Non-APL Product Industry/Government Sponsored Super Self Check Form

Adviser Name: ____ Date:

Client Name: ____

Industry Fund: ____ Amount: $____________

Asset Allocation

I confirm that the defensive and growth split of the investment option chosen matches the clients risk profile allocations (Variance of the allocations must be within limits as defined in the Licensee Standards).

Yes ☐ No ■

If no, explain: ____

____

Insurance

I confirm the advice matches the client's insurance needs. I have discussed restrictions in insurance benefits and the client fully understands these issues.

Yes ■ No ☐

If no, explain: ____

____

Research

I confirm that the advice is in the Best Interest of the client and that, where appropriate, I have conducted and retained reasonable research and comparisons (ie comparison of at least 3 funds/platforms).

Yes ■ No ☐

If no, explain: ____

____

Best Interest & Reasonable basis for advice

I confirm I have made reasonable inquiries about the client's relevant personal circumstances, reasonably considered and investigated the subject matter of the advice, and I believe that the advice is 'appropriate' and in the best interest of the client, for the following reasons:

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Adviser Signature: ______________________________________ Date: ___