

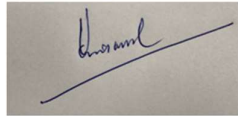


Scope of Service Summary

For Mrs Swathy Saji / Mr Kewin Shaji

Address _____

Adviser Raja Venkatesh



X

Raja Venkatesh
Director

Adviser signature _____ **Date** 14 / 06 /2022

Company Maxwell Financial Services Ltd

Scope of Service

This document summarises the areas you wish to receive advice upon, and any express restrictions upon our advice or services. The key purpose here is to ensure we clearly understand your instructions.

We will be providing you with recommendations in due course, relating to your financial objectives.

Client objectives – Your stated objectives are:

To add value to the policy by getting Monthly mortgage protection and Medical insurance coverage in place.

Our advisory services

Based on our initial discussion we understand you wish us to advise upon the following.

This includes discussion and advice upon one or more of the following. *(Tick the appropriate box/boxes).*

| Advisory Services | No Advice | Full Advice | Express Restrictions and/or Comments |
|-------------------------------------|-----------------------|----------------------------------|---|
| Protecting your assets | | | |
| Funds to cover impact of death | <input type="radio"/> | <input type="radio"/> | _____ |
| Major illness and trauma planning | <input type="radio"/> | <input type="radio"/> | _____ |
| Long term disability impact | <input type="radio"/> | <input type="radio"/> | _____ |
| Medical and health coverage | <input type="radio"/> | <input checked="" type="radio"/> | Medical cover |
| Protection of home & mortgage | <input type="radio"/> | <input type="radio"/> | _____ |
| General insurance of possessions | <input type="radio"/> | <input type="radio"/> | _____ |
| Keeping or distributing your estate | <input type="radio"/> | <input type="radio"/> | _____ |
| Income Protection / Redundancy | | | |
| Mortgage protection cover | | | Mortgage cover |

Additional comments or instructions

Please note that these fortnightly premiums are **indicative only**, based on non-smokers rates and could be subject to change on application due to medical conditions.

If there is any further information you require from me or if you would like to, please do let me know.

I have also attached my scope of service document. If you could acknowledge that you have received this by return email would be appreciated.

Privacy Act consent :

The adviser will be collecting and retaining personal confidential information during the advice process. The Privacy Act 2020 provides the client with the right to request access to their personal information, and request that it be corrected if necessary.

The information may be used by the adviser and his/her employees, or any third party supplier of financial services and products who need access to it for processing or administering any business done with them. It may also be used by the adviser and his/her employees to promote other professional services or advice to you.

The information is held securely at the adviser's business premises at the address set out in the Disclosure Statement, and by signing this consent I authorise the adviser and his/her employees to disclose any personal information that is held about me to any person or organisation where the disclosure is necessary for one or more purposes for which the information was collected, or to comply with any legal requirements."

Client authorisation

Provision of information

I/We understand I/we need to provide sufficient relevant factual information, and if I/we do not do so then I/we risk making a financial commitment to a financial product or receiving financial advice that may not be appropriate to my/our needs and objectives.

Scope of Service

I/We understand the services being provided are restricted to the Scope of Service indicated here, although I/we acknowledge that the full list of advisory services have been offered to me/us. In particular, those areas selected for "No Advice" shall not be taken into consideration at all, and those areas where I/we have indicated "Express Restrictions" are accepted as possibly providing less than ideal financial solutions in relation to my/Our needs and objectives.

Disclosure

I/We acknowledge that a full Disclosure Statement has already been provided to Me/Us.

Authority to proceed on the basis recorded in this Scope of Service:

Signature(s):

Date: 14 / 06 /22

Date: 14 / 06 /22

Client initials: