

# Financial Planning Questionnaire

Issue Number 3 | November 2015

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Prepared for

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Adviser Name

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This is an important and confidential document. The information you have provided within this document forms the basis of any advice given by your Securitor Financial Adviser. Please note, it may be necessary to ask additional questions to identify your needs, objectives and financial situation.

## Personal Details

All clients need to complete this section.

	Client 1	Client 2
Are you fluent in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the assistance of an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title (e.g. Mr, Mrs)		
Surname		
Given name		
Preferred name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Date of birth (DD/MM/YYYY)	/ /	/ /
Retirement age		
Relationship between clients 1 and 2		
Residential address		
	State Postcode	State Postcode
Postal address (write 'as above' if same as residential address)		
	State Postcode	State Postcode
Home telephone		
Business telephone		
Mobile		
Email address		
Facsimile		
Preferred contact method		
Are you an Australian resident for taxation purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which country?		

## Employment Details

All clients need to complete this section.

	Client 1	Client 2
Occupation		
Breakdown of occupation duties (administration, manual, travel, etc)		
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Casual <input type="checkbox"/> Retired	<input type="checkbox"/> Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Casual <input type="checkbox"/> Retired
Hours worked per week		
Employer's name		
Employer's address	State      Postcode	State      Postcode
Employer's phone number		
Date commenced with employer	/ /	/ /
Is salary packaging available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accrued sick leave days		
Accrued annual leave days		
Accrued long service leave days		
If self-employed, what is the business structure?	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership Split _____%	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership Split _____%

## Health

Please complete this section or tick the relevant box  Not applicable  Not disclosed

	Client 1	Client 2
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please outline the provider details		
Do you know of, or have you been made aware of, any issues which may be relevant to the assessment of a life insurance application? For example: known medical conditions; occupational hazards; planned overseas travel; engagement in hazardous pursuits; and/or immediate family medical history concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed
If yes, please provide details or alternatively complete the 'Life Insurance Pre-Assessment Request' and attach as an addendum to this document.		

## Social Security

Please complete this section or tick the relevant box  Not applicable  Not disclosed

	Client 1	Client 2
Are you currently eligible for Centrelink/DVA benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what benefit(s) are you eligible for? Please provide details of the benefits received, such as frequency, reason, length of payment, etc.		
What is your Centrelink Customer Reference Number?		
Do you have any Centrelink/DVA concession cards (PCC, HCC or CSHC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you 'gifted' assets in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much and when?	\$ / /	\$ / /
Have you received a compensation payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please outline details		

## Family Position

Please complete this section or tick the relevant box  Not applicable  Not disclosed

Name	Date of Birth	Relationship	Financial Dependents	When Would You Expect Dependency to Cease?
	/ /		<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	




## Third Parties



Please complete this section or tick the relevant box  Not applicable  Not disclosed




	Name	Phone	Address	Email Address
Family member				
Accountant/ Tax agent				
Banker				
Solicitor				
Doctor				
Other				
Do you need to consult any of the above in your decision making process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?		

# Lifestyle and Financial Goals

All clients need to complete this section.

What You Want to Achieve	Details of Explicit Needs/Client Verbatim	Amount/Instruction
<p><b>Your Family</b></p>  <p><b>What is important to your family?</b></p> <p>(Examples may include reviewing your personal risk insurance needs or future planned expenditure)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority
<p><b>Your Retirement</b></p>  <p><b>What is important to you about your retirement?</b></p> <p>(Examples may include building wealth for retirement, accessing an income stream or reviewing your super)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority
<p><b>Your Money</b></p>  <p><b>What would you like to achieve financially?</b></p> <p>(Examples may include building an investment portfolio, borrowing to invest or repaying debt)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority

What You Want to Achieve	Details of Explicit Needs/Client Verbatim	Amount/Instruction
<p><b>Your Lifestyle</b></p>  <p><b>How important is your lifestyle?</b></p> <p>(Examples may include how you intend to live, reducing your work hours or maintaining a work/life balance)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/>
<p><b>Your Home</b></p>  <p><b>What is important to you about your home?</b></p> <p>(Examples may include renovating, relocating or downsizing)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/>
<p><b>Your Career</b></p>  <p><b>What do you want to achieve in your career?</b></p> <p>(Examples may include changing career paths, planning for promotion or redundancy)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/>

What You Want to Achieve	Details of Explicit Needs/Client Verbatim	Amount/Instruction
<p><b>Your Business</b></p>  <p><b>What is important to you for your business?</b></p> <p>(Examples may include future growth or succession planning)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority
<p><b>Your Health</b></p>  <p><b>What is important to you about your health and wellbeing?</b></p> <p>(An example may include maintaining a fit and healthy lifestyle)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority
<p><b>Your Community</b></p>  <p><b>How involved do you want to be in your community?</b></p> <p>(Examples may include charity and volunteer work)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in ____ years <input type="checkbox"/> Not in scope <hr/> Priority



What You Want to Achieve	Details of Explicit Needs/Client Verbatim	Amount/Instruction
<p><b>You</b></p>  <p><b>What would you personally like to achieve?</b></p> <p>(An example may include exploring a particular interest)</p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in _____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in _____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/>
<p><b>Your Dreams</b></p>  <p><b>Is there something special that you have always wanted to do but never thought you could?</b></p>		<p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in _____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/> <p>\$</p> <hr/> <input type="checkbox"/> Address now <input type="checkbox"/> Ongoing goal <input type="checkbox"/> Address in _____ years <input type="checkbox"/> Not in scope <hr/> Priority <hr/>
<p><b>Do you have any environmental, social or ethical considerations that need to be taken into account?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If yes, please outline details</p>		

## Future Planned Expenditures

Capital Expenditure	Estimated Amount	Target Date
	\$	/ /
	\$	/ /
	\$	/ /
	\$	/ /

## Investment Preferences

Rate the importance of the following	Client 1			Client 2		
	Important	Neutral	Not important	Important	Neutral	Not important
Flexibility and diversity in investment choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for capital growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for regular income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic asset allocation/rebalance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greater control and more active management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to minimise costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for liquidity/cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to service loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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## Income/Expenditure Analysis

All clients need to complete this section.

Alternate income and expenses data collection used and attached.

### Income

Select frequency:  Weekly  Fortnightly  Monthly  Yearly

	Client 1 (\$)	Client 2 (\$)	Joint (\$)	Non-taxable (\$)
Salary and/or wages (exclude Super Guarantee contributions)				
Bonus income				
Social security income				
Maintenance income				
Interest income				
Dividend/managed fund income				
Pension/annuity income				
Distribution income (e.g. trust)				
Net rental income <sup>^</sup>				
Net business income (e.g. sole trader, partnership)				
Other taxable income (e.g. director's fees)				
Other				
Other				
Other				
<b>Subtotal income</b>				
<b>Total combined income (before tax)</b>				
<b>Less: Estimated tax and/or other deductions (e.g. salary sacrifice, salary packaging)</b>				
<b>Net combined income</b>				

<sup>^</sup> Include where there is a long-term tenancy agreement in place of at least 12 months.

Notes:

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## Expenses

Select frequency:  Weekly  Fortnightly  Monthly  Yearly

	Client 1 (\$)	Client 2 (\$)	Joint (\$)	Tax-deductible (\$)
Household (rates, utilities, food, etc.)				
Car/boat/transport				
Rent/home mortgage				
Credit cards				
Other debt repayments				
Personal (e.g. clothing)				
Transport (e.g. car(s), fares)				
Insurance premiums (general/life)				
Medical/dental				
Dependant(s)/maintenance payments				
Entertainment				
Education				
Holidays				
Superannuation contributions*				
Business overheads				
Regular savings plans				
Donations (charity/foundation)				
Other				
Other				
Other				
<b>Subtotal expenses</b>				
<b>Total combined expenses</b>				
<b>Surplus/Deficit (total net combined income less total combined expenses)</b>				

\* Includes non-concessional or spouse superannuation contributions. Note, concessional or salary sacrifice contributions are recorded at 'Income' above.

Summary: Income, Expenses and Savings		(\$)
What is your total net combined income? (from above)		p.a.
What is your total combined expenses (from above)?		p.a.
Surplus/Deficit		p.a.
Do you expect any changes to your income/expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details		
How much readily accessible money do you expect you might need to meet emergencies and your day-to-day expenditure?*		p.a.
How is your surplus used or deficit met?		

\* Cash, savings, liquid investments.

# Assets and Liabilities

All clients need to complete this section.  Alternate assets and liabilities data collection used and attached.

## Lifestyle and Business Assets

Detail	Owner	Current Value	Date Purchased	Purchase Amount	Realised in the Event of Death/TPD/Trauma	Centrelink Value	Insured and Up-To-Date?	Insurer	Sum Insured	Premium	Security for Loan?
Principal residence		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Home contents		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Motor vehicle		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Holiday house		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Business goodwill		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Business (plant, stock & equipment)		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Other		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Other		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Other		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$		<input type="checkbox"/> Y <input type="checkbox"/> N

## Investment Assets

Direct Property	Owner	Current Value	Date Purchased	Purchase Amount	Realised in the Event of Death/TPD/Trauma	Rental Income p.a.	Expenses p.a.	Reallocate	Security for Loan?	Funded by Borrowing?*
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$

\* If yes, please document the amount borrowed for investment purposes (this amount should not be subject to asset based fees given it is sourced from borrowed funds).

**Investment Assets (continued)**

Cash and Fixed Interest	Owner	Current Value	Date Purchased	Purchase Amount	Realised in the Event of Death/TPD/Trauma	Income p.a.	Maturity Date	Reinvest Income	Amount or % to Reallocate	Regular Investment p.a.	Security for Loan?	Funded by Borrowing?*
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Shares and Managed Funds	Owner	Current Value	Date Purchased	Purchase Amount	Realised in the Event of Death/TPD/Trauma	Income p.a.	Total Units/Shares	Reinvest Income	Amount or % to Reallocate	Regular Investment p.a.	Security for Loan?	Funded by Borrowing?*
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %		<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %		<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %		<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %		<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	/ /	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %		<input type="checkbox"/> Y <input type="checkbox"/> N	\$ / %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

\* If yes, please document the amount borrowed for investment purposes (this amount should not be subject to asset based fees given it is sourced from borrowed funds).

## Liabilities

Detail	Lender	Borrower	Facility Limit	Balance	Interest Rate %	P&I or Interest Only	Start Date	Loan Term	Monthly Repayment	Secured Against	Deductible
Mortgage			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	%	<input type="checkbox"/> PI <input type="checkbox"/> IO	/ /		\$		<input type="checkbox"/> Y <input type="checkbox"/> N

Does anyone act as a loan guarantor over any of these loan obligations?  Yes  No

If yes, specify the name of guarantor(s) and for which loan(s)

## Summary: Assets and Liabilities Summary

Total assets (from above) \$

Total liabilities (from above) \$

Net assets \$

Do you expect any changes to your assets / liabilities?  Yes  No

### Notes:

(extra information regarding repayment options – P&I or Interest only, fixed/variable option, loan term of fixed option, frequency of payment and any establishment or exit fees payable)

## Superannuation and Income Streams

Please complete this section or tick the relevant box  Not applicable  Not disclosed

Alternate superannuation/income stream data collection used and attached.

Please attach an addendum to the back of this document if you are unable to fit all existing funds below.

Please attach the Replacement Checklist as an addendum to the back of this document if you are replacing an existing superannuation/income stream.

### Superannuation Details

		1	2	3	4
Owner					
Fund name/provider					
Member number					
Investment option(s)					
Date commenced		/ /	/ /	/ /	/ /
Current value		\$	\$	\$	\$
Regular contributions	Employer SG	\$ p.a.	\$ p.a.	\$ p.a.	\$ p.a.
	Concessional	\$ p.a.	\$ p.a.	\$ p.a.	\$ p.a.
	Non-concessional	\$ p.a.	\$ p.a.	\$ p.a.	\$ p.a.
Eligible for choice of fund		<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
Type of fund (e.g. employer, industry)					
Accumulation/Defined benefit					
Eligible service date					
Total taxable component		\$	\$	\$	\$
Total tax-free component		\$	\$	\$	\$
Preserved amount		\$	\$	\$	\$
Restricted non-preserved		\$	\$	\$	\$
Unrestricted non-preserved		\$	\$	\$	\$
Death benefit 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
		<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding
Management cost p.a.		\$ %	\$ %	\$ %	\$ %
Other cost p.a.		\$ %	\$ %	\$ %	\$ %
Exit fee		\$ %	\$ %	\$ %	\$ %
Insurance cover		<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



## Previous Superannuation Contribution Amounts

Please provide details of superannuation contributions made in the current financial year and previous two (2) financial years. If unknown, please contact the ATO or your super fund.

