

Client Profile

Private and Confidential

Client 1

Client 2

Date: _____

Tony Brosnan
Principal Adviser
SA Portfolio Planners Pty Ltd
Level 7, BDO Centre
420 King William Street
Adelaide SA 5000
08 7324 6196
north_adelaide@godfreypembroke.com.au

Godfrey Pembroke Limited
Trading as
ABN 23 002 336 254
Australian Financial Services Licensee
Registered Office at 105 – 153 Miller Street North Sydney NSW 2060

Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.

Table of Contents

- Section 1 - Financial planning and you.....3
- Section 2a – Debt Management22
- Section 2b – Retirement Planning23
- Section 2c – Risk Management.....25
- Section 2d – Risk Profile27
- Section 2e – Direct Property31
- Section 2f - Self Managed Superannuation Fund.....32
- Section 2g – Business Interests34
- Section 3 – Our Acknowledgments35

Section 1 - Financial planning and you

To help you achieve the things that are most important to you we need to ask you some questions to gain a better understanding of your situation today and the personal and financial goals you have for the future.

Briefly outline your reasons for seeking financial advice.

Your Lifestyle Goals and Objectives – What’s important to you?

What plans or goals would you like to achieve? (eg. Holiday, purchase a house, boost retirement savings, asset protection)

Please rank in order of priority (very low, low, moderate, high, very high)

Detail of Goal	Target Date	Priority	Estimated Cost (if Applicable)
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Are there any issues that we need to take into consideration that may affect you achieving your goals?

Eg. health, job security, aging parents

Have you had any previous experience with Financial Planning and what level of engagement would you like to have with your adviser?

In what particular areas are you seeking advice?

- | | | |
|---|--|--|
| <input type="checkbox"/> Managing my income and everyday spending | <input type="checkbox"/> Managing my debt (Mortgage, Investment Loans, Credit Cards) | <input type="checkbox"/> Protection of my family and assets |
| <input type="checkbox"/> Investment Advice (Shares, Managed Funds, Direct Property) | <input type="checkbox"/> Gearing | <input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership) |
| <input type="checkbox"/> Planning for Retirement (Superannuation and Pensions) | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Social Security |

Based on the areas of advice you are seeking, you can elect to just complete the required sections as detailed below:

Sections to complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area	1	2a	2b	2c	2d	2e	2f	2g	3
Managing my income and everyday spending	✓	✓		✓					✓
Managing my debt (Mortgage, Investment Loans, Credit Cards)	✓	✓		✓					✓
Protection of my family and assets	✓	✓		✓					✓
Investment Advice (Shares, Managed Funds, Direct Property)	✓	✓		✓	✓				✓
Gearing	✓	✓		✓	✓				✓
Entity Advice (SMSF, Company, Trust, Partnership)	✓				✓		✓		✓
Planning for Retirement (Superannuation and Pensions)	✓	✓	✓		✓				✓
Estate Planning	✓		✓	✓				✓	✓
Social Security	✓	✓							✓

Additional notes and considerations:

Please indicate any preferences you have in relation to product costs and features/benefits, keeping in mind there may be a trade-off between the two:

I don't have any preferences

Adviser Notes:

Your Personal information

	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____
Surname	_____	_____
Given Names	_____	_____
Middle Names	_____	_____
Preferred Name	_____	_____
Date of Birth	_____ / ____ / ____	_____ / ____ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status/Relationship	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Are you a permanent Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your contact details

	Client 1	Client 2
Residential Address	_____	_____
Postal Address (if different from above)	_____	_____
<input type="checkbox"/> Tick if same as above	_____	_____
Home Phone	_____	_____
Home Email	_____	_____
Mobile	_____	_____
Phone Other	_____	_____
Email Other	_____	_____
Preferred Contact Method	<input type="checkbox"/> Mobile <input type="checkbox"/> Phone Other <input type="checkbox"/> Email	<input type="checkbox"/> Mobile <input type="checkbox"/> Phone Other <input type="checkbox"/> Email

Private Health Cover

	Client 1	Client 2
Do you have private health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the type of cover you have	_____	_____

Hobbies and Interests

	Client 1	Client 2
Do you have any hobbies or interests?	_____	_____
Notes	_____	_____

Dependants

e.g. Parents, Children

Name	Relationship	Date of Birth	Financial Dependant?	Until what age
_____	_____	____/____/____	<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	_____

Do any of your children/dependants receive a government allowance? Yes No

Are any of your children/dependants studying full-time? Yes No

Please indicate the school your child/dependant is attending/likely to attend and estimated annual cost Private Public Boarding School & Cost: _____

Have any of your children/dependants been diagnosed with an illness or have any disabilities? Yes No

