

ALL ABOUT YOU QUESTIONNAIRE

To enable me to provide you with financial advice, it is important that I understand your goals, objectives and financial situation. This document is designed to record this information.

The 'All About You Questionnaire' consists of five parts:

- PART 1: **Your profile**
- PART 2: **Your detailed information**
- PART 3: **Your risk profile**
- PART 4: **Adviser needs assessment**
- PART 5: **Client acknowledgement**

Client name:

Financial adviser:



PART 1

YOUR PROFILE

INSTRUCTIONS

So that our upcoming meeting is both productive and valuable for you, please complete the following questionnaire. The aim of the questionnaire is to prompt you to think about the goals and objectives you would like to achieve and the guidance that you are seeking. Your answers will also provide me with a basis to have a more meaningful discussion with you at our meeting

PART 1: YOUR PROFILE

1. Why are you seeking advice?

What are your reasons for seeking financial advice? What are you looking to achieve?

Please use the section below to detail why you have come to see us, and how you would like us to help you. You should also think about your goals. What are they? What is your timeframe? Your goals may include paying off your mortgage, saving for your children's education, retiring early, buying a new home or even overseas travel.

PART 1: YOUR PROFILE

2. Your information

Personal details

	Client	Partner
Title		
First name(s)		
Surname		
Date of birth		
Gender		
Relationship status		

Contact information

Residential address	Street no/name			
	Suburb			
	State	Postcode	Preferred <input type="checkbox"/>	
Postal address				
	Suburb			
	State	Postcode	Preferred <input type="checkbox"/>	
Home phone		Preferred <input type="checkbox"/>		Preferred <input type="checkbox"/>
Mobile phone		Preferred <input type="checkbox"/>		Preferred <input type="checkbox"/>
Work phone		Preferred <input type="checkbox"/>		Preferred <input type="checkbox"/>
Email				

Health

	Client	Partner
How would you describe your health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Average <input type="checkbox"/> Poor
Please detail any health issues that could affect your goals and objectives?		

PART 1: YOUR PROFILE

Employment

(More detail: Part 2 - Section 1.2 of questionnaire)

Employer 1	Client	Partner
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working/retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working/retired
Employment type	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other
What is your occupation?		

Employer 2	Client	Partner
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working/retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working/retired
Employment type	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other
What is your occupation?		

Income details

(More detail: Part 2 - Section 2.1 of questionnaire)

	Client	Partner	Joint
Gross salary	\$	\$	\$
Rental	\$	\$	\$
Investment: interest	\$	\$	\$
Investment: dividends	\$	\$	\$
Centrelink/DVA	\$	\$	\$
Super / Pension	\$	\$	\$

Savings capacity

(More detail: Part 2 - Section 2.1 and 2.2 of questionnaire)

	Client	Partner	Joint
How much do you save? (p/w, p/m, p/a)	\$ <input type="checkbox"/> p/w <input type="checkbox"/> p/m <input type="checkbox"/> p/a	\$ <input type="checkbox"/> p/w <input type="checkbox"/> p/m <input type="checkbox"/> p/a	\$ <input type="checkbox"/> p/w <input type="checkbox"/> p/m <input type="checkbox"/> p/a

PART 1: YOUR PROFILE

Asset details

(More detail: Part 2 - Section 2.4 of questionnaire)

Lifestyle assets	Client	Partner	Joint
Family home	\$	\$	\$
Contents	\$	\$	\$
Motor vehicles	\$	\$	\$

Note: If you have any other significant lifestyle assets, please include the details in the notes section at the end of this document.

Investment assets	Client	Partner	Joint
Cash	\$	\$	\$
Term deposits	\$	\$	\$
Managed funds	\$	\$	\$
Shares	\$	\$	\$
Investment properties	\$	\$	\$

Note: If you have listed any investment assets above (or have any other investment assets), please bring the relevant statements to our meeting.

Liability details

(More detail: Part 2 - Section 2.5 of questionnaire)

	Client	Partner	Joint
Home mortgage	\$	\$	\$
Margin loans	\$	\$	\$
Investment loans	\$	\$	\$
Personal loans	\$	\$	\$
Credit cards	\$	\$	\$

Note: If you have listed any liabilities above (or have any other liabilities), please bring the relevant statements to our meeting.

PART 1: YOUR PROFILE

Insurance

(More detail: Part 2 - Section 4 of questionnaire)

Client

Current insurances	Life insured	Annual premium	Benefit amount
Life		\$	\$
Total & Permanent Disability		\$	\$
Trauma		\$	\$
Income protection		\$	\$

Partner

Current insurances	Life insured	Annual premium	Benefit amount
Life		\$	\$
Total & Permanent Disability		\$	\$
Trauma		\$	\$
Income protection		\$	\$

Note: If you have listed any insurance policies above, please bring the relevant statements and/or policy details to our meeting.

Superannuation and retirement planning

(More detail: Part 2 – Section 3 of questionnaire)

	Client	Partner
What is the approximate balance of your super or retirement savings?	\$	\$
Expected retirement age		
Desired retirement income (p.a)	\$	\$

Note: If you have listed any superannuation accounts above please bring the relevant statements to our meeting.

Estate planning

(More detail: Part 2, Section 1.3 of questionnaire)

	Client				Partner			
Do you have a Will in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year last reviewed	----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year last reviewed	----
Do you have Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure	Year last reviewed	----	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure	Year last reviewed	----
	<input type="checkbox"/> No				<input type="checkbox"/> No			

Note: If you listed any estate planning information above, please bring details to our meeting.

PART 1: YOUR PROFILE

Notes

Please provide any additional information that you think may be relevant for our meeting.

PART 2: YOUR DETAILED INFORMATION

SECTION 1: **Personal details**

SECTION 2: **Income, expenses, assets & liabilities**

SECTION 3: **Super and retirement**

SECTION 4: **Wealth protection**

PART 2: YOUR DETAILED INFORMATION

Section 1: Personal details

1.1 Dependants / Children

- ☐ Dependant information is disclosed
☐ I/We choose not to provide these details at this time
☐ I/We do not have any dependants / children at this time

Dependant / Child 1

Name			
Relation			
Date of birth	-- / -- / --	Gender	
Living at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Still at school	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependant / Child 2

Name			
Relation			
Date of birth	-- / -- / --	Gender	
Living at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Still at school	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependant / Child 3

Name			
Relation			
Date of birth	-- / -- / --	Gender	
Living at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Still at school	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependant / Child 4

Name			
Relation			
Date of birth	-- / -- / --	Gender	
Living at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Still at school	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of any planned changes to your family situation

PART 2: YOUR DETAILED INFORMATION

1.2 Employment details

- ☐ Employment information is disclosed
☐ I/We choose not to provide these details at this time
☐ I/We are not employed at this time

Who is employed	<input type="checkbox"/> Client <input type="checkbox"/> Partner
Job title	
Employer	
Start date	--/--/----
Hours per week	<input type="checkbox"/> Secure <input type="checkbox"/> Not secure
Do you have the ability to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A
Can / does your income vary significantly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unused sick leave entitlements	days
Unused annual leave entitlements	days
Unused long service leave entitlements	days

