

## **Attestation of No Recommendations into Shield Master Trust or First Guardian Master Trust**

### **Purpose of This Attestation**

This attestation is required for all advisers seeking authorisation under **Springboard Wealth AFSL**. It forms part of our due-diligence, onboarding, and risk-management process to ensure compliance with ASIC expectations and to confirm that incoming advisers have not participated in advice activity associated with high-risk or non-compliant product issuers.

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### **Adviser Attestation**

I, the undersigned, hereby declare and attest the following:

1. **I have never provided personal financial advice, general advice, or any form of recommendation to any retail or wholesale client in relation to the following products:**
    - **Shield Master Trust**
    - **First Guardian Master Trust**
  2. **I have never facilitated, arranged, or assisted in the establishment, rollover, transfer, contribution, or investment of client funds into either of the above products.**
  3. **I have never received, directly or indirectly, any form of remuneration, commission, benefit, or consideration associated with the promotion, recommendation, or distribution of Shield Master Trust or First Guardian Master Trust products.**
  4. **To the best of my knowledge, I have not been involved in any advice process, paraplanning activity, administrative support, or client engagement that resulted in a client being placed into either of these products.**
  5. **I understand that providing false or misleading information in this attestation may result in immediate termination of my application, withdrawal of authorisation, reporting to ASIC, and any other action deemed necessary by Springboard Wealth AFSL.**
  6. **I acknowledge that Springboard Wealth AFSL may undertake background checks, file reviews, reference checks, and other due-diligence activities to verify the accuracy of this attestation.**
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### **Adviser Details**

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

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**Previous Licensee(s):** \_\_\_\_\_

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**Declaration**

I declare that the information provided in this attestation is true, complete, and accurate. I make this declaration in good faith and understand the obligations and consequences associated with it.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Springboard Wealth AFSL Use Only**

**Reviewed By:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_

**Outcome:**  Approved       Further Review Required       Declined