If "yes" to above, please provide details _____

Additional Information _____

Employment Details

	Client 1	Client 2
Occupation	_____	_____
Position title	_____	_____
Name of employer	_____	_____
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed	<input type="checkbox"/> Contractor <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed
Start date with current employer	____/____/____	____/____/____
Do you intend to change employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , provide date of when	____/____/____	____/____/____
Available Leave Entitlements	_____ days Annual Leave _____ days Long Service Leave _____ days Sick Leave _____ Other	_____ days Annual Leave _____ days Long Service Leave _____ days Sick Leave _____ Other
Will you be receiving an Employer Termination Payments (Redundancy / Retirement / Resignation) in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", please complete the Supplementary Form "Employer Termination Payments". Your Adviser can provide this to you.

Your current financial position

Non-Investment Assets

	Owner (Client 1, Client 2, Joint, Tenants in Common)	Estimated present market value	Purchase Date	Details	Is there a loan amount? (If yes, please complete the liabilities section)	
Principal Home	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Contents	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle 1	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle 2	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boat/Marine Equipment	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caravan	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-income producing Real Estate (Holiday Home, Vacant Land)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valuables (Collectables, Art, Antiques, Jewellery)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other assessable assets for Centrelink purposes (eg. Gifts)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Non-Investment Assets		\$ _____				

Investment Assets

Enter all existing investments including cash and bank accounts, managed funds, shares, etc. For Ownership, specify the manner of ownership (solely owned, joint tenants or tenant-in-common) and the name of the owner or owners. Do not include the principal home, superannuation or retirement income stream products.

Investment Description (Managed Funds*, Shares*, Direct Property^)	Owner (Client 1, Client 2, Joint, Tenants in Common)	Units/No. of Shares	Current Value	Purchase Price	Date Purchased	Is there a loan amount? (If yes, please complete the liabilities section)	Would you like to Redeem / Sell this Investment
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<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
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Investment Assets			\$ _____	\$ _____			

*Please attach a copy of the most recent CHESS holding statement, share records or other statements.

^Please complete the Investment Property Details in "Section 2e – Direct Property" of this document

Your liabilities

Description	Outstanding Loan Amount	Lender Name	Owner (Client 1, Client 2, Joint)	Loan Type (P&I or I)	Interest Rate	Fixed (F) or Variable (V)	Repayments	Frequency	Tax Deductible
Principal Home	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Line of Credit	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Liabilities	\$ _____								

Notes and Considerations _____

Are you able to draw/redraw on any of the above loan facilities or do you currently have funds available to invest that are drawn from loan facilities? Yes No

If yes, please provide details: _____

Income Summary

To assist in completing this section, we have a more detailed Cash Flow Budget Supplementary Form. Your Adviser can provide this for you.

Before-tax income	Client 1	Client 2
Salary/wages/earnings	\$ p.a.	\$ p.a.
Interest/Dividends/Trust Distributions	\$ p.a.	\$ p.a.
Government support	\$ p.a.	\$ p.a.
Superannuation pension/Age Pension/Veterans' Affairs	\$ p.a.	\$ p.a.
Other Income e.g. Rental, Family allowance, Child maintenance	\$ p.a.	\$ p.a.
Total annual before-tax income	\$	\$
Combined total annual before tax income		\$

Notes (Salary packaging details, bonus details, business income, child maintenance)

Do you wish to disclose your Tax File Number to your adviser? Client 1 Yes No
 Client 2 Yes No

Note: If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide for you. (Tick if completed)

Expense Summary

Expense	Monthly	Annually
Taxes	\$	\$
Long-term Debt (mortgage payments, car loans, etc)	\$	\$
Short term Debt (credit cards)	\$	\$
Super Contributions	\$	\$
Housing (Maintenance)	\$	\$
Utilities (Gas, electricity, water)	\$	\$
Car Expenses	\$	\$
Food	\$	\$
Insurance (Life, Health, Income Protection)	\$	\$
Health Care (Doctor, Dental, Pharmacy)	\$	\$
Personal Care (Clothing, Hairdressing, etc)	\$	\$
Entertainment (Holidays, movies, etc)	\$	\$
Other Expenditure	\$	\$
Total Expenses	\$	\$

Savings

	Client 1		Client 2	
Are you currently saving for something in particular? If "yes" what are you currently saving for and how much do you save per month?	\$_____ per month		\$_____ per month	
Do you anticipate any changes (either an increase or decrease) in your expenditure over the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" please provide details	_____		_____	
Are you comfortable meeting your current mortgage or other debt repayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "no", please provide details	_____		_____	
Additional information	_____		_____	
	_____		_____	
	_____		_____	

Existing Superannuation

	Client 1		Client 2	
	Fund 1	Fund 2	Fund 1	Fund 2
Fund/Product Name	_____		_____	
Fund Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit
Current Balance	\$ _____	\$ _____	\$ _____	\$ _____
Underlying Investment Options	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom
Have you made any non-concessional contributions this Financial Year? If yes, how much?	\$ _____		\$ _____	
Have you made any non-concessional contributions in the Last Financial Year If yes, how much?	\$ _____		\$ _____	
Have you made any non-concessional contributions the Previous Financial Year? If yes, how much?	\$ _____		\$ _____	

* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

Pension / Term Allocated Pensions

(Superannuation Pensions, Allocated Pensions, Term Allocated Pensions)

	Client 1	Client 2
Product/Fund Name	_____	_____
Pension Type	<input type="checkbox"/> Pension <input type="checkbox"/> Allocated <input type="checkbox"/> Term Allocated	<input type="checkbox"/> Pension <input type="checkbox"/> Allocated <input type="checkbox"/> Term Allocated
Current Balance	\$ _____	\$ _____
Frequency of Payment	_____	_____
Gross Annual Income	\$ _____ per annum	\$ _____ per annum
Annual \$ Tax Free Amount	\$ _____ per annum	\$ _____ per annum
OR Annual % Tax Free Amount	_____ % per annum	_____ % per annum
Initial Investment	\$ _____	\$ _____
Commencement Date	_____ / ____ / _____	_____ / ____ / _____
Term (applicable for TAP's)	_____	_____

* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

Risk Insurance (including cover held within Super)

Client 1

Insurer	Owner	Type	Benefit Amount	Annual Premium	
		<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness	<input type="checkbox"/> Income Protection <input type="checkbox"/> Other <input type="checkbox"/> Income Protection <input type="checkbox"/> Other <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ \$ \$	\$ \$ \$

Client 2

Insurer	Owner	Type	Benefit Amount	Annual Premium	
		<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness	<input type="checkbox"/> Income Protection <input type="checkbox"/> Other <input type="checkbox"/> Income Protection <input type="checkbox"/> Other <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ \$ \$	\$ \$ \$

General Insurance

Description	Insurer	Policy Type	Sum Insured	Premium	Renewal Date
Home			\$	\$	/ /
Contents			\$	\$	/ /
Vehicle 1			\$	\$	/ /
Vehicle 2			\$	\$	/ /
Investment/Business Property			\$	\$	/ /
Other (e.g. Professional indemnity, Business)			\$	\$	/ /

Estate Planning

	Client 1	Client 2
Do you have a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will	____ / ____ / ____	____ / ____ / ____
Date last reviewed?	____ / ____ / ____	____ / ____ / ____
Does the Will provide for a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Trustee	_____	_____

Beneficiary Details

Relationship	Name	Age of Entitlement
_____	_____	_____
_____	_____	_____

Executors of Will

	Client 1	Client 2
Do you have an executor in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship	Name	
_____	_____	
_____	_____	

Power of Attorney

	Client 1	Client 2
Do you have a Power of Attorney in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship	State it relates to	Name
_____	_____	_____
_____	_____	_____

Are any of the following Estate Planning issues applicable to either you or your partner?	<input type="checkbox"/> Likely to receive an inheritance \$ _____	<input type="checkbox"/> Likely to receive an inheritance \$ _____
	<input type="checkbox"/> Currently in a de facto relationship	<input type="checkbox"/> Currently in a de facto relationship
	<input type="checkbox"/> Have children from different relationship	<input type="checkbox"/> Have children from different relationship
	<input type="checkbox"/> Desire to omit spouse, child or financial dependant from the Will	<input type="checkbox"/> Desire to omit spouse, child or financial dependant from the Will
	<input type="checkbox"/> Potential beneficiaries in a vulnerable situation – ie. Financial trouble, handicapped, marital problems	<input type="checkbox"/> Potential beneficiaries in a vulnerable situation – ie. Financial trouble, handicapped, marital problems
Do you intend on leaving an inheritance to your dependants or other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children or other financial dependants under a legal disability or otherwise in vulnerable circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Details:	_____	_____
	_____	_____

* PLEASE PROVIDE A COPY OF ALL WILLS AND POWERS OF ATTORNEY CURRENTLY IN PLACE.

Current entities

The following information will provide us with a brief summary of your current entities.

Do you have a Self Managed Super Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Private Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "yes" to any of the above, please complete the Supplementary Form "Other Entities". Your Adviser can supply you this if required.

Professional Advisers

In order to prepare your Statement of Advice (including a Financial Plan) we may need to contact some of your existing advisers to obtain more information about your particular situation.

Existing Adviser	Name	Contact Number	Business Name
Accountant	_____	_____	_____
Solicitor	_____	_____	_____
Stockbroker	_____	_____	_____
Banker	_____	_____	_____
Mortgage Broker	_____	_____	_____
Other	_____	_____	_____

How would you like me to work with these other advisers?

The Information Release Form attached at the end of this questionnaire will need to be completed to enable us to gain access to your information, held by any of the above advisers. Please note that if there are any costs associated with obtaining information from any of the above advisers, we will pass these costs onto you as the client

Section 2a – Debt Management

	Client 1		Client 2	
Are you comfortable in meeting your current mortgage or other debt repayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide details	_____		_____	
Are you considering paying your debt sooner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At what age are you planning to have all your debts repaid?	_____		_____	
Is your lifestyle debt:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Decreasing	<input type="checkbox"/> Increasing	<input type="checkbox"/> Decreasing
	<input type="checkbox"/> Staying the same		<input type="checkbox"/> Staying the same	
Does your home loan have an offset account or redraw facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you make extra repayments into your home loan or offset account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, how much do you have immediate access to?	\$ _____		\$ _____	
Would you consider making additional payments to reduce debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to direct all or part of your salary into your loan or offset account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much?	\$ _____		\$ _____	
Are there any fees or charges associated with variations to your loan repayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide details	_____		_____	
What is the interest free period associated with your credit cards?	_____		_____	
Do you pay off your credit card within the interest free period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2b – Retirement Planning

Superannuation Withdrawals

	Client 1		Client 2	
Have you previously withdrawn a lump sum amount from superannuation when you were between 55-60 years old?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" how much and when	_____		_____	
	_____		_____	
	_____		_____	

Retirement

	Client 1		Client 2	
At what age would you like to retire?	_____		_____	
If you are close to retirement, what is your planned retirement date?	/ /		/ /	
Is saving for retirement a low, medium or high priority for you?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
How much annual income (after tax) do you want in order to maintain your day to day lifestyle in retirement?	\$ _____		\$ _____	
Do you think you will have sufficient funds for your retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What sources of income do you expect to rely on in retirement? (eg. Superannuation, part-time employment, Social Security, etc)	_____		_____	
Which assets other than your superannuation are you planning to use to fund your retirement (eg. Shares, property, etc)	_____		_____	

Living in retirement (applicable only for clients in retirement)

	Client 1		Client 2	
Is the current income you receive to live in retirement sufficient to meet your day to day expenses and lifestyle needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider changing your lifestyle to ensure your funds last longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you considering downsizing or freeing up capital in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider higher risk investment strategy to make your funds last longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to leave money or assets to your family or other beneficiaries when you die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fixed Term or Lifetime Annuities/Pensions

(Lifetime, Life Expectancy, Employer, Public Service)

	Client 1	Client 2
Product/Fund Name	_____	_____
Pension Type	<input type="checkbox"/> Term Certain <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Complying <input type="checkbox"/> Non Complying <input type="checkbox"/> Super Annuity <input type="checkbox"/> Non Super Annuity	<input type="checkbox"/> Term Certain <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Complying <input type="checkbox"/> Non Complying <input type="checkbox"/> Super Annuity <input type="checkbox"/> Non Super Annuity
Pension Status		
Commencement Date	_____/_____/_____	_____/_____/_____
Initial Investment	\$ _____	\$ _____
Gross Annual Income	\$ _____ p.a.	\$ _____ p.a.
Term (if applicable)	_____ years	_____ years
Residual Capital Value (RCV)	_____ %	_____ %
Frequency of Payment	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Annual Tax Free Amount	\$ _____ per annum	\$ _____ per annum

* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

Commutations	Client 1	Client 2
Have you made a commutation from your retirement benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" how much and when	_____ _____ _____	_____ _____ _____

Section 2c – Risk Management

Details of Your Health

	Client 1		Client 2	
Are you a smoker, or have you smoked in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any health issues or currently receiving medical advice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details	_____		_____	
	_____		_____	

Risk Management Requirements

	Client 1		Client 2	
Do you rely on paid employment to cover your expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upon whose income are you/your family dependent on to maintain your lifestyle needs? eg. To cover the mortgage and day-to-day living expenses	<input type="checkbox"/> You solely	<input type="checkbox"/> Your partner solely	<input type="checkbox"/> You solely	<input type="checkbox"/> Your partner solely
	<input type="checkbox"/> Both		<input type="checkbox"/> 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?	_____		_____	
	_____		_____	
	_____		_____	
	_____		_____	