**Warning:** Penalties may apply if superannuation contribution limits are exceeded. Please check with your Financial Adviser for more information.

Detail		Client 1	Client 2
Concessional Contributions (including SG)	Current Financial Year ending 30/06/	\$	\$
	Previous Financial Year ending 30/06/	\$	\$
	Previous Financial Year ending 30/06/	\$	\$
Non-Concessional Contributions	Current Financial Year ending 30/06/	\$	\$
	Previous Financial Year ending 30/06/	\$	\$
	Previous Financial Year ending 30/06/	\$	\$
Other Contributions (specify current financial year and previous two (2) financial years)		\$	\$
		\$	\$
		\$	\$

## Redundancy or Early Retirement Payment

Have you, or will you expect to receive a Redundancy or Early Retirement Payment?  Yes  No

Please provide any documentation relating to such payments.

Service Period	Client 1	Client 2
Employment commencement date	/ /	/ /
Date employment to cease	/ /	/ /
Amount of redundancy/early retirement payment	\$	\$
Payment for unused annual leave	\$	\$
Payment for unused long service leave	\$	\$
Will you have to exit the superannuation fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

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## Income Stream Details (Pension and Annuity)

	1	2	3	4
Owner				
Fund name/provider				
Member number				
Pension/Annuity type				
Investment option(s)				
Complying (Centrelink)				
Date of purchase	/ /	/ /	/ /	/ /
Current value	\$	\$	\$	\$
Current units				
Original investment amount	\$	\$	\$	\$
Centrelink deductible amount	\$	\$	\$	\$
Tax free component	\$	\$	\$	\$
Taxable component	\$	\$	\$	\$
Income p.a.	\$	\$	\$	\$
Indicate min/max/specified				
Payment frequency				
Term of pension/annuity				
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
Indexation rate	%	%	%	%
Residual capital value	\$	\$	\$	\$
Reversionary	<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 provide details (name/DOB)	/ /	/ /	/ /	/ /
Death benefit 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
	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding
Management cost p.a.	\$ %	\$ %	\$ %	\$ %
Other cost p.a.	\$ %	\$ %	\$ %	\$ %
Exit fee	\$	\$	\$	\$

**Notes:**

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## Current Protection Insurance Details

Please complete this section or tick the relevant box  Not applicable  Not disclosed

Please attach an addendum to the back of this document if you are unable to fit all existing policies below.

Please attach the Replacement Checklist as an addendum to the back of this document if you are replacing an existing insurance policy.

### Client 1

Protection Need	Policy Number	Insurer	Policy Owner	Insured Benefits	Amount of Cover	Total Premium	Premium Frequency	
Lifestyle protection				<input type="checkbox"/> Death <input type="checkbox"/> TPD (own) <input type="checkbox"/> TPD (any) <input type="checkbox"/> Trauma	\$ \$ \$ \$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	
Personal super/SMSF				<input type="checkbox"/> Death <input type="checkbox"/> TPD (own) <input type="checkbox"/> TPD (any)	\$ \$ \$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	
Protection Need	Policy Number	Insurer	Policy Owner	Benefit Period	Waiting Period	Monthly Benefit	Premium	Premium Frequency
Income protection/salary continuance						\$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly

Do you have loadings or exclusions on your existing benefits?  Yes  No  Not disclosed

If yes, please provide details:

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### Employer Sponsored Super

Fund	Insured Benefits	Sum Insured	Benefit Period	Waiting Period	Nominated Beneficiaries
Lifestyle protection /salary continuance	<input type="checkbox"/> Death <input type="checkbox"/> TPD (own) <input type="checkbox"/> TPD (any) <input type="checkbox"/> Salary continuance	\$ \$ \$ \$			

Notes:

