Employee Financial Advice Declaration/Waiver.



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

Please complete and confirm you have either sought and received Financial Advice OR if you are happy to waive Financial Advice by making the appropriate declaration below.

Declaration	to waive financial advice		
	to waive imancial advice	f	
Ι,	(Your Name)	from	
	(Name of Employer)	herek	by confirm that I waive my
employer's reco	mmendation for independent financ	ial advice with re	egards to salary packaging.
OR			
Declaration :	for obtaining financial advi	ce	
I.		decla	re that I have sought
financial advice	(Your Name) and provide my Financial Planners		
Please advise you	ır Financial Planner details (il	fapplicable)	
Company Name:			
First Name:			Surname:
Work Phone:			Mobile:
Address:			
Fax:			Email:
Employee Signat	ure		
By signing this docu	ment I confirm my selected declara	tion or waiver at	oove.
Signature:		Name in Pri	nt:







