Westminster
GROUP OF COMPANIES

Dear Valued Client,

We believe that the creation, implementation and ongoing review of a sound financial plan is absolutely essential to assist you in maintaining your lifestyle over time.

The first step is to have a review meeting to mutually assess whether we can be of service to you. As well as that, we would like to take this opportunity to update your contact details.

Attached is a request form; please fill in your preferred contact details, tick the appropriate box and post it back to us at:

Westminster Wealth Solutions
PO Box 3218
PERTH Adelaide Tce, WA, 6832

If you request a review, our office will contact you for an appointment time with your financial planner.

Yours sincerely,
The team at Westminster Wealth Solutions
+61 (8) 6210 8888

Westminster Wealth Solutions • ABN 78 100 552 289 • ACN 100 552 289
Level 23, 44 St Georges Terrace, Perth, Western Australia 6000 • Postal Address: PO Box 3218, Perth Adelaide Terrace, Western Australia 6832
Phone: +61 8 6210 8888 • Fax: +61 8 6210 8897 • Toll Free: 1 800 625 988 • Email: wealth@wws.net.au • Web: www.wws.net.au

Established 1980 Westminster Group

FPA PRINCIPAL MEMBER

Eclipse Network Pty Ltd, T/as Westminster Wealth Solutions. Corporate Representative of Australian Financial Services Ltd. License Number 290346

Australian Financial Services Limited ABN 50 116 900 362 Australian Financial Services Licensee license number 297239.
Principal Address: Level 15, 520 Collins Street, Melbourne, VIC, 3000. Web: www.austfinservices.com.au. All information and advice is for the private use of the person to whom it is provided. The Authorized Representative provides you with advisory services in accordance with the disclosures in the Financial Services Guide. Australian Financial Services is responsible to you for all conduct.

WESTMINSTER WEALTH SOLUTIONS - REVIEW FORM

Date _____

Title _____

First Name _____

Surname _____

Date of Birth _____

Policy Company
Policy Number/s _____

Fill in your preferred contact method

Mobile _____

Home Email _____

Home Tel _____

Home Fax _____

Home Address: _____

Work Email _____

Work Tel _____

Work Fax _____

Work Address _____

Tick the appropriate box:

☐ Review

Contact me to arrange an appointment time.

☐ Opt Out

Decline a review this year, but continue contacting me yearly.

☐ No Contact

Do not contact me, I'll contact you.