

**Referral for Financial Services**

You have asked us to refer you to a financial advisor for financial advice. The purpose of this document is to assist you with that referral and to ensure the referral complies with relevant laws. In particular, we can only make a referral to a financial advisor by telling you that the financial advisor, who must hold an Australian Financial Services Licence or be an authorised representative of a holder of an Australian Financial Services Licence is able to provide a particular financial service and giving you contact information for the financial advisor.

**Details of the accounting firm making the referral**

Firm name:

Accountant:

Address:

Telephone:

Email:

**Client details**

Name:

Contact details:

**Details of the financial advisor**

Firm/Company name: Shadforth Financial Group ABN 27 127 508 472

Contact person:

Address:

Telephone:

Email:

Website: sfg.com.au

Australian Financial Services Licence Number: 318613

or

Representative of

Australian Financial Services Licensee:

AFSL Number:

**Details/nature of the financial advice sought**

**Disclaimer**

We make no representation regarding the quality, adequacy or appropriateness of the advice, or any other services, that may be provided to you. The financial advisor will be solely responsible for this. We recommend that you ask the financial advisor for a copy of the financial advisor's Financial Services Guide. You may be able to obtain this from the financial advisor's website. You should read the financial services guide.

**Disclosure of benefits that we receive**

We are required by law to notify you of any benefit we or our associates receive for making the referral.

Shadforth Financial Services Group (**SFG**) has an agreement with the Institute of Public Accountants (**IPA**). We are a member of the IPA. Under that agreement, SFG pays an amount to the IPA equal to 20% of the one-off non-recurring fees you pay to SFG and 10% of ongoing fees you pay to SFG.

We have an agreement with the IPA under which half of that amount is paid to us and the other half retained by IPA.

[##OR]

The IPA retains all of that amount. We do not directly receive a benefit.

**Disclosure of information**

We will not provide any of your information to the financial advisor unless you agree for us to do this. If you agree for us to provide your information to the financial advisor for the purposes of assisting them to provide you with financial advice, we will only do so if the financial planner asks us for the information in writing.

We recommend that you obtain from the financial advisor a copy of its policy regarding the collection, retention, use and disclosure of personal information. This may be available on the financial advisor's website.

If you consent to us providing personal information to the financial advisor to assist with them providing financial advice, please indicate on the duplicate copy of this document.

I agree/do not agree to [##name of firm] providing my financial advisor named in this document with information, including personal information, when requested by the financial advisor in writing.

Signature:

Name:

**Acknowledgement**

I acknowledge that I have received of a copy of this document.

Signature:

Name: