

Client Agreement / Terms of Business

Client Name: _____ Partner's Name: _____
Client Address: _____

Product Recommendation	Reasons Why	Date (dd/mm/yy)

DECLARATION

I confirm that _____ that representing Professional Portfolio International (PPI) has:

1. Conducted a detailed confidential client profile on _____ (date) to determine my current financial capabilities;
2. Supplied me with the brochure of the relevant product to read and retain for future reference;
3. Explained fully and to my satisfaction the type of product recommended, with particular attention having been paid to my attitude to Investment Risk, the charging structure (including, if relevant, how initial units work) and any possible cancellation penalties which I may incur;
4. Explained to me that unit values can go down as well as up, and that past performance is not necessarily a guide to future performance.

For my part I understand, agree with and accept the advice I have been given, including recommendations of the above and I also understand and agree that:

1. PPI acts as my agent but it will receive a commission from the financial institution with which business is placed;
2. My contract will be directly with said institution and I may, at any time, cease to avail myself of PPI services;
3. The financial advisor is acting as my agent and any advice or assistance provided to me has been at my request and solicitation. At no time have I been induced to enter any contract of insurance by the financial advisor, the said institution or any other third party;
4. Whilst projections of future performance have been shown to me illustrating up to a 9% annual growth rate, no warranties as to the actual performance of the recommended investments were made, either on behalf of PPI or by the individual representative concerned;
5. The investment recommended to me is a medium-to long-term investment and not suitable for a short-term trading.

I have been provided with a copy of the written recommendations/ product illustration made by my personal financial adviser.

Signature: _____ Place: _____ Date (dd/mm/yy): _____

If recommendations have been made to your partner, which he or she intends to act upon, your partner should sign below after first reading all the above.

Signature: _____ Place: _____ Date (dd/mm/yy): _____