

Adviser Name:	
Initial Interview Date:	

NOTE TO ADVISER

Plan Presentation Date:

Ensure that a copy of the Financial Services Guide is provided to the client with an explanation of its content.

IMPORTANT NOTE TO CLIENTS

Your advisor must have reasonable grounds for making an investment recommendation.

Before making such a recommendation your advisor must ask you about your investment objectives, financial situation and your particular needs.

The information collected in this form will be used strictly for that purpose.

WARNING

If you do not provide us with some of the information:

- we cannot conduct a comprehensive analysis of your investment objectives, financial situation and particular needs;
- any recommendation made to you may be based on incomplete or inaccurate information and therefore may not be appropriate for your particular circumstances; and
- you will need to consider whether the recommendation is appropriate in light of your own investment objectives, financial situation and particulate needs.

Financial Needs Analysis

Personal Summary Details

Client			Partner				
Title:			Title:				
Given Names:			Given Names:				
Preferred Name:			Preferred N	lame:			
Surname:			Surname:				
Date of Birth:			Date of Bir	th:			
Sex:	□ Male	-	Sex:		□ Male □ Female		
Marital Status:			Marital Sta	tus:			
Work Status:			Work Statu	s:			
Occupation:			Occupation	n:			
Employer's Name:			Employer's Name:	3			
Retirement Age:			Retirement	Age:			
Retirement Date:			Retirement	Date:			
Home Phone:			Home Phor	ne:			
Work Phone:			Work Phone:				
Mobile:			Mobile:				
Email:			Email:				
TFN:			TFN:				
Child/Dependent D	etails						
Name:			Name:				
Relationship		1	Relationsh			1	
Age:	DOB:	/ /	Age:	1	OOB:	/ /	
Name:			Name:				
Relationship:		1	Relationsh	ip:		Г	
Age:	DOB:	/ /	Age:		OOB:	/ /	
Name on Report:							
Salutation:							
Home Address:							
Suburb / Town:			State:		Postcode:		
Postal Address:							
Suburb / Town:			State:		Postcode:		

Health Detai	ls				
Client:		Excellent	□ Good		Fair
Notes:					
_					
Partner:		Excellent	☐ Good		Fair
Natas					
Notes:					
Other Profes	ssional Adv	isers			
		Name	Phone Number	Fax Number	Approx Fees / Expenses per annum
Accountant Tax Agent:	/				
Solicitor:					
Banker:					
Insurance Agent:					
Other:					
Notes:					

Income and Expenditure

Income (Whole Dollars Only)	Client	Partner
Gross salary / wages		
Other taxable income (pre-tax)		
Other non-taxable income		
Current Centrelink / DVA benefit		
TOTAL INCOME		
ESTIMATED TAX PAYABLE	_	
ESTIMATED INCOME AFTER TAX	_	

COMBINED AFTER TAX INCOME

Expenditure	e Calculator	Weekly	Monthly	Yearly
<u>'</u>	(Whole Dollars Only)	\$	\$	\$
	Rent / mortgage repayments			
	Council rates / water rates			
	Electricity / gas / oil			
Housing	Telephone			
	House & contents insurance			
	Household repairs / maintenance			
	Other			
	Petrol / fuel / services / repairs			
T	Registration / licences / insurance			
Transport	Public transport / taxi fares			
	Loan / lease repayments / parking / other			
II lab	Health benefits / insurance			
Health	Chemist / other			
Fd	Fees / books			
Education	Child care / other			
	Food / groceries			
	Clothing / footwear / haircuts			
	Sports / recreation / hobbies / subscriptions / fees			
Personal	Gifts / presents / entertainment			
	Books / magazines / newspapers			
	Life insurance / disability insurance			
	Other			
	ANNUAL EXPENDITURE TOTAL			\$
	MONTHLY EXPENDITURE TOTAL		\$	
	WEEKLY EXPENDITURE TOTAL	\$		
	ANNUAL SURPLUS / DEFICIT	\$		

Current Investment and Superannuation Portfolio

(NOTE: If applicable, please also provide details of franking levels, tax free, or tax deferred amounts which you may have received from existing property, shares or managed funds. If unknown, please provide a copy of your most recent statements.

