offi	ce use only				
	Cli	ent 1		Client 2	
Non	ninated email address:				

Please return the completed form to:

Delivery method:

Telstra Super Financial Planning Pty Ltd, PO Box 14309, Melbourne, VIC 8001 or email advice@telstrasuper.com.au

email

post

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