

Client acknowledgement form (CAF)

Please ensure you read and understand the items below before ticking the relevant box and proceeding with the advice process.

I have been provided with the Client acknowledgment Terms & Conditions document which explains the acknowledgments on this form in more detail and I acknowledge that I have read and understood the terms and conditions attached to this form.	<input type="checkbox"/>
I have been informed that providing complete and accurate information is important, as it will be used to help form the basis of advice. I understand that if this information is incomplete or inaccurate, the advice provided to me may not be appropriate. I confirm any information I provide is complete and accurate to the extent of my knowledge.	<input type="checkbox"/>
I have been provided with the FSG/FSCG version : _____ including the Appendix: Privacy Collection Statement. The contents have been explained to me, and I have had the opportunity to ask questions.	<input type="checkbox"/>
I consent to my personal, sensitive and health information being collected; and I understand the information will be collected, used, stored, disclosed, secured and de-identified or destroyed of in line with the AMP Privacy Policy a copy of which is available on request or online at amp.com.au/privacy .	<input type="checkbox"/>
I agree to receive future FSG/FSCG versions and product offer documents electronically by hyperlink or by being shown where they can be accessed on the internet.	<input type="checkbox"/>
I would like to use electronic means to provide instructions, agreement and acknowledgements on documents from time to time. Emails/text messages sent from the below email address/mobile number can be taken as my instructions. Email 1: _____ Email 2: _____ Mobile number 1: _____ Mobile number 2: _____	<input type="checkbox"/>
I am happy for my financial planner and AMP Financial Planning (AMPFP) to collect and handle my Tax File Number (TFN) when acting on my behalf in relation to my investments. My TFN/Exemption number is Client 1 _____ Client 2 _____	<input type="checkbox"/>
I agree that you may record any future conversation held between us.	<input type="checkbox"/>
I consent to information being disclosed to certain third parties who have referral arrangements with you for the purposes of those third parties providing me, or offering me, their services, such as accounting, legal, tax or other services unless my consent is withdrawn in writing.	<input type="checkbox"/>
I agree to my personal, sensitive and health information being released to my spouse or partner unless I withdraw my consent in writing.	<input type="checkbox"/>

Name and signature	Date
_____ x _____ Client 1	
_____ x _____ Client 2	