

INDEPENDENT FINANCIAL ADVICE WAIVER

**Please complete this form and return to Paradigm | PO Box 5639 Perth WA 6831
P: 1300 132 532 | F: 1300 737 285 | E: memberservices@paradigmtsm.com.au**

Thank you for your interest in the salary packaging services offered by Paradigm. We look forward to providing you with a high quality service which will enhance the benefits that you receive from your employer.

Under the terms of the Employer Salary Packaging Agreement executed between your employer and Paradigm it is highly recommended that all employees wishing to salary package obtain independent financial advice.

However, as you have elected to waive the recommendation, your employer requires you to sign the following declaration.

If you have any questions relating to this process please do not hesitate to contact us on 1300 132 532.

DECLARATION

I, _____ from

_____ hereby
(Name of the employer)

confirm that I waive my employer's recommendation for independent financial advice with regard to salary packaging.

Signature: _____ Date: _____