

**Record of Advice (Hold / No Change / Comprehensive File Note)**

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| **Client Name(s)** |  |
| **Date of Discussion:**  **Where**: | / / |

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| This record of advice is further to advice provided in Statement of Advice dated / / | |
| Advice Initiated by Adviser | Advice Initiated by Client |

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| **Financial Services Guide**  Referred to FSG already held by client  FSG Version Dated / / Provided |

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| **Relevant SOA’s/ROA’s**  Relevant/Corresponding advice documents (capture dates) |

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| **Any Changes in Client Circumstances?**  (if there have been *significant or material* changes then a Statement of Advice must be completed, refer to Business Principles – Advice Documentation)  There have been no changes to the client situation |
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| **Scope of Advice**  Full Review of Situation  Review Limited to the following (including reasons): |
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| **Recommendation** |
| No Changes to existing Strategies and or products as these remain appropriate and continue to meet  the client’s goals and objectives |
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| How does this meet the client’s requirements? |
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| **Costs and Risks** | |
| **Initial** | **Ongoing** |
| No Change  Fee of $ | No Change  Changed to $ |
| Details Discussed: | |
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| **Warnings Provided (verbally and in writing)** | |
| Not Applicable | Limited Advice Warning |
| Non-Approved Product | Other |
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| **Other Items Provided** | |
| PDS already held  PDS provided:  Product Summary: | Copy of ROA Offered but Declined  Copy of ROA Provided:  Other: |
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Sure

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| **Conflict of Interest** |
| No new conflicts of interests will arise as a result of these recommendations.  Refer to your SOA dated / / for disclosure of my interests.  I am unaware of any conflicts associated with the recommendations in this ROA.  I have an interest in (see below): |
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| **Referral Arrangements** |
| None  Yes, as follows: |
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| **How will this advice be provided to your client?** |
| Provision of an SOA or ROA (subsequent documents to follow)  Verbally, and set out in an ROA (subsequent documents to follow)  Verbally, and recorded in this file note (client to sign off this note and retain on file as record of advice) |

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| **Authority to Proceed** |
| Recommendations accepted  Changes requested as follows: |
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| **Other Discussion Notes:** |
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| **Adviser Name** |  |
| **Adviser Signature** |  |
| **Dated** | / / |

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| --- | --- | --- |
| **Client(s) Name** |  |  |
| **Client(s) Signature** |  |  |
| **Dated** | / / | / / |