	Client 1		Client 2	
Temporary Illness				
1) In the event of prolonged or serious illness or accident, where between 0% and 100% would you want your income to be replaced?	_____		_____	
2) Would you want to provide a provision for medical costs and care? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Would you want to access to a patient advocacy / second opinion medical service? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Would you want the flexibility for your spouse to cease work for a period? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Disability				
1) In the event of serious illness or accident resulting in permanent disablement, where between 0% and 100% would you want your income to be replaced?	_____		_____	
2) Would you want to provide a provision for medical costs and care? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Would you want the flexibility for your spouse/ family member to cease work, reduce their hours to provide ongoing care or would you seek external carer support? (if applicable) (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 4) Would you want to be mortgage (non deductible debt) free? (yes/no) Yes No Yes No

Unexpected Death

- 1) In the event that you or your spouse were to die unexpectedly, what standard of living would you like to leave for your family? (as well off/slightly better off/worse off) as well off slightly better off worse off as well off slightly better off worse off
- 2) In the event of premature death, where between 0% and 100% would you want your income to be replaced?
-
- 3) Would you want these funds paid to your family via a tax effective income stream if possible? (yes/no) Yes No Yes No
- 4) Would you want to provide a provision for terminal illness care so that this does not reduce death provisions for income? Yes No Yes No
- 5) Would you want to ensure your family is mortgage free? (yes/no) Yes No Yes No
- 6) Would you want access to funds quickly to assist with funeral expenses? (yes/no) Yes No Yes No

Section 2d – Risk Profile

Why you need to understand risk

There are a number of ways at looking at risk.

The Cambridge dictionary defines risk with elegant simplicity as ‘the possibility of something bad happening.’ Many investors define it by asking the question: “What are the chances of losing my money?” Neither of these two definitions is exactly correct in an investment sense. However they may define your attitude toward risk – and that is just as important.

An Australian investment website, Moneymanager (<http://moneymanager.smh.com.au>), defines risk as ‘the variability of returns.’ This definition is closer to that used by investment professionals. Professional investors see risk as the difference between expectations and results.

Risk can be the price you pay for returns. Just as the more work you do the more you should be paid, so the more risk you take, the higher return you should receive. This is the ‘risk/return trade-off’. It is one of the key concepts on investment.

Any investment decision involves some risk. With a better understanding, you can make a more informed investment decision – accepting some risks and rejecting others. In other words – you can manage risk.

How do I answer the questionnaire?

The questions have been provided to you in a multiple-choice format. Please provide only one answer to each question. As you have a limited choice of answers, you may find that none are your preferred answer to a particular question. Please do your best to select an answer from those available.

1. For how long would you expect most of your money to be invested before you would need to access it?

- | | |
|--|----|
| <input type="checkbox"/> Less than 12 months | 10 |
| <input type="checkbox"/> Between 1 and 3 years | 20 |
| <input type="checkbox"/> Between 3 and 5 years | 30 |
| <input type="checkbox"/> Between 5 and 7 years | 40 |
| <input type="checkbox"/> Longer than 7 years | 50 |

Score

2. If you consider current interest rates what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?

- | | |
|---|----|
| <input type="checkbox"/> A reasonable return without losing any capital | 10 |
| <input type="checkbox"/> 1-3% | 20 |
| <input type="checkbox"/> 4-6% | 30 |
| <input type="checkbox"/> 7-9% | 40 |
| <input type="checkbox"/> Over 9% | 50 |

Score

3. Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?

- | | |
|---|----|
| <input type="checkbox"/> You would cash it in if there was any loss in value* | 0 |
| <input type="checkbox"/> Less than 1 year | 10 |
| <input type="checkbox"/> Up to 3 years | 20 |
| <input type="checkbox"/> Up to 5 years | 30 |
| <input type="checkbox"/> Up to 7 years | 40 |
| <input type="checkbox"/> Up to 10 years | 50 |

Score

4. How familiar are you with investment markets?

- Very little understanding or interest 10
- Not very familiar 20
- Have had enough experience to understand the importance of diversification 30
- I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics 40
- I am experienced with all investment classes and understand the various factors that may influence performance. 50

Score

5. There is generally a greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?

- Preferably guaranteed returns, ahead of tax-savings 10
- Stable, reliable returns with minimal tax savings 20
- Some variability in returns, some tax savings 30
- Moderate variability in returns, reasonable tax savings 40
- Higher variability but potentially higher returns, maximising tax savings 50

Score

6. What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?

- Horror – Security of your capital is critical and you do not intend to take risks.* 10
- You would cut your losses and transfer your funds to more secure investment sectors. 20
- You would be concerned, but would wait to see if the investments improve. 30
- This was a risk you understood – you would leave your investments in place expecting performance to improve. 40
- You would invest more funds to take advantage of the lower unit/share prices expecting future growth. 50

Score

7. Which of the following best describes your purpose for investing?

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use aggressive investments to provide income. 50
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio. 40
- You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available. 30
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement. 20
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds. 20
- You want to provide a regular income and/or totally protect the value of your investment capital.* 10

Score

Your Score here determines your Investor Risk Profile. An explanation of the profile in relation to your score is detailed over page and will also be provided as part of your written recommendation.