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## Client 2

Protection Need	Policy Number	Insurer	Policy Owner	Insured Benefits		Amount of Cover	Total Premium	Premium Frequency
Lifestyle protection				<input type="checkbox"/> Death		\$	\$	<input type="checkbox"/> Monthly
				<input type="checkbox"/> TPD (own)		\$		<input type="checkbox"/> Half yearly
				<input type="checkbox"/> TPD (any)		\$		<input type="checkbox"/> Yearly
				<input type="checkbox"/> Trauma		\$		
Personal super/SMSF				<input type="checkbox"/> Death		\$	\$	<input type="checkbox"/> Monthly
				<input type="checkbox"/> TPD (own)		\$		<input type="checkbox"/> Half yearly
				<input type="checkbox"/> TPD (any)		\$		<input type="checkbox"/> Yearly
Protection Need	Policy Number	Insurer	Policy Owner	Benefit Period	Waiting Period	Monthly Benefit	Premium	Premium Frequency
Income protection/salary continuance						\$	\$	<input type="checkbox"/> Monthly
								<input type="checkbox"/> Half yearly
								<input type="checkbox"/> Yearly

Do you have loadings or exclusions on your existing benefits?  Yes  No  Not disclosed

If yes, please provide details:

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## Employer Sponsored Super

Fund	Insured Benefits	Sum Insured	Benefit Period	Waiting Period	Nominated Beneficiaries
Lifestyle protection /salary continuance	<input type="checkbox"/> Death	\$			
	<input type="checkbox"/> TPD (own)	\$			
	<input type="checkbox"/> TPD (any)	\$			
	<input type="checkbox"/> Salary continuance	\$			

Notes:

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## Income Protection Needs

Please complete this section or tick the relevant box  Not applicable  Not disclosed

Alternate needs analysis used and attached

The purpose of income protection is to replace income lost through your inability to work due to injury or sickness.

Do you rely on paid employment to cover your expenses?

Yes  No

Upon whose income are you/your family dependant on to maintain your lifestyle needs e.g. to cover the mortgage and day-to-day living expenses?

Client 1 (solely)  Client 2 (solely)  Both

How would your family's lifestyle needs be maintained if you or your partner were temporarily unable to earn an income, for example, through sickness/illness?

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Income Protection Analysis	Client 1		Client 2	
% of annual income (before tax)*	\$		\$	
Plus: % super contributions	\$		\$	
Maximum level of cover available (per annum)	\$		\$	
Less: Existing cover to be retained with:	\$		\$	
Level of cover required (per annum)	\$		\$	
Level of cover recommended (per annum)	\$		\$	
Level of cover recommended (per month)	\$		\$	
How long could you go without your regular income?	<input type="checkbox"/> 14 days <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 2 years <input type="checkbox"/> 3 months	<input type="checkbox"/> 14 days <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 2 years <input type="checkbox"/> 3 months
How long should the monthly benefit be paid for?	<input type="checkbox"/> To age 60 <input type="checkbox"/> To age 65 <input type="checkbox"/> To age 70	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years	<input type="checkbox"/> To age 60 <input type="checkbox"/> To age 65 <input type="checkbox"/> To age 70	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years

\* Where the life insured:

- Directly or indirectly owns part or all of a business or practice – the business or practice income generated by the life insured's personal exertion after deduction of their share of business or practice expenses in generating that income. Self-employed individuals may be required to produce supporting P&L statements, tax returns and/or group statements
- Is an employee – the total remuneration paid by the employer including salary, superannuation, commissions, fees, regular bonuses, regular overtime and fringe benefits

## Trauma Cover Needs

Please complete this section or tick the relevant box  Not applicable  Not disclosed

Alternate needs analysis used and attached

The purpose of trauma cover is to ease financial stress during the recovery period following diagnosis and/or treatment of a critical illness.

In addition to replacing your current income, would you need additional funds to ease financial stress and maintain your lifestyle following the diagnosis of a critical illness? For example, to cover any medical costs that may be incurred during the recovery period and possibly to discharge any debts.