Who is employed	<input type="checkbox"/> Client <input type="checkbox"/> Partner
Job title	
Employer	
Start date	--/--/----
Hours per week	<input type="checkbox"/> Secure <input type="checkbox"/> Not secure
Do you have the ability to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A
Can / does your income vary significantly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unused sick leave entitlements	days
Unused annual leave entitlements	days
Unused long service leave entitlements	days

PART 2: YOUR DETAILED INFORMATION

Who is employed	<input type="checkbox"/> Client <input type="checkbox"/> Partner
Job title	
Employer	
Start date	--/--/----
Hours per week	<input type="checkbox"/> Secure <input type="checkbox"/> Not secure
Do you have the ability to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A
Can / does your income vary significantly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unused sick leave entitlements	days
Unused annual leave entitlements	days
Unused long service leave entitlements	days

Who is employed	<input type="checkbox"/> Client <input type="checkbox"/> Partner
Job title	
Employer	
Start date	--/--/----
Hours per week	<input type="checkbox"/> Secure <input type="checkbox"/> Not secure
Do you have the ability to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A
Can / does your income vary significantly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unused sick leave entitlements	days
Unused annual leave entitlements	days
Unused long service leave entitlements	days

Please note if you are planning any changes to your employment in the near future	

PART 2: YOUR DETAILED INFORMATION

1.3 Estate planning

- ☐ Estate planning information is disclosed
☐ I/We choose not to provide these details at this time

	Client	Partner
Will location		
Solicitor name		
Solicitor location		
Do you have a Testamentary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Power of Attorney type	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Normal <input type="checkbox"/> General	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Normal <input type="checkbox"/> General
Year last updated	----	----
Power of Attorney name		
Do you have a Guardianship in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Guardianship type	<input type="checkbox"/> Limited <input type="checkbox"/> Initial	<input type="checkbox"/> Limited <input type="checkbox"/> Initial
Functions	<input type="checkbox"/> Accommodation <input type="checkbox"/> Health care	<input type="checkbox"/> Accommodation <input type="checkbox"/> Health care
Year last updated	----	----
Guardian name		

1.4 Social security

- ☐ Social security information is disclosed
☐ I/We choose not to provide these details at this time

	Client	Partner
Are you receiving a Centrelink/Veterans Affairs benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did the payment commence?	--/--/----	--/--/----
Please state the type of payment you are receiving		
How important to you is receiving a Centrelink / Veterans Affairs benefit?	<input type="checkbox"/> Important <input type="checkbox"/> Not important	<input type="checkbox"/> Important <input type="checkbox"/> Not important
Have you gifted any money within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the amount and the date it was gifted?	\$ --/--/----	\$ --/--/----

PART 2: YOUR DETAILED INFORMATION

Section 2: Income, expenses, assets & liabilities

2.1 Income details

- ☐ Income information is disclosed
☐ I/We choose not to provide these details at this time
☐ I/We do not have any income at this time

Type (per annum)	Client	Partner	Joint
Gross salary	\$	\$	\$
Commissions	\$	\$	\$
Bonus	\$	\$	\$
Centrelink / DVA payments	\$	\$	\$
Annuity	\$	\$	\$
Super / Pension	\$	\$	\$
Rental	\$	\$	\$
Investment: interest	\$	\$	\$
Investment: dividends	\$	\$	\$
Business	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

2.2 Expense details

- ☐ Expense information is disclosed
☐ I/We choose not to provide these details at this time
☐ I/We do not have any expenses at this time

Type (per annum)	Client	Partner	Joint
Taxes	\$	\$	\$
Debt Long-term	\$	\$	\$
Debt Short-term	\$	\$	\$
Super contributions	\$	\$	\$
Housing	\$	\$	\$
Transport	\$	\$	\$
Insurance	\$	\$	\$

PART 2: YOUR DETAILED INFORMATION

Personal	\$	\$	\$
Entertainment	\$	\$	\$
Dependants	\$	\$	\$
Tax deductible expenses	\$	\$	\$
Total	\$	\$	\$

2.3 Taxation

- ☐ Taxation information is disclosed
☐ I/We choose not to provide these details at this time
☐ I/We have supplied a copy of our latest tax return

	Client			Partner		
Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a HECS debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Are you claiming the Family Tax Benefit?	<input type="checkbox"/> No	<input type="checkbox"/> Part A	<input type="checkbox"/> Part B	<input type="checkbox"/> No	<input type="checkbox"/> Part A	<input type="checkbox"/> Part B
Do you have private health cover in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you claim the private health cover rebate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an application to vary a PAYG?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax payments outstanding	\$			\$		
Tax losses carried forward	\$			\$		
Capital losses carried forward	\$			\$		

PART 2: YOUR DETAILED INFORMATION

2.4 Assets

Lifestyle assets (such as family home, contents, cars, etc.)

- ☐ I/We have attached the relevant statement(s)
- ☐ I/We choose not to provide these details at this time
- ☐ I/We do not have any assets at this time

Owner	Description	Current value	Purchase amt	Purchase date	Centrelink asset tested	Centrelink value	Security for loan
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	--/--/----	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: YOUR DETAILED INFORMATION

Investment assets excluding superannuation (such as bank accounts, shares, managed funds and investment properties)

Owner	Description	Current value	Purchase amt	Purchase date	Maturity date	Income rate	Income amt (p.a)	Reinvest
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%
		\$	\$	--/--/----	--/--/----	%	\$	%

Are you making any regular contributions to your investment assets?

☐ Yes ☐ No

If yes, please provide details:

Are any of these investment assets funded by borrowing or used as security for a loan?

☐ Yes ☐ No

If yes, please provide further information and detail below the amount of the borrowed portion that is available for investment purposes. This should not be subject to asset based fees as it is sourced from borrowed funds.

PART 2: YOUR DETAILED INFORMATION

2.5 Liabilities

- ☐ I/We have attached the relevant statement(s)
- ☐ I/We choose not to provide these details at this time
- ☐ I/We do not have any liabilities at this time

Owner	Description	Loan provider	Outstanding balance	Interest rate	Loan term	Type*	Repayment	Frequency	Interest tax deductible
			\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
			\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
			\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
			\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
			\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
			\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%

* Principal & Interest / Interest Only

2.6 Future changes to your financial situation

- ☐ Future changes to the financial situation are disclosed
- ☐ I/We choose not to provide these details at this time
- ☐ I/We do not anticipate any future changes to the financial situation

PART 2: YOUR DETAILED INFORMATION

Section 3: Super and retirement

3.1 Superannuation assets & Defined benefit funds

- ☐ I/We have attached the relevant statement(s)
☐ I/We choose not to provide these details at this time
☐ I/We do not have any superannuation assets at this time

	Fund 1	Fund 2	Fund 3	Fund 4
Owner				
Super plan				
Reference number				
Date of balance	--/ /----	--/ /----	--/ /----	--/ /----
Date commenced	--/ /----	--/ /----	--/ /----	--/ /----
Death nomination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nomination type	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing
Binding death expiry date	--/ /----	--/ /----	--/ /----	--/ /----
Beneficiary name(s)				
Relationship of beneficiary				
Percentage				
Superannuation values				
Taxable - taxed	\$	\$	\$	\$
Taxable - untaxed	\$	\$	\$	\$
Tax free	\$	\$	\$	\$
Preserved	\$	\$	\$	\$
Restricted non preserved	\$	\$	\$	\$
Unrestricted non preserved	\$	\$	\$	\$
Total balance	\$	\$	\$	\$
Superannuation contributions (p.a.)				
Concessional				
Employer contribution (SG & Emp. vol.)	\$	\$	\$	\$

