

# Advice Fee: payment by invoice

Complete and sign this form to consent to paying the advice fee for personal advice from TelstraSuper Financial Planning by invoice.

A

## Your information (Client 1)

Title  Mr  Mrs  Miss  Ms  Other

Surname  Member number (if applicable)

Given name(s)  Date of birth

Residential address (PO Box not acceptable)

Suburb  State  Postcode

Mobile/contact no.  Email address

## Your information (Client 2 where applicable)

Title  Mr  Mrs  Miss  Ms  Other

Surname  Member number (if applicable)

Given name(s)  Date of birth

Residential address (PO Box not acceptable)

Suburb  State  Postcode

Mobile/contact no.  Email address

B

## Advice fee

\$  (plus GST)

C

## Authorisation

- I/we agree to pay the advice fee specified in section B for the personal advice to be provided to me/us by TelstraSuper Financial Planning.
- I/we understand an invoice for the advice fee will be issued to me/us within five days of the initial appointment and that the invoice is payable within seven days from the date of the invoice. The SOA will be issued to me/us after the payment is received.

Name (Client 1): <input type="text"/>	Name (Client 2 where applicable): <input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

## Office Use Only

Adviser signature  Date

Date copy of completed form provided to client

Please return the completed form to:  
Email [fas@telstrasuper.com.au](mailto:fas@telstrasuper.com.au)

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