Yes  No

Critical Illness Analysis	Client 1	Client 2
Eliminate debt	\$	\$
Mortgage	\$	\$
Other outstanding debts	\$	\$
Personal guarantees	\$	\$
Medical/Rehabilitation costs	\$	\$
Emergency funds	\$	\$
Other	\$	\$
<b>(A) Subtotal</b>	<b>\$</b>	<b>\$</b>
<b>Less Existing Resources</b>		
Existing trauma cover with:	\$	\$
Financial assets realised in the event of trauma	\$	\$
Lifestyle assets realised in the event of trauma	\$	\$
<b>(B) Subtotal</b>	<b>\$</b>	<b>\$</b>
<b>Summary of Needs</b>		
(A) Total level of cover required before resources	\$	\$
(B) Less total existing resources	\$	\$
(C) Level of cover required (A – B)	\$	\$
(D) Level of cover recommended	\$	\$

In the event of child trauma, the sum insured per child is \$ \_\_\_\_\_

## Life Cover Needs

Please complete this section or tick the relevant box  Not applicable  Not disclosed  
 Alternate needs analysis used and attached

The purpose of life cover is to provide a sufficient lump sum amount to your family in the event of your death to help maintain their lifestyle.

How would your family's lifestyle needs be maintained in the event of you/your partner's premature death?

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Would your partner continue to work or return to work in the event of your death?

Client 1  Yes  No    Client 2  Yes  No

Life Capital Needs Analysis	Client 1	Client 2
Final expenses	\$	\$
Re-adjustment	\$	\$
Eliminate debt	\$	\$
Mortgage	\$	\$
Other outstanding debts	\$	\$
Personal guarantees	\$	\$
Capital Gains Tax	\$	\$
Children's education	\$	\$
Specific bequests	\$	\$
Other	\$	\$
<b>(A) Subtotal</b>	<b>\$</b>	<b>\$</b>
Life Income Needs Analysis	Client 1	Client 2
Annual before tax income needed, after the above needs have been met?	\$	\$
Assumed long term earning rate on lump sum investment	\$	\$
<b>(B) Subtotal</b>	<b>\$</b>	<b>\$</b>
Less Existing Resources	Client 1	Client 2
Existing life cover with:	\$	\$
Superannuation (insured benefit)	\$	\$
Financial assets realised in the event of death	\$	\$
Lifestyle assets realised in the event of death	\$	\$
<b>(D) Subtotal</b>	<b>\$</b>	<b>\$</b>
Summary of Needs	Client 1	Client 2
<b>(C) Level of cover required before resources (A+B)</b>	<b>\$</b>	<b>\$</b>
<b>(D) Less total existing resources</b>	<b>\$</b>	<b>\$</b>
<b>(E) Level of cover required (C – D)</b>	<b>\$</b>	<b>\$</b>
<b>(F) Level of cover recommended</b>	<b>\$</b>	<b>\$</b>

## Total and Permanent Disability (TPD) Cover Needs

Please complete this section or tick the relevant box  Not applicable  Not disclosed

Alternate needs analysis used and attached

The purpose of TPD cover is to provide a sufficient lump sum amount should you become totally and permanently disabled to help pay medical costs and maintain your lifestyle.

How would your family's lifestyle needs be maintained in the event of you/your partner's permanent disablement?

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Would your partner continue to work or return to work in the event of your permanent disablement?

Client 1  Yes  No    Client 2  Yes  No

TPD Capital Needs Analysis	Client 1	Client 2
Eliminate debt	\$	\$
Mortgage	\$	\$
Other outstanding debts	\$	\$
Personal guarantees	\$	\$
Medical/Rehabilitation costs	\$	\$
Capital Gains Tax	\$	\$
Children's education	\$	\$
Specific bequests	\$	\$
Other	\$	\$
<b>(A) Subtotal</b>	<b>\$</b>	<b>\$</b>
TPD Income Needs Analysis	Client 1	Client 2
Annual before tax income needed, after the above needs have been met?	\$	\$
Assumed long term earning rate on lump sum investment	\$	\$
<b>(B) Subtotal</b>	<b>\$</b>	<b>\$</b>
Less Existing Resources	Client 1	Client 2
Existing TPD cover with:	\$	\$
Superannuation (insured benefit)	\$	\$
Financial assets realised in the event of TPD	\$	\$
Lifestyle assets realised in the event of TPD	\$	\$
<b>(D) Subtotal</b>	<b>\$</b>	<b>\$</b>
Summary of Needs	Client 1	Client 2
<b>(C) Level of cover required before resources (A+B)</b>	<b>\$</b>	<b>\$</b>
<b>(D) Less total existing resources</b>	<b>\$</b>	<b>\$</b>
<b>(E) Level of cover required (C – D)</b>	<b>\$</b>	<b>\$</b>
<b>(F) Level of cover recommended</b>	<b>\$</b>	<b>\$</b>