PART 2: YOUR DETAILED INFORMATION

	Fund 1	Fund 2	Fund 3	Fund 4
Salary sacrifice	\$	\$	\$	\$
Personal deductible	\$	\$	\$	\$
Self employed	\$	\$	\$	\$
Not specified	\$	\$	\$	\$
Non-concessional				
Personal non-deductible	\$	\$	\$	\$
Spouse contribution	\$	\$	\$	\$
Govt. Co-contribution	\$	\$	\$	\$
Low income contribution	\$	\$	\$	\$
Excess concessional	\$	\$	\$	\$
Not specified	\$	\$	\$	\$
Eligible service date	--/ /----	--/ /----	--/ /----	--/ /----
Exit fee (\$ / %)				
Management fee (\$ / %)				
Insurance cover held	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Default investment option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accrued default amount	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
My super option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible for choice of fund	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Insurance cover held	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation salary	\$	\$	\$	\$
Additional information (Defined Benefit formula & lifetime pension payable)				

PART 2: YOUR DETAILED INFORMATION

3.2 Super contributions information

	Client	Partner
Have you made any personal contributions to any Australian superannuation fund (including closed funds) in the past 3 financial years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concessional contributions e.g. super guarantee, salary sacrifice, personal, concessional and employer voluntary.

Total concessional contributions made:

This financial year (ending 30 June)	\$	\$
Previous financial year (ending 30 June)	\$	\$
Previous financial year (ending 30 June)	\$	\$
Was the concessional contributions cap exceeded in any of these financial years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining contributions cap this financial year	\$	\$

Non-concessional contributions e.g. personal, spouse and excess concessional contributions.

Total non-concessional contributions made:

This financial year (ending 30 June)	\$	\$
Previous financial year (ending 30 June)	\$	\$
Previous financial year (ending 30 June)	\$	\$
Have you used the bring forward provision within the last 3 financial years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining contributions cap	\$	\$

Other contributions

Small business CGT cap election amount	\$	\$
Transfer from foreign super fund	\$	\$
Structured settlements or personal injury payments	\$	\$

PART 2: YOUR DETAILED INFORMATION

3.3 Income stream / Pension assets

- ☐ I/We have attached the relevant income stream statement(s)
☐ I/We choose not to provide these details at this time
☐ I/We do not have any income streams at this time

	Fund 1	Fund 2	Fund 3	Fund 4
Owner				
Fund type				
Retirement plan				
Reference number				
Date of balance	--/--/----	--/--/----	--/--/----	--/--/----
Date commenced	--/--/----	--/--/----	--/--/----	--/--/----
Reversionary pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death nomination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nomination type	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding Lapsing <input type="checkbox"/> Binding Non-lapsing
Binding death expiry date	--/--/----	--/--/----	--/--/----	--/--/----
Beneficiary name(s)				
Relationship of beneficiary				
Percentage				
Tax free %	%	%	%	%
Tax free amount (p.a.)	\$	\$	\$	\$
Pension balance	\$	\$	\$	\$
Payment	\$	\$	\$	\$
Payment frequency				
Centrelink deductible amount	\$	\$	\$	\$
Eligible service date	--/--/----	--/--/----	--/--/----	--/--/----
Management fee (\$ / %)				
Exit fee (\$ / %)				
Grandfathered for Centrelink	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other information				

PART 2: YOUR DETAILED INFORMATION

3.4 Redundancy or early retirement payments

- ☐ Redundancy information is disclosed
- ☐ I/We choose not to provide these details at this time
- ☐ I/We do not have any such payments at this time

Termination details	Client		Partner	
Any previous termination payments received? (this financial year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer termination payment				
Redundancy / early retirement – tax free	\$		\$	
Redundancy / early retirement superannuation payment – taxable	\$		\$	
Ex-gratia / golden handshake	\$		\$	
Other	\$		\$	
Total	\$		\$	
Preserved amount	\$		\$	
Superannuation pension (p.a)	\$		\$	
Payment date	_/_/_/----		_/_/_/----	
Leave payments				
Unused long service leave	\$	<input type="checkbox"/> Net <input type="checkbox"/> Gross	\$	<input type="checkbox"/> Net <input type="checkbox"/> Gross
Unused annual leave	\$	<input type="checkbox"/> Net <input type="checkbox"/> Gross	\$	<input type="checkbox"/> Net <input type="checkbox"/> Gross
Other	\$		\$	
Total	\$		\$	

3.5 Notes

Please provide any additional information that you think may be relevant for our meeting.

PART 2: YOUR DETAILED INFORMATION

Section 4: Wealth protection

4.1 Insurance policies

- ☐ I/We have attached the relevant policy statement(s)
☐ I/We choose not to provide these details at this time
☐ I/We do not have any insurance policies at this time

	Policy 1	Policy 2	Policy 3	Policy 4
Policy owner				
Life insured				
Insurance company				
Policy name				
Policy type				
Policy number				
Date commenced	--/--/----	--/--/----	--/--/----	--/--/----
Annual renewal date	--/--/----	--/--/----	--/--/----	--/--/----
Term life cover – amount	\$	\$	\$	\$
Term life cover – premium	\$	\$	\$	\$
TPD cover – amount	\$	\$	\$	\$
TPD cover – premium	\$	\$	\$	\$
Trauma cover – amount	\$	\$	\$	\$
Trauma cover – premium	\$	\$	\$	\$
Income protection – amount	\$ pm	\$ pm	\$ pm	\$ pm
Income protection – premium	\$	\$	\$	\$
Total Premium	\$	\$	\$	\$
Premium type	<input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> Hybrid	<input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> Hybrid	<input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> Hybrid	<input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> Hybrid
Indexed to CPI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuation option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exclusions/Loadings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify				

PART 2: YOUR DETAILED INFORMATION

Further details regarding your Income Protection

Policy type?	<input type="checkbox"/> Basic <input type="checkbox"/> Comprehensive	<input type="checkbox"/> Basic <input type="checkbox"/> Comprehensive	<input type="checkbox"/> Basic <input type="checkbox"/> Comprehensive	<input type="checkbox"/> Basic <input type="checkbox"/> Comprehensive
Waiting period				
Benefit period				
Agreed or indemnity?	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity
Super continuance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accident option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increasing claims option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TPD option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the benefit indexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: YOUR DETAILED INFORMATION

4.2 Wealth protection considerations

The following questions are designed to gather information on the priorities for yourself and/or your family in the event your employment income stops as a result of an unexpected medical event. For example, due to:

- A serious but *temporary* medical event from which you fully recover. For example, a diagnosis of cancer, its treatment and a gradual recovery over a period of 2 years.
- A serious but *permanent* medical event, such as total and permanent disability or premature death.

Your financial protection in case of disability due to injury and/or significant illness:

	Client			Partner		
What proportion of your income would you prefer you or your family to receive?	<input type="checkbox"/> 0% <input type="checkbox"/> 50%	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	Other:	<input type="checkbox"/> 0% <input type="checkbox"/> 50%	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	Other:
In case of permanent disability would you want your debts paid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$
Would you want a lump sum for medical, rehabilitation, & home renovation costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$
Are there any assets that you would want to sell in case of permanent disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$
What is the number of weeks that you could maintain your standard of living without your primary income?						

