

# Paraplanning Request Form

**Phone : 03 8532 0000**

**Email : [info@ebonyrose.com.au](mailto:info@ebonyrose.com.au)**

**Fax : 03 9530 2242**

ADVISER DETAILS			
ADVISER NAME			
PRACTICE NAME			
EMAIL			
PHONE (Work)		PHONE (Mobile)	
LICENSEE			

SERVICE REQUIRED (please ✓) Refer to ERPS Paraplanning fees sheet for costs			
CLIENT NAME			
Single Strategy SoA	<input type="checkbox"/>	Highly Complex SoA – Four or more Strategies, SMSF's	<input type="checkbox"/>
SoA – Two Strategies	<input type="checkbox"/>		
SoA – Three Strategies	<input type="checkbox"/>	Template Setup	<input type="checkbox"/>
Do you require the Ebony Rose Paraplanning team to devise a strategy?			<input type="checkbox"/>

SOA OPTIONS (please ✓)	Please include*:
Cover letter	<input type="checkbox"/>
Table of contents	<input type="checkbox"/>
Executive summary	<input type="checkbox"/>
Risk Profile	<input type="checkbox"/>
Modelling	<input type="checkbox"/> One year <input type="checkbox"/> Longer than one year
Retirement income streams	<input type="checkbox"/> Generic summary of income stream options
Centrelink	<input type="checkbox"/> Table illustrating assessable assets and income
Asset Allocation	<input type="checkbox"/> Pie chart <input type="checkbox"/> Separate asset allocations for client and spouse
Appendix	<input type="checkbox"/> Those relevant to strategy <input type="checkbox"/> Those relevant to investments

[illegible]

**DISCLOSURE OF FEES AND COMMISSIONS (please ✓)**☐ Fee for Service☐ \_\_\_ hours @ \$\_\_\_ per hour and the fee is capped at \$\_\_\_☐ **OR** Set fee \$\_\_\_☐ **AND** Recouped from commissions☐ Asset Based Fee

Please attach your fee schedule

☐ Commissions*(State the percentage of commission you wish to receive i.e. 80% of the available commission)*☐ Entry Fee \_\_\_% Commission \_\_\_%☐ Exit Fee \_\_\_% Commission \_\_\_%☐ Review Fee \_\_\_%☐ Trail Commission \_\_\_%**Please list any other fees/bonus's your licensee requires you to disclose here;****SOA DELIVERY**☐ EMAIL – Please email the final SOA to me☐ MAILED – Please print bind and post the SOA to me (\$52 fee applies)**CHECK LIST (please ✓)**☐ Copy of Ebony Rose Paraplanning Service Client agreement signed & dated - attached☐ Deposit cheque for \$200 - attached☐ Ebony Rose Paraplanning Service letter of intro has been given to client☐ Client questionnaire is signed & dated☐ Clients objectives are detailed in client questionnaire☐ Risk Profile has been completed☐ Recommended products are on your licensees Approved Product List☐ Replacement of Product details have been provided**If you are providing ERPS with a strategy;**☐ Strategy outline is clearly and concisely written in client questionnaire or on a separate sheet.☐ Insurance Quotes and working papers (calculations) are attached☐ Annuity Quotes are attached**ADVISER AUTHORITY**

I have read and I understand the Paraplanning offer that I have previously signed with Ebony Rose Paraplanning Services

**ADVISER SIGNATURE:****X****DATE:****IMPORTANT**

If this form and/or the Client Questionnaire are not completed in full your SOA request may be delayed

\*\* Please attach the Client Questionnaire and File notes \*\*

**Please keep a copy of all documentation forwarded to Paraplanning**

### SPECIAL REQUESTS & INSTRUCTIONS

[illegible]