

# 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

I, \_\_\_\_\_ from  
(Your Name)  
\_\_\_\_\_ hereby confirm that I waive my  
(Name of Employer)  
employer's recommendation for independent financial advice with regards to salary packaging.

OR

## Declaration for obtaining financial advice

I, \_\_\_\_\_ declare that I have sought  
(Your Name)  
financial advice and provide my Financial Planners contact details below.

### Please advise your Financial Planner details (if applicable)

Company Name:	
First Name:	Surname:
Work Phone:	Mobile:
Address:	
Fax:	Email:

### Employee Signature

By signing this document I confirm my selected declaration or waiver above.

Signature:	Name in Print:	Date:
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