Ongoing income and financial protection for your estate / family in case of unexpected death:

	Client			Partner		
If you were to die unexpectedly would you want your estate / family to be financially:	<input type="checkbox"/> Better off <input type="checkbox"/> Not as well off <input type="checkbox"/> At least as well off			<input type="checkbox"/> Better off <input type="checkbox"/> Not as well off <input type="checkbox"/> At least as well off		
For what length of time?	<input type="checkbox"/> Ongoing <input type="checkbox"/> For a period: ____ yrs.			<input type="checkbox"/> Ongoing <input type="checkbox"/> For a period: ____ yrs.		
What proportion of your income would you prefer your family to receive?	<input type="checkbox"/> 0% <input type="checkbox"/> 50%	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	Other:	<input type="checkbox"/> 0% <input type="checkbox"/> 50%	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	Other:
Would you want your debts paid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$
Is a lump sum required for other costs (e.g. funeral expenses, education costs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$
Are there any assets that you would want to sell in case of unexpected death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Amount	\$

Understanding your expectations:

	Client			Partner		
What proportion of your income are you currently contributing towards retirement?	<input type="checkbox"/> Legislated SG <input type="checkbox"/> Other: ____			<input type="checkbox"/> Legislated SG <input type="checkbox"/> Other: ____		
Given what you are contributing towards retirement what proportion of your income would you consider reasonable to allocate towards your insurance premiums?	<input type="checkbox"/> None <input type="checkbox"/> 1-2%	<input type="checkbox"/> 3-4% <input type="checkbox"/> 5-6%	Other:	<input type="checkbox"/> None <input type="checkbox"/> 1-2%	<input type="checkbox"/> 3-4% <input type="checkbox"/> 5-6%	Other:
If appropriate, would you be interested in funding your insurance premiums via superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART 2: YOUR DETAILED INFORMATION

4.3 Researching indicative terms for insurance cover

We require the following information to assist us in researching potential underwriting terms on insurance cover for you. By allowing us to speak with several Insurers this will improve your chances of obtaining cover on competitive terms. In conducting our research we will not provide your name or any identifying information to the Insurer.

	Client	Partner
Do you currently smoke tobacco or any other substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, have you smoked at any time in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (kgs/metres squared)	Height: _____ Weight: _____ BMI: _____	Height: _____ Weight: _____ BMI: _____
Are you aware of any reason that could affect your application for cover? (e.g. health, dangerous pastimes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Are you taking any prescription medication on an ongoing basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	Name: _____	Name: _____
	Dosage: _____	Dosage: _____
	Frequency: _____	Frequency: _____
	Reason: _____	Reason: _____
Have you seen your treating doctor about anything in the last 12-24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	Reason: _____	Reason: _____
	Has treatment ceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has treatment ceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any serious health event in the past from which you have now recovered? (e.g. surgery, cancer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	Reason: _____	Reason: _____
	Did you fully recover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you fully recover? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: YOUR DETAILED INFORMATION

Please include any other considerations below (e.g. if you would like a specific product or benefit amount)

4.4 Medical insurance details

- ☐ I/We have attached the relevant policy statement(s)
☐ I/We choose not to provide these details at this time
☐ I/We do not have any medical insurance policies at this time

Owner	Type		Insurance provider	Policy number	Renewal date
	<input type="checkbox"/> Corporate <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Overseas			--/--/----
	<input type="checkbox"/> Corporate <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Overseas			--/--/----

4.5 General insurance details

- ☐ I/We have attached the relevant policy statement(s)
☐ I/We choose not to provide these details at this time
☐ I/We do not have any general insurance policies at this time

Owner	Insurer / Product	Insured	Type	Premium
				\$
				\$

4.6 Notes

Please provide any additional information that you think may be relevant.

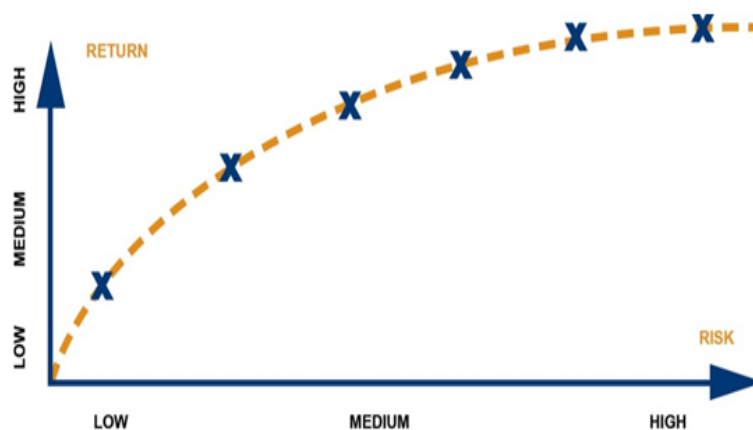


The Risk Profile is designed to determine your level of tolerance to, and acceptance of, investment risk. Investment risk is the chance that the actual value of, or return from, an investment may be less than its expected value or return. The following questions assess your willingness to accept investment risk, and your capacity to take risk relative to your financial situation, goals and objectives.

Relationship between risk & return

Generally the higher the risk the higher the expected return.

Whilst returns are critical, it is important you determine the risk you are prepared to take to achieve the returns and understand the consequences of that decision on your ability to meet your goals and objectives



People have different risk profiles which can reflect variations in their current financial situation, their age and life stage, their goals and objectives (and the time in which they wish to achieve them), their financial experience and knowledge, as well as personal values and beliefs. For example, some investors find it easy to ignore movements in the market and to focus on their long-term investment goals. However, others become anxious when their investments decrease in value, even by a small amount. This means we need to understand your willingness to take on risk, and also your capacity to handle the risks associated with an investment; for example, you may need a less volatile investment for a short term goal to ensure you have the money available at the time you need it.

By more clearly determining your risk profile, we are able to provide you with advice that is tailored and appropriate for your individual circumstance.

PART 3: YOUR RISK AND RETURN PROFILE

1. Risk & return profile questionnaire

The following questions will help me determine your risk profile.

Please note that C = Client, P = Partner, J = Joint & E = Entity

Willingness to take on risk

Q.1 How familiar are you with investing?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am an experienced investor. For example, I am familiar with investing and take an active interest in the share market.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a good understanding. I know how my super or managed funds work and I know how my money is invested.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have very little experience. I might know the balance of my super fund.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have no experience.

Q2 Some investment assets change value frequently; while their value may increase over time, their value may also decrease. Which best describes your attitude to investment fluctuations?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer investments that are stable with low levels of fluctuation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While I prefer stable investments with low fluctuation, I am comfortable if a small portion of my money experiences more volatility than the rest.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I accept that I will see the value of my investments going up and down, but I would like to maintain some stable investments to smooth returns over time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I expect to see the value of my portfolio going up and down, and I am comfortable investing most of my portfolio in assets with higher levels of fluctuation.