Investment name / type	Owner C = Client P = Partner J = Joint	Original date invested (if known)	Original number of units (if applicable)	Original amount invested (\$)	Maturity date (if applicable)	Current No. Of Units (if applicable)	Interest rate (%) or income (\$) per annum	Estimated growth rate (%)	Current Value (\$)	Reference / policy number	Retain ? yes/no

Lifestyle Assets						
Type of asset	Owner C = Client P = Partner J = Joint	Original purchase date (if known)	Original purchase amount (\$)	Current Value (\$)	Insured For (\$)	Comments
Family Home						
Home Contents						
Antiques/paintings & collectibles						
Holiday Home						
Motor Vehicle						
Motor Vehicle						
Caravan						
Boat						
Trailer						
Miscellaneous						
Other:						

Current Life Assurance and General Insurance Policies									
Life / general insurance company name	Policy Owner C = Client P = Partner J = Joint	Type of policy Life / income replacement (disability) / home / contents / mortgage protection	Sum insured / benefit payable (\$)	Annual premium (\$)	Excess (\$)	Current Value (\$)	Current surrender value (\$)	Commencement date and maturity	Retain ? yes/no
Would you like your current insurance reviewed? ☐ Yes ☐ No									

Liabilities								
Type of Liability	Owner C = Client P = Partner J = Joint	Finance Provider	Original start date (if known)	Original amount borrowed (\$)	Current Debt (\$)	Interest Rate (%)	Monthly Repayme nt (\$)	Comments
Home Mortgage								
Home Mortgage								
Investment Property Loan								
Car Loans								
Personal Loans								
Credit Card								
Credit Card								
Store Card								
Line of Credit								
Investment Loans								
Other:								

^{*} Please attached statements if available.

Financial Objectives and Risk Profiles					
Main Objectives					
What are your main financial of	objectives?				
	Please number in order of priority if more than one.				
Income Generation					
Capital Growth					
Taxation Minimisation					
Retirement Planning					
Superannuation Planning					
Wealth Creation					
Other (Please specify)					
Liquidity					
How much cash do you feel th	nat you need to have available to meet emergencies and opportunities?				
Investment Attitude Do you have any preferred inv	vestments in mind?				
Are there any specific investm	ents you would not wish to consider?				
Current Income					
That your family can maintain	its current standard of living in the event of prolonged illness, accident or death.				
Comments					

Investor Type What type of investor are you? (Please tick one) **AGGRESSIVE** 7 years plus An aggressive investor is one who seeks to maximise long-term (7 years +) capital growth and net worth. They are well aware of the risk/reward ratio and are prepared to accept higher levels of volatility and risk to obtain higher capital growth. They are prepared to invest entirely into equities and are well aware of the heightened potential for capital loss in the short term. They usually enjoy a more active involvement in their investment strategy. **GROWTH** 5 - 7 years A moderately aggressive investor seeks a medium to long-term (5-7 years) investment strategy to facilitate growth of real net worth. These types of investor will usually be more inclined to accept a higher level of capital risk in order to obtain higher rates of return. **BALANCED** min 5 years A balanced investor is one who desires a well-balanced medium to long-term (min. 5 years) investment strategy with a balance between income and real returns above inflation over the long term. Security of investment is sought through the construction of a well-balanced investment portfolio and the spreading of funds across a broad range of quality investments. **DEFENSIVE** 3 - 5 years

A conservative or security conscious investor is one who is investing for the short to medium-term (1-3 years) and may consider investing a minor portion of funds into growth investments. A low risk factor pertaining to investments is still of prime importance and the returns will be generally income, with a small degree of capital growth

1 - 3 years

A defensive investor is one who is investing for the medium-term (3-5 years) and seeks a well-diversified investment to meet capital growth needs but is not prepared to accept high level of volatility on investment or

returns

CONSERVATIVE

Future Lump Sum Income and Expenses								
INCOME	Amount	Year	EXPENSE	Amount	Year			
ЕТР	\$		Holiday	\$				
Sale of Property	\$		Car	\$				
Gift	\$		Gift	\$				
Inheritance	\$		Other	\$				
	\$			\$				
Other	\$			\$				