Total Profile

** If you have answered this question and your total profile score is greater than 100, then detail in the notes below your preference for a greater return against your preference for the protection of your investment capital.*

Notes

Investor Profile	Benchmark Asset mix**
<p>Very Conservative “Cash” (0-100 Points) May be suitable for investors with a short-term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.</p>	100% Cash
<p>Conservative “Fixed Interest” (101-140 Points) May be suitable for investors with an investment horizon of at least 3 years and a low risk tolerance, seeking higher than cash returns over the investment timeframe.</p>	100% Defensive
<p>Moderately Conservative “Capital Stable” (141- 170 Points) May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.</p>	70% Defensive 30% Growth
<p>Moderate “Conservative Growth” (171-200 Points) May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well-diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.</p>	50% Defensive 50% Growth
<p>Assertive “Balanced” (201-250 Points) May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what a share fund would likely generate.</p>	30% Defensive 70% Growth
<p>Moderately Aggressive “Growth” (251- 300 Points) May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.</p>	15% Defensive 85% Growth
<p>Aggressive “Share” (301-350 Points) May be suitable for investors with an investment horizon of at least 7 years and high risk tolerance, comfortable with a share portfolio dominated by Australian and international shares.</p>	100% Growth

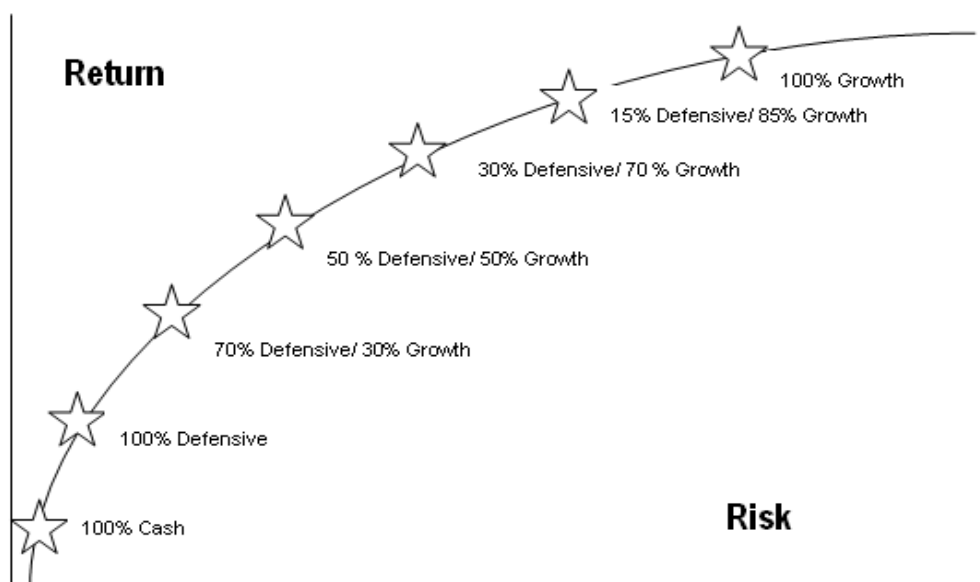
** This demonstrates the benchmark Defensive/Growth asset mix for each investor profile. Defensive assets, such as cash and fixed interest are expected to grow at a slower rate over the longer term but are expected to experience less volatility. Growth assets, such as property and shares have historically grown at a rate greater than inflation over time and usually produce higher returns than defensive assets but can also demonstrate greater volatility in the short term.

Risk & return discussion tools

Having an understanding of what you want your investments to achieve is an important part of the financial planning process.

You must be rational and ensure that your investments assist you in achieving your goals. To do this you must focus on **objective** and **time frame**.

Risk Profile: Spectrum of Return/Risk (for illustrative purposes)