Q.3 Given your investment timeframe, how much could a \$100,000 investment fall in value before you would start to feel really uncomfortable, or question your decision to invest?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any fall would make me feel uncomfortable or question my decision to invest.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A \$10,000 fall (to \$90,000) would make me feel uncomfortable or question my decision to invest.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A \$20,000 fall (to \$80,000) would make me feel uncomfortable or question my decision to invest.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A \$30,000 fall (to \$70,000) would make me feel uncomfortable or question my decision to invest.

PART 3: YOUR RISK AND RETURN PROFILE

Q.4 If your portfolio balance increased over time and you felt you were on track to meeting your goals, what would your likely thought process be?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take more risk within my portfolio, with the hope of achieving more of my goals, even if this has a chance of jeopardise some of my goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue to maintain my investment strategy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As long as my goals could be met, I would sell down part of my investments to reduce the chance of jeopardising my goals, even if this means accepting a lower return.

Q.5 If markets experienced negative returns and you felt that you were starting to 'fall behind' in meeting your goals, what would your likely thought process be?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increase the risk to pursue my goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue to maintain my investment strategy to ride out the negative returns.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce the risk within my portfolio to avoid further jeopardising my goals, even if this means I wouldn't be able to meet all of my goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sell my investments to avoid any further losses, even if it means my goals will not be met.

Q.6 Let's say that your investment portfolio drops in value. How long would you be willing to wait for it to recover and return to its previous level before moving to a more conservative investment?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would move to a more conservative investment immediately, I won't accept any fall in my investment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 years +

Q.7 Higher returns require higher levels of risk to be taken by an investor. What level of risk would you be comfortable taking to meet your goals?

C	P	J	E	I am comfortable with a portfolio that has the following chance of experiencing a negative return in any one year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 in 5 chance (20%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 in 12 chance (8%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 in 33 chance (3%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0%

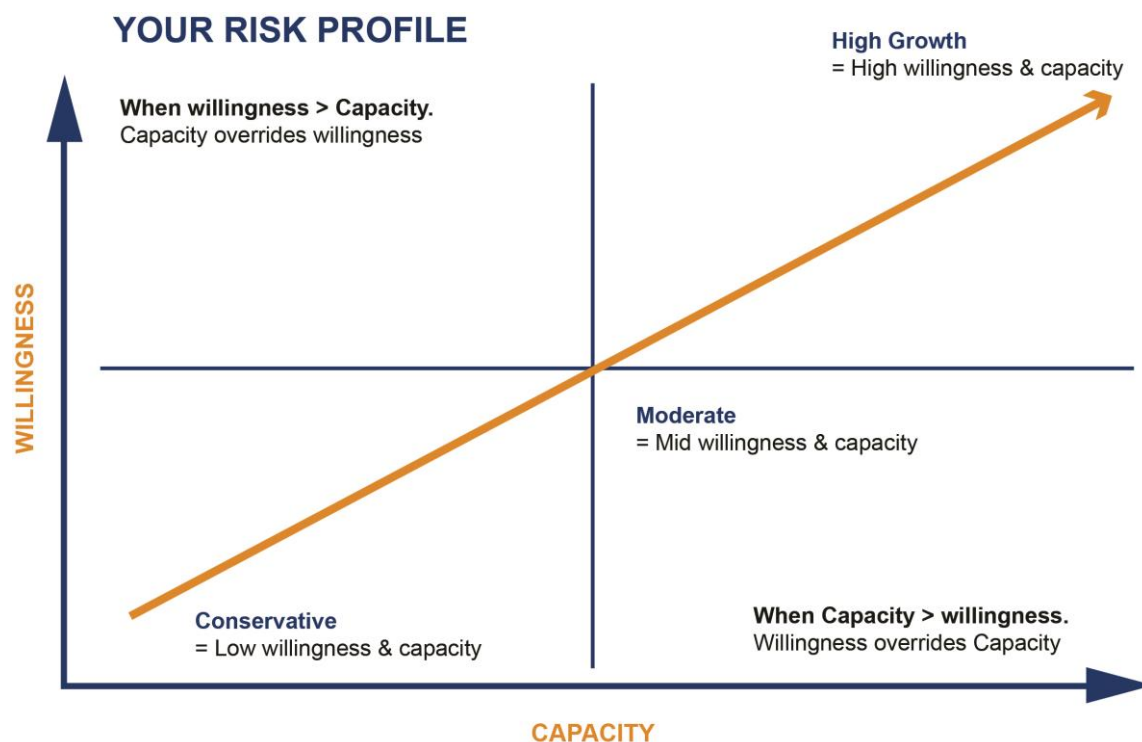
PART 3: YOUR RISK AND RETURN PROFILE

Capacity to take on risk

Q.8 Which of the following best describes your current situation?

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investor with few financial commitments (e.g.. single). I am looking to accumulate wealth for the future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investor who has financial commitments (e.g. young family). I don't have a lot of money at the moment, but want to save more.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well established. My finances are under control. I want to save more and am starting to seriously consider funding retirement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparing for retirement. I am thinking of downsizing my home and looking at strategies to release retirement funds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retired. I depend on my investments and am keen to maintain lifestyle

2. Your risk / return profile



PART 3: YOUR RISK AND RETURN PROFILE

3. Your risk tolerance

Understanding your investment risk tolerance is vital to portfolio construction and developing an appropriate asset allocation for you.

	Tolerance		
	Low	Medium	High
Detail	<p>Low risk investors are generally uncomfortable with fluctuating investments. Seeking to protect most or all of their capital, they sacrifice higher returns to achieve capital protection. Portfolios mainly consist of income assets, with little exposure to growth assets</p>	<p>Medium risk investors are generally comfortable with significant ups and downs in their investment values – they understand this is required for long term gains. To achieve their goals, funds are spread across the asset classes, with growth assets of 30% to 60% proving comfortable.</p>	<p>High risk investors are comfortable with the volatility that comes with a long-term, growth-focussed investment portfolio. This type of portfolio may consist of 80% to 100% growth assets. These portfolios generally suit longer timeframes due to the risk and resulting volatility.</p>

Please indicate where you believe you fall on the following risk tolerance spectrum:

	Tolerance					
	Low		Medium		High	
Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

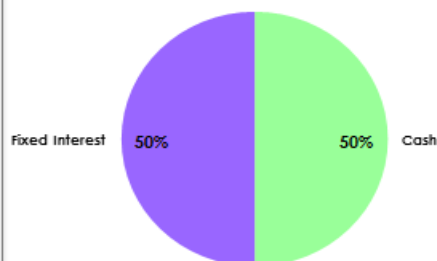
PART 3: YOUR RISK AND RETURN PROFILE

4. Count's standard strategic asset allocations

Defensive

Suitable for: Investors with low risk tolerance and/or short investment timeframe

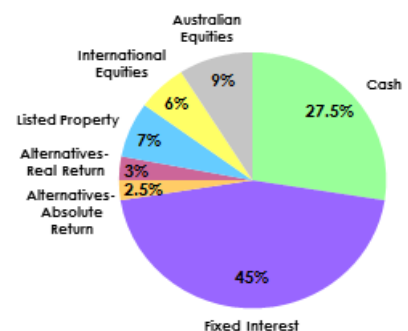
- Minimum time frame: 2 years
- Volatility: Low
- Returns: Low



Conservative

Suitable for: Investors with low risk tolerance and/or short to medium investment timeframe