# Estate Planning

Please complete this section or tick the relevant box  Not applicable  Not disclosed

	Client 1	Client 2
<b>Power of Attorney (POA)</b>		
Do you have a current POA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state type:	<input type="checkbox"/> Enduring <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Normal	<input type="checkbox"/> Enduring <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Normal
Who is (are) the Attorney(s)?		
<b>Will</b>		
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the date of your Will?	/ /	/ /
Is your Will current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is (are) the executor(s)?		
<b>Testamentary Trusts</b>		
Do you have any Testamentary Trusts in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is (are) the Trustee(s)?		
<b>Enduring Power of Guardianship</b>		
Do you have an Enduring Power of Guardianship in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is (are) the appointed Guardian(s)?		
<b>Advanced Care Directive</b>		
Do you have an Advanced Care Directive in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adequacy and Equity</b>		
Will sufficient funds be available to your dependants between your death and the distribution of your Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you considered Capital Gains Tax on any assets you bequeath directly to beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Superannuation and Income Stream Assets or <input type="checkbox"/> See 'Superannuation and Income Streams' Details</b>		
Have you made nominations on death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding
If yes, please provide nomination details?		

Notes:

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## Business/Trust Details

Please complete this section or tick the relevant box  Not applicable  Not disclosed

If Business/Trust in scope – MUST attach the most recent business/trust financials or profit/loss and assets/liabilities as an addendum to the back of this document.

OR tick here if the Business/Trust is operating less than 12 months.

If there are more than two (2) Business Owners/Trustees, please complete another FPQ (relevant sections only).

Please complete page 27 for Self Managed Superannuation Fund (SMSF) Trust.

Entity name		
Australian Company Number (ACN)		
	Business Owner/Trustee 1	Business Owner/Trustee 2
Name		
	Business Owner/Trustee 3	Business Owner/Trustee 4
Name		
Primary contact mobile		
Business/Trust structure	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Unit Trust <input type="checkbox"/> Family/Discretionary Trust	<input type="checkbox"/> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Other
Nature/Business/Industry		
Date structure established/ incorporated	/ /	
Any associated entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details such as:		
Name		
Business structure		
Trustee/s (if applicable)		
ABN/ACN		

## Shareholder/Trustee Details

Name	Title/Role	Date of Birth	Class of Shareholding/ Beneficiary	Number of Shares/ Entitlement	Salary/ Distribution (\$ p.a.)
		/ /		%	\$
		/ /		%	\$
		/ /		%	\$
		/ /		%	\$

## Self Managed Superannuation Fund (SMSF) Details

Please complete this section or tick the relevant box  Not applicable  Not disclosed

If SMSF in scope – MUST attach a copy of the Audited reports, Investment strategy and Trust deed as an addendum to the back of this document.

Please note Audited reports are not required if the SMSF has been operating less than 12 months.

If there are more than two (2) Trustees/Members, please complete another FPQ (relevant sections only).

Fund name		
Contact name		
Trustee type	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee	
Corporate Trustee name (if applicable)		
Fund type	<input type="checkbox"/> Employer Sponsored <input type="checkbox"/> Personal Fund <input type="checkbox"/> Pension	
If Employer Sponsored provide: Employer name		
Contact name		
Postal address (write 'as above' if same as residential address)		
	State	Postcode
Can this Fund pay a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the type of pension (eg Complying/Account Based/TTR)		
	<b>Trustee/Director 1</b>	<b>Trustee/Director 2</b>
Name		
Member of fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee declaration completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Trustee/Director 3</b>	<b>Trustee/Director 4</b>
Name		
Member of fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee declaration completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

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# Client Acknowledgement and Engagement Authority

## **Subject Matter**

At our meeting, we discussed the goals you are seeking to achieve and the strategy for reaching these goals. As part of the process we discussed your needs, objectives and financial situation and agreed on the following:

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## **Scope of Advice**

After identifying the subject matter above we agreed to cover the following areas of advice, as relevant to your circumstances, within an appropriate advice document:

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The following matters will not be included as part of the advice document preparation at this time:

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Where the advice is limited, please state reasons for the limitation:

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## Client Acknowledgement and Engagement Authority (continued)

I/We request that you provide financial advice based on the information disclosed and acknowledge that you will rely on the information contained in this document.