Performance of Asset Classes 2001 - 2015

Calendar Year	Cash	Australian Fixed Interest	International Fixed Interest	Listed Property	Australian Shares	International Shares
2001	5.3	5.5	8.3	14.6	10.5	-10.0
2002	4.8	8.8	11.6	11.8	-8.6	-27.4
2003	4.9	3.1	6.6	8.8	15.0	-0.8
2004	5.6	7.0	8.9	32.0	27.9	9.9
2005	5.7	5.8	3.8	12.5	22.5	16.8
2006	6.0	3.1	5.4	34.0	24.5	11.5
2007	6.8	3.5	6.6	-8.4	16.2	-2.6
2008	7.6	15.0	9.2	-54.0	-38.9	-24.9
2009	3.5	1.7	8.0	7.9	37.6	-0.3
2010	4.7	6.0	9.3	-0.4	1.9	-2.0
2011	5.0	11.4	10.5	-1.5	-11.0	-5.3
2012	4.0	7.7	9.7	33.0	19.7	14.1
2013	2.9	2.0	2.3	7.1	19.7	48.0
2014	2.7	9.8	10.4	27.0	5.3	15.0
2015	2.3	2.6	3.4	14.3	2.8	11.8
Best 1 year return	7.6	15.0	11.6	34.0	37.6	48.0
Worst 1 year return	2.3	1.7	2.3	-54.0	-38.9	-27.4
15 year average return	4.8	6.2	7.6	9.3	9.7	3.6

Indices Used
 Bloomberg AusBond Bank Bill Index (formerly the UBS Bank Bill Index)
 Bloomberg AusBond Composite 0+ Yr Index (formerly the UBS Composite Bond All Maturities Index)
 Barclays Capital Global Aggregate Index (Hedged into A\$)
 S&P/ASX 200 A-RE ITs Accumulation Index
 S&P/ASX 300 Accumulation Index (All Ords before 1/4/2000)
 MSCI World ex-Australia NET WHT

Source: Mercer, Morningstar

* Illustrative purposes only. It is important to note that past performance is no indication of future performance.

Section 2e – Direct Property

Owning/Purchasing Direct Property (other than main residence)

Provide details of existing direct properties held.

Description			
Property Type	<input type="checkbox"/> Residential Investment Property <input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Holiday Home <input type="checkbox"/> Vacant Land	<input type="checkbox"/> International Property
Owner	Date Purchased		/ /
Purchase Price	\$	Depreciation	
Current Value	\$	Actual Rental Income	\$ per annum
Projected Rental Income		Projected Capital Growth	%
Depreciation Allowance			
Projected Ongoing Costs			
Rates	\$ per annum	Agent Fees	\$ per annum
Land Tax	\$ per annum	Insurance	\$ per annum
Interest on Loans	\$ per annum	Body Corporate	\$ per annum
Other Tax	\$ per annum	Other Relevant Holding Costs	\$ per annum
Maintenance / Repairs	\$ per annum		
Total			\$

Selling Direct Property

	Property 1	Property 2
Description		
Expected Date of Sale	/ /	/ /
Expected Sale Price	\$	\$
Projected Disposal Cost		
Agent Fees	\$	\$
Legal Fees	\$	\$
Subdivision Costs	\$	\$
Estimated Capital Gains Tax	\$	\$
Other Disposal Costs	\$	\$
Total	\$	\$

Notes

Section 2f - Self Managed Superannuation Fund

Fund Name

Tax File Number

If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide. (Tick if completed)

Trustee (Company or Individuals)

Corporate Trustee ABN (if applicable)

Registered Address

Establishment Date

/ /

Type of Fund

ATO SMSF

Small APRA Fund (SAF)

Non-complying S/F

SMSF Member Details

Self Managed Superannuation Fund

Fund Name

Tax File Number

If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide for you. (Tick if completed)

Trustee (Company or Individuals)

Corporate Trustee ABN (if applicable)

Registered Address

Establishment Date

/ /

Type of Fund

ATO SMSF

Small APRA Fund (SAF)

Non-complying S/F

SMSF Member Details

Member Name	Current Balance	Regular Contributions	Pension / Accumulation phase (P/A)	Tax free component
1.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
2.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
3.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
4.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
Reserve Account	\$ _____			
LESS loans borrowed by fund	\$ _____			
Total SMSF Funds	\$ _____			

Please attach the relevant financial statements (eg Profit and Loss statements, Balance Sheet, Investment Strategy, Member Insurance Needs and previous tax return and audit.

Notes:

Section 2g – Business Interests

Do you have business interests?

Yes

No

Entity

Client

Partner

Joint

Name Business(es) trading as:

Nature of Business(es):

Are you involved in running the business?

Yes

No

Structure of business?

sole trader

family trust

unit trust

partnership

company

Relationship of structures (if appl)

(eg. company is trustee of trust):

Name(s) of operating entity (if appl):

Net Value of Business:

\$

What is your shareholding in the business/company

Are other Family/Dependants involved in business?

Yes

No

If Yes, details:

Have you provided personal guarantees for business?

Yes

No

Details:

Does the business have an existing succession plan (buy/sell agreement) in place to protect your family and the business?

Yes

No

Have Business Succession issues been addressed?

Yes

No

When were Succession/Insurance issues last reviewed?