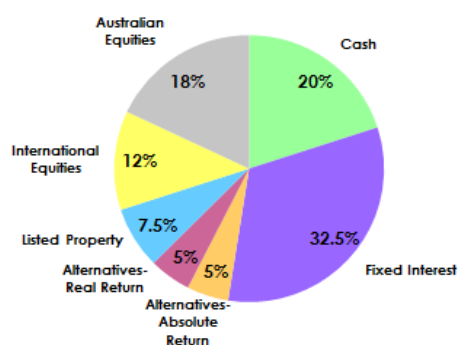
- Minimum time frame: 3 years
- Volatility: Low - Moderate
- Returns: Low - Moderate



Moderate Risk Profile

Suitable for: Investors with a moderate tolerance and/or medium investment timeframe

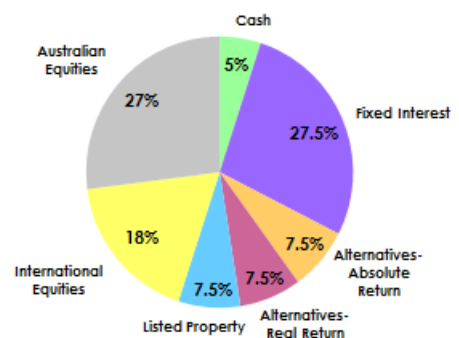
- Minimum time frame: 4 years
- Volatility: Low - Moderate
- Returns: Low - Moderate



Balanced

Suitable for: Investors with a moderate risk tolerance and/or long investment timeframe

- Minimum time frame: 5 years
- Volatility: Moderate - High
- Returns: Moderate - High

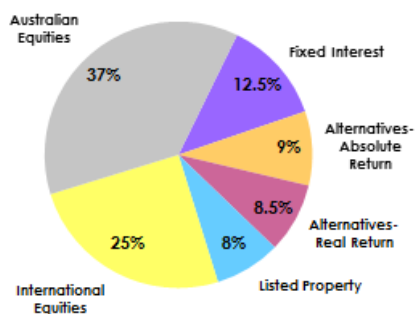


PART 3: YOUR RISK AND RETURN PROFILE

Growth

Suitable for investors with moderate to high risk tolerance and/or long investment timeframe

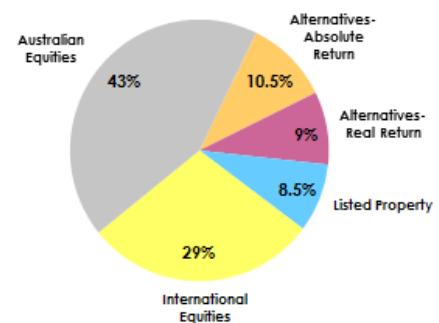
- Minimum time frame: 6 years
- Volatility: High
- Returns: High



High Growth

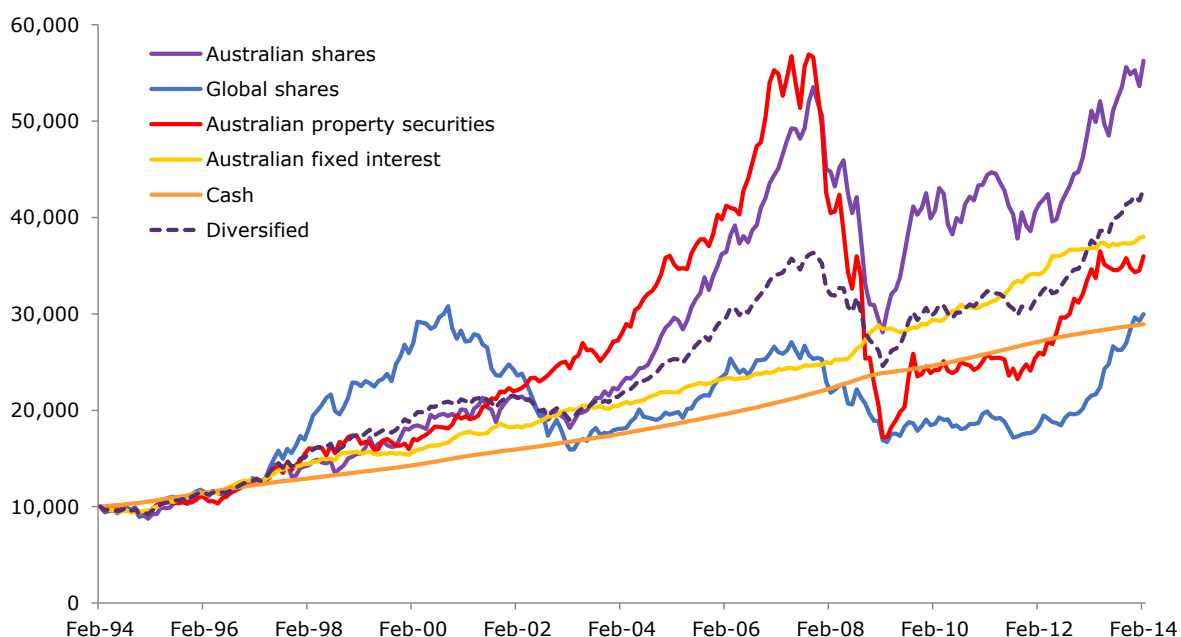
Suitable for investors with a high risk tolerance and/or long investment timeframe

- Minimum time frame: 7 years
- Volatility: High
- Returns: High



The graph below demonstrates the cumulative impact of investing in different asset classes.

The addition of extra asset classes to an investment can enhance returns and reduce risk as not all asset classes have the same risk return profile. Some assets perform strongly in periods of growth, whilst others perform better when the economy is slowing. This is known as correlation, which effectively measures how assets perform in relation to one another. Having multiple assets in a portfolio can smoothen the ride for investors as they are not subject to risks related to the single asset. The following graph shows the growth of \$10,000 of various asset classes over the past decade (Feb 1994 to Feb 2014) and illustrates the 'smoother' returns that can be achieved with a 'Diversified' portfolio.



PART 4: NEEDS ASSESSMENT

(Adviser Use Only)

1. Client goals and objectives

Please record the client's specific goals and objectives below, including the timeframe over which the client hopes to achieve them and who the objective is applicable to.

Objective

Who/What does the objective apply to? ☐ Client ☐ Partner ☐ Joint ☐ Company ☐ Trust ☐ SMSF

What is the objective?

When does the client want to achieve this? ☐ Now ☐ ___ Years

If the client will be referred to another adviser, please provide details:

Objective

Who/What does the objective apply to? ☐ Client ☐ Partner ☐ Joint ☐ Company ☐ Trust ☐ SMSF

What is the objective?

When does the client want to achieve this? ☐ Now ☐ ___ Years

If the client will be referred to another adviser, please provide details:

Objective

Who/What does the objective apply to? ☐ Client ☐ Partner ☐ Joint ☐ Company ☐ Trust ☐ SMSF

What is the objective?

When does the client want to achieve this? ☐ Now ☐ ___ Years

If the client will be referred to another adviser, please provide details:

PART 4: NEEDS ASSESSMENT

Objective

Who/What does the objective apply to?

☐ Client
☐ Partner

☐ Joint
☐ Company

☐ Trust
☐ SMSF

What is the objective?

When does the client want to achieve this?