Retirement Planning								
If you retired today, and all your princip preferred lifestyle expenses, how much	If you retired today, and all your principal debts were paid, and you only had to meet your usual living and preferred lifestyle expenses, how much income would you need?							
Lump sum required immediately	\$							
Ongoing income required (Net)	\$	per annum						
(which repres	sents % of my/our curre	nt salary)						
Total all superannuation benefits								
Client	\$							
Partner	\$							
Total all other investments								
Client	\$							
Partner	\$							
Comments								
		•						

Eligible Termination Payments (Please attach a copy of statements)							
	Client				Partner		
15 February 1990							
Highest average salary:	\$			\$			
ETP Value at 15/2/90:	\$			\$			
POST 15 February 1990							
Original ETP and Rollover Date:	\$		/ /	\$		/ /	
Pre July 83 Days:		1			•	•	
Post June 83 Days:							
Undeducted Amount:	\$			\$			
Concessional Amount:	\$			\$			
Unfunded / Funded:					•		
Rollover Amount and Rollover Date:	\$		/ /	\$		/ /	
Cashed ETP and Date:	\$		/ /	\$		/ /	
Start Date:	/ /				1 1		
Highest Average Salary:	\$			\$			
Annual Leave / Long Service Leave:	\$			\$			

Estate Planning Details						
Client		Partner				
Do you have a valid up to date will	☐ Yes ☐ No	Do you have a valid up to date will	☐ Yes ☐ No			
Date of will:	1 1	Date of will:	1 1			
Last reviewed:	1 1	Last reviewed:	1 1			
Will Location:		Will Location:				
Executor:		Executor:				
Telephone:		Telephone:				
Is your executor familiar with the contents of your will and estate plans?	□ Yes □ No	Is your executor familiar with the contents of your will and estate plans?	□ Yes □ No			
Would you like someone to contact you to discuss your will?	☐ Yes ☐ No	Would you like someone to contact you to discuss your will?	□ Yes □ No			
Estate F	Planning Objectives / R	ecommendations				
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Client Acknowledgement

The information provided in this Financial Needs Analysis is complete and accurate to the best of my knowledge. I/We understand that any investment made or policy purchased without the completion of a Needs Analysis, or following partial or inaccurate completion, may not be appropriate to my/our needs. I/We also understand that an investment made or policy purchased which differs form that recommended by the intermediary may not be appropriate to my/our needs. I/We appreciate that, in these circumstances, I/we may lose the right to seek compensation from the intermediary or its principal; for any loss suffered by me/us as a consequence of incomplete or inaccurate information being provided. I/We also acknowledge that personal circumstances can change, and will contact the Financial Planner when/if this occurs.

intermediary or	preciate that, in the its principal; for an	y loss suffered	d by me/us as	a consequen	ce of incomple	ete or inac	curate inform	ation
Planner when/if	I/We also acknow this occurs.	neage that per	rsonai circums	ances can cr	iange, and wi	ii contact t	ne rinanciai	
Signature			Si	gnature				
Name:			Na	ame:				
Date:	/	/	Da	nte:		/	1	
Advisor's Ackr	nowledgement							
Signature								
Name:								
Date:			/	/				
Advisor's FSG	Provided (ple	ease circle)	Yes	/ No				
DISCLOSURE A	AND DISCLAIME	₹						
Advisor and its employees may have an interest in and/or receive brokerage (upfront and/or ongoing) from the investments or products recommended. Further brokerage details will be set out in any written information supplied to you.								
Any recommendations and advice are based on the information provided by you. We act on this information in good faith. All recommendations and advice are based on current economic and legislative environments, and our interpretation of these conditions. No guarantees can be given or implied, and any recommendation advice may need to be altered due to unforeseen changes to economic and legislative conditions. The recommendations and advice are given solely for your use and therefore should not be taken as a guide for other people.								
Notes								