

CLIENT ELECTION FORM

Opt-out of Transfer: CA Financial Services Group of AMP Financial Planning Limited to become a credit representative of AFG.

Submit via email to: *Client_Election@amp.com.au*

I/we have read the attached correspondence.

- I/we wish to select my/our own broker.
I/we will subsequently provide further written instructions to AMP with regards to my/our chosen adviser.

- I/we do not wish to be transferred or select a new broker. I/we understand that this means I/we will no longer receive advice and service from AMP.
Note: This change does not affect any financial products you may have in place such as insurance policies, superannuation and investments.

Client 1

Name (please print)

Signature

Address

Contact Number

Policy Number

Client 2

Name (please print)

Signature

Address

Contact Number

Policy Number