☐ Now ☐ ____ Years

If the client will be referred to another adviser, please provide details:

Objective

Who/What does the objective apply to?

☐ Client
☐ Partner

☐ Joint
☐ Company

☐ Trust
☐ SMSF

What is the objective?

When does the client want to achieve this?

☐ Now ☐ ____ Years

If the client will be referred to another adviser, please provide details:

Objective

Who/What does the objective apply to?

☐ Client
☐ Partner

☐ Joint
☐ Company

☐ Trust
☐ SMSF

What is the objective?

When does the client want to achieve this?

☐ Now ☐ ____ Years

If the client will be referred to another adviser, please provide details:

PART 4: NEEDS ASSESSMENT

2. Adviser needs assessment

Have you identified any needs that are in your client's best interests and which have not yet been considered? Needs should be personal and specific for your client.

Adviser identified need

☐ Client ☐ Partner ☐ Joint ☐ Company ☐ Trust ☐ SMSF

What is the need?

What explanation of this need was given to the client including the consequences if this need is not addressed.

Would your client like this need to be considered further?

☐ Yes ☐ Partially ☐ No

If partially, what are the limitations?

If no, why not?

☐ Now ☐ ___ Years

If the client will be referred to another adviser, please provide details:

PART 4: NEEDS ASSESSMENT

Adviser identified need

☐ Client ☐ Partner ☐ Joint ☐ Company ☐ Trust ☐ SMSF

What is the need?

What explanation of this need was given to the client including the consequences if this need is not addressed.

Would your client like this need to be considered further?

☐ Yes ☐ Partially ☐ No

If partially, what are the limitations?

If no, why not?

☐ Now ☐ ___ Years

If the client will be referred to another adviser, please provide details:

PART 4: NEEDS ASSESSMENT

3. Determining the subject matter and scope of advice

Please use the checklist below to determine which other sections of the FNA are to be completed. Parts 1 and 5 of the FNA are mandatory and must be completed.

For additional scope areas such as Estate Planning that are not separately identified, please note these in the comments section.

Advice / strategy area	Client requires advice?
Investment	<input type="checkbox"/> Yes – complete Part 2 section 2 No <input type="checkbox"/>
Personal super	<input type="checkbox"/> Yes – complete Part 2 section 3 No <input type="checkbox"/>
Retirement	<input type="checkbox"/> Yes – complete Part 2 section 3 No <input type="checkbox"/>
Personal risk	<input type="checkbox"/> Yes – complete Part 2 section 4 No <input type="checkbox"/>
SMSF	<input type="checkbox"/> Yes – complete Part 2 section 5 No <input type="checkbox"/>
Aged care	<input type="checkbox"/> Yes – complete Part 2 section 6 No <input type="checkbox"/>
Company	<input type="checkbox"/> Yes – complete Part 2 section 7 No <input type="checkbox"/>
Trust	<input type="checkbox"/> Yes – complete Part 2 section 8 No <input type="checkbox"/>
Business risk	<input type="checkbox"/> Yes – complete Part 2 section 9 No <input type="checkbox"/>
Are there any investments that the client wishes to avoid? If yes please detail below. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any investments that the client wishes to retain? If yes please detail below. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Based on the above, any investments that are not to be included in the client's:	
Asset allocation	Tax & cashflow
Comments	

PART 4: NEEDS ASSESSMENT

4. Client risk capacity

Risk capacity

After considering the client's:

- Goals and objectives;
- Investment timeframe;
- Level of investment assets available to meet their goals; and
- Life stage, availability of future income (Salary/business income), the client has a relatively:

Please note that C = Client, P = Partner, J = Joint & E = Entity

C	P	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High financial capacity to absorb losses before jeopardising their goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium financial capacity to absorb losses before jeopardising their goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low financial capacity to absorb losses before jeopardising their goals.

Please record your discussion with your client about risk and risk profiling.

Detail what you have discussed with your client about risk profiling and include any implications or concerns.

PART 4: NEEDS ASSESSMENT

5. Agreed risk profile

Client		Partner	
Joint		SMSF	
Company		Trust	

Risk profile

	Client	Partner	Joint	SMSF	Company	Trust
Alternatives-absolute return	%	%	%	%	%	%
Alternatives- real return	%	%	%	%	%	%
Australian equities	%	%	%	%	%	%
Cash	%	%	%	%	%	%
Fixed interest	%	%	%	%	%	%
International equities	%	%	%	%	%	%
Property	%	%	%	%	%	%
Total	%	%	%	%	%	%

Comment to support the risk profile

PART 4: NEEDS ASSESSMENT

6. Conflicts of client's needs, goals, objectives & risk profile

Conflicts between a client's needs, goals, objectives, their risk profile or financial situation should be resolved before giving advice. Where conflicts cannot be resolved, consider if providing advice is in the best interest of the client. This section is **mandatory** where conflicts are identified.

Details of conflicts

Provide detail of conflict:

Describe how the conflict arose:

Has the conflict been discussed with the client?

☐ Yes

☐ No

Detail the outcome of that discussion

Has the conflict been resolved?

☐ Yes

☐ No

If no, can you still give advice in the client's best interests?

☐ Yes

☐ No (decline advice)

If yes, detail why the advice will still be in the client's best interests

PART 4: NEEDS ASSESSMENT

Provide detail of conflict:

Describe how the conflict arose:

Has the conflict been discussed with the client?

☐ Yes

☐ No

Detail the outcome of that discussion

Has the conflict been resolved?

☐ Yes

☐ No

If no, can you still give advice in the client's best interests?

☐ Yes

☐ No (decline advice)

If yes, detail why the advice will still be in the client's best interests

PART 4: NEEDS ASSESSMENT

7. SMSF investment strategy information

Has the investment strategy been sighted and is there a copy on file (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Trust Deed been sighted and is there a copy on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Trustees aware of their role and responsibilities in relation to the SMSF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all expenses been paid from Fund assets? If no, determine if an expense paid by a third party may count toward member contribution caps	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Trust investment strategy

Has the investment strategy been sighted and is there a copy on file (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Trust Deed been sighted and is there a copy on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Notes

Please provide any additional information that you think may be relevant to your needs assessment of the client.

PART 5: CLIENT ACKNOWLEDGEMENT

1. Client acknowledgement and declaration

I/We acknowledge that:

The information in this 'All About You Questionnaire' is to, the best of my/our knowledge, an accurate and complete record of the information sought.

My/Our adviser has warned us that if incomplete or limited financial information has been provided during the consultation process, then there is a possibility that any recommendation given to me/us may not be fully appropriate to my/our individual goals and needs.

My/Our adviser has made me/us aware that any tools, calculators or worksheets used as illustrative tools by my financial adviser are for the primary purpose of assisting us to explore various strategies during the financial planning process. I/We understand that representations made during these fact-finding sessions are not to be relied or acted upon. I/We understand that when my/our personal advice is finalised and ready to be implemented it will be given to me/us in a written Statement of Advice.

I/We confirm that I/we have had the Financial Services Guide (FSG) Part 1 Version _____ and Part 2 Version _____ shown and explained to me/us. In particular, my/our adviser has clarified:

- Who the Licensee is that is authorising my adviser services;
- Details of their qualifications;
- The products and services they are authorised to provide advice on;
- Their remuneration arrangements and other benefits received;
- Any associations and referral arrangements that may be in place;
- How personal information is maintained and how it is kept secure; and
- The complaints handling process.