I/We confirm that I/we agree and understand the scope of the advice and any limitations on the advice that will be provided.

I/We have informed you if any of the funds available for investment have been borrowed from any source related or unrelated to the advice sought (e.g. home equity loan, margin loan, credit card etc).

I/We acknowledge that if I/we provided any incomplete or inaccurate information that I/we will carefully consider the appropriateness of the advice according to our personal objective, before acting on any advice provided.

I/We acknowledge that you will charge a plan preparation fee

of \$ \_\_\_\_\_ (GST inclusive) for the written advice.

as per the letter of engagement for the written advice.

which is yet to be confirmed for the written advice.

I/We have received a copy of the Securitor Financial Services Guide (FSG) and have read and understood it, including the section titled 'Privacy Statement'. I/We agree to Securitor collecting, using and disclosing my/our personal information in accordance with the Privacy Policy.

I/We will only provide information about other individuals, such as dependants, spouse/partner, guarantors, if those individuals have agreed that I can share that information with you and I will inform them that I/we have provided information about them and make them aware of the information provided in the Privacy Policy.

Personal health information that I/we provide in this document is subject to Securitor privacy policy. I/We can access the policy from the <Insert Practice Name> website at [www.securitor.com.au](http://www.securitor.com.au). If I/we do not want to disclose my/our personal details, I/we have the right not to do so but without that information, Securitor and my/our financial adviser may not be able to provide me/us with an appropriate level of service.

If I/we decline to provide the required information but I/we proceed to apply for insurance with a particular insurer, that insurer will conduct its own investigations regarding the information it requires to consider my/our application and I/we may be required to provide additional information to the insurer, including, for example, a Personal Statement regarding my/our medical history and other personal information.

I/We confirm that I/we am/are happy to accept any document you are required to give me, such as a FSG or SOA electronically.

Signature of Client 1

As Trustee for \_\_\_\_\_  
 As Director for \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Date

Signature of Client 2

As Trustee for \_\_\_\_\_  
 As Director for \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Date

Signature of Financial Adviser

Date

The following documents have been supplied:

'Option to Quote Tax File Number' obtained from your Financial Adviser

Financial Statements (Audited Financial Statements only for self-employed from last 2 years only)

Tax Returns (last 2 years if self-employed only)

ETP Statements

ATO Assessment Notices (last 2 years if self-employed only)

Bank/Investment/Superannuation statements

Other \_\_\_\_\_

# Client Authorisation for Additional Information from Other Institutions or Advisers

Securitor Financial Group Ltd ABN 48 009 189 495  
Australian Financial Services Licence no. 240687

To whom it may concern:

Client 1

Client 2

I/We

whose dates of birth are    
of (client address)

request that all information relating to my investments, insurances, superannuation, bank accounts or other financial information be released to my financial adviser (or his/her representatives) on request.

Yours faithfully,

Signature of Client 1

Date

Signature of Client 2

Date

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

## Financial Adviser contact details

Name

Address

Telephone

Mobile

Facsimile

Email address

ABN

# Client Authorisation for Additional Information from Other Institutions or Advisers

Securitor Financial Group Ltd ABN 48 009 189 495  
Australian Financial Services Licence no. 240687

To whom it may concern:

Client 1

Client 2

I/We

whose dates of birth are

of (client address)

request that all information relating to my investments, insurances, superannuation, bank accounts or other financial information be released to my financial adviser (or his/her representatives) on request.

Yours faithfully,

Signature of Client 1

Date

Signature of Client 2

Date

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

## Financial Adviser contact details

Name

Address

Telephone

Mobile

Facsimile

Email address

ABN

**Contact Carrington Financial Services for  
further information on 08 8272 6444 or visit  
[www.carringtonfs.net](http://www.carringtonfs.net)**