My/Our adviser has asked me/us about any borrowed funds that I am/we are seeking advice on. I/We understand that I/we will not be charged an asset based fee on any borrowed funds that I/we seek advice on.

Client(s) to tick the relevant check boxes:

My/Our preference for being provided with a copy of FSG Part 1 and Part 2 both now and in the future is to receive it by:

- ☐ Hand – given at my/our meeting(s);
- ☐ Mail – sent to me/us in hard copy;
- ☐ Fax;
- ☐ Email – sent to me/us as a PDF document; or
- ☐ Website – I/we will follow the links you have provided to your website to obtain a copy(s).
- ☐ I/We consent to receiving by online delivery from my financial adviser certain advice or product documents. Online delivery may include text in an email or an attachment to an email, an email with a hyperlink to the document or a written notice that may be paper or electronic with a reference to a website address where the document can be found.

Advice documents may include though are not limited to Statements of Advice, Records of Advice or Fee Disclosure Statements. Product documents generally include Product Disclosure Statements or other product materials. In some circumstances, I/we may also receive other communications by online delivery, such as confirmation of transactions, periodic statements or ongoing disclosures of significant information or material events

PART 5: CLIENT ACKNOWLEDGEMENT

2. Terms of Engagement

You are seeking advice in regard to:

Our Financial Services Guide provides general information about our professional fees in regards to this engagement.

☐ Our fee for the preparation of an advice document and the services agreed upon within these Terms will be \$_____ including GST.

Alternatively

☐ Our fee for the preparation of an advice document and the services agreed upon within these Terms will be calculated on a time basis of \$_____ per hour.

We estimate that it may take up to _____ hours to provide the above services, resulting in an approximate cost of \$_____ including GST.

Where due to unforeseen circumstances, the fee is, or is likely to be, greater than anticipated or expected, we will discuss the matter with you as soon as possible, but always prior to billing.

Warning

During the advice process we may discuss and consider various advice areas and explore a variety of options and strategies with you. We have warned you that it is imperative that you do not act on any of these discussions or presentations until after we have finalised and formalised our recommendations and presented these to you in a written Statement of Advice.

3. Privacy Collection Statement

Privacy policy

We have explained to you that as a member of the Commonwealth Bank Group of companies (the Group), Count Financial Limited has adopted the principles set out in the Privacy Act as part of their continuing commitment to client service and the maintenance of client confidentiality.

Should you require further details you have elected to receive a copy of the [Group's Privacy Policy](#) from us by:

☐ Hand – given at our meeting;

☐ Mail – sent to me/us in hard copy;

☐ Fax;

☐ Email – sent to me/us as a PDF document; or

☐ Website – I am/we are aware that I/we can obtain the Privacy Policy from the Commonwealth Bank's Security and Privacy page of their website- <https://www.commbank.com.au/security-privacy/general-security/privacy.html>

Collection of personal information

We collect personal information about you when you complete the All About You Questionnaire, request or use our products or services, phone us or visit our websites. We also collect information about you from others, such as service providers, agents, advisers, brokers, employers, family members and accountants. We collect sensitive information, such as health and lifestyle information, usually for insurance purposes. If we need to obtain this sensitive information from you, we will ask for your consent.

PART 5: CLIENT ACKNOWLEDGEMENT

Use of personal information

We collect, use and exchange your information so that we can:

- ☐ Establish your identity and assess applications for products and services;
- ☐ Price, design and administer our services;
- ☐ Manage our relationship with you;
- ☐ Manage our risks, and help identify and investigate illegal activity;
- ☐ Contact you if we need to;
- ☐ Comply with our legal obligations and assist government and law enforcement agencies;
- ☐ Identify and tell you about other products and or services that may be of interest to you.

Exchange of information

We exchange information with other members of the Group so that the Group can have an integrated approach to its customers. Group members can use that information in the same way we can. We may disclose information to third parties as permitted by law or for the purposes mentioned above. Third parties include service providers, where we outsource activities (such as marketing and IT support), persons acting on your behalf, other financial institutions (for example so that we can process a claim for mistaken payment), auditors, insurers, employers and government agencies.

- ☐ You understand that our business also offers the following services and agree that in the event you require any of these additional services we may share your information with these other parts of our business:
- ☐ Accounting services
- ☐ Mortgage broking services
- ☐ Other

Sending information overseas

- ☐ Please be advised that in addition to the countries listed in the Group's Privacy Policy we may send your personal information overseas to for the purpose of
We have arranged for this country to be included in the Group's Privacy Policy.

Access and making a complaint

To access your personal information, please contact your adviser. If your personal information is incorrect, we can correct it. The [Group's Privacy Policy](#) will assist you in ascertaining how to complain, how your complaint is dealt with and provide further information on our personal information handling practices.

- ☐ I/We agree to my/our personal information being collected and used (including shared with related companies of Count Financial Limited) in accordance with the Commonwealth Bank's Privacy Policy Statement.

PART 5: CLIENT ACKNOWLEDGEMENT

4. Tax File Number (TFN) storage consent

I/We permit Count Financial Limited (Count) and its Authorised Representative to retain my/our TFN on file, subject to the following conditions:

- Count agrees to only use the TFN for purposes approved by law. This includes finding or identifying my/our superannuation benefits where other information is insufficient, calculating tax on any benefit I/we may be entitled to, for superannuation surcharge purposes and providing information to the Commissioner of Taxation. Count is also permitted to retain my/our TFN to quote on applications for future investments that I/we may make. These purposes may change in the future.
- In addition to the Commissioner of Taxation, the TFN will only be disclosed to the Trustee and Fund Managers that act on my/our behalf, and any other Government authority that requires my/our TFN.
- I/We understand that I/we are under no obligation to provide my/our TFN and declining to quote my/our TFN is not an offence.
- If I/we do not provide my/our TFN, I/we may pay more tax on my/our benefits than I/we have to and I/we also may have to pay the superannuation surcharge. It may also be more difficult to administer my/our benefits if you do not have my/our current address, if I/we wish to amalgamate my/our superannuation accounts, or if I/we have insufficient identification to claim or inquire about my/our benefits. I/We may pay more tax on dividends and distributions from investments that I/we hold. These consequences may change in the future.
- Count will only collect and use my/our TFN in accordance with the Commonwealth Bank Privacy Policy. It will also comply with the conditions of the Tax Administration Act.
- Count agrees to implement the necessary security to ensure that my/our TFN is not disclosed to any party not noted above; or misused by anyone.
- Count agrees to remove and destroy all records of my/our TFN should I/we instruct them to.

	TFN
Client	
Partner	
SMSF	
Company	
Trust	

This All About You Questionnaire was completed with information gathered during my/our meeting and from subsequent conversations.

Client here means in my/our capacity as;

- Individuals
- Member/trustee of SMSF
- Director
- Authorised signatory
- Trustees
- Beneficiaries of the Trust

PART 5: CLIENT ACKNOWLEDGEMENT

Client acknowledgement

Client name

Client signature

Date acknowledged

Partner name

Partner signature

Date acknowledged

Adviser acknowledgement

Adviser name

Adviser signature

Date acknowledged