/ /

Details of Business Succession arrangements:

Additional Notes or Considerations

Section 3 – Our Acknowledgments

Information in this form

The information provided in this form (Client Profile and any supplementary pages) is complete and accurate at the time of completion to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Profile and any supplementary pages, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment that may be inappropriate for the needs identified.

Scope of our advice

As agreed the key advice areas that I/we require advice on are:

- | | | |
|---|--|--|
| <input type="checkbox"/> Managing my income and everyday spending | <input type="checkbox"/> Managing my debt (Mortgage, Investment Loans, Credit Cards) | <input type="checkbox"/> Protection of my family and assets |
| <input type="checkbox"/> Investment Advice (Shares, Managed Funds, Direct Property) | <input type="checkbox"/> Gearing | <input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership) |
| <input type="checkbox"/> Planning for Retirement (Superannuation and Pensions) | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Social Security |

*Please note, while you may only be seeking advice on certain aspects of your current situation, your adviser will discuss key advice areas that you should consider.

From the key advice area(s) ticked above, more specifically, what is it that you are seeking advice on?

Please detail below if you do not want your adviser to consider certain aspects of your current situation:

Financial Services Guide

I/We have read and understood the Financial Services Guide version _____ dated _____ given to me/us on _____ prior to obtaining financial planning services and/or recommendations.

Statement of Advice Preparation Fee

The fee for the preparation of the Statement of Advice has been set at \$ _____ and I/we authorise _____ to proceed on this basis.

Authority for current Adviser

I/We authorise _____ of _____ to contact any of my/our existing advisers whose details I/we have provided.

Receiving Documents

Where required, your financial adviser will provide you with and may refer back to the following documents:

- **Financial Services Guide (FSG)** provides information to enable you to decide whether to obtain financial services from us.
- **Statement of Advice (SoA)** sets out tailored strategic and/or product recommendations aimed at achieving your goals and objectives.
- **Understanding Series** provides generic educational information to help you make informed decisions on our advice to you.
- **Product Disclosure Statements (PDS)** in the event a financial product has been recommended. The PDS sets out general risks, features and fees of the product(s) being recommended to you.
- **Fee Disclosure Statement (FDS)** outlines the fees that we have received over a 12 month period, the services you expected and the services that we delivered.

Your adviser may provide you with these documents electronically unless you indicate below that you would like to receive these in printed form.

- I/we wish to obtain the following documents in printed form:
- Financial Services Guide
 - Statement of Advice
 - Understanding Series
 - Product Disclosure Statements
 - Fee Disclosure Statement

Information and Privacy Agreement

I/We agree that:

1. I am/we are to receive financial planning services from the adviser named in this Client Profile [**“adviser”**] and understand that my/our personal information (including any sensitive information such as health information and membership of professional organisations [**“sensitive information”**]) is being collected primarily for that purpose.
2. I/We acknowledge the privacy notification in the Financial Services Guide, that I/we have access to the Privacy Policy and understand that my/our personal information will be used and disclosed as outlined in the Policy available from my/our adviser.
3. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information):
 - to organisations involved in providing my/our adviser with marketing services and to their service providers (for example posting services), so that my/our adviser may offer me/us products and services that might meet my/our financial needs; and
 - to other organisations in connection with the sale or proposed sale of all or part of the adviser’s business and to the use of that personal information by those organisations for those purposes.
 - to other professionals who may need to be engaged in order to implement certain components of my/our adviser’s business succession advice.
4. I/We also consent to the collection of my/our personal information for the purpose of my/our adviser providing the services stated above. This consent also relates to my/our sensitive information.
5. If I/we have provided personal information about an individual (such as a partner, dependant, employer or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the **Financial Service Guide** which includes how you manage personal information and make them aware that this section applies to their personal information that has been collected for the purpose of my/our adviser providing me/us with the financial advice I/we have requested.
6. If I/we have provided sensitive information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our adviser and my/our adviser’s service providers.
7. I consent to the release of my personal information (including my sensitive information) to my spouse or partner.

Client 1 Signature _____

Date / /

Client 1 Name _____

Client 2 Signature _____

Date / /

Client 2 Name _____

Adviser Signature _____

Date / /

Adviser Name Tony Brosnan

SA Portfolio Planners Pty Ltd

Authority to release information



Tony Brosnan
SA Portfolio Planners Pty Ltd
Level 7, BDO Centre
420 King William Street
Adelaide SA 5000
08 7324 6196
north_adelaide@godfreypembroke.com.au

Godfrey Pembroke Limited
Trading as
ABN 23 002 336 254
Australian Financial Services Licensee
Registered Office at 105 – 153 Miller Street North Sydney NSW 2060

Please use blue or black pen and write in BLOCK LETTERS

I, (BLOCK LETTERS) _____

of, (BLOCK LETTERS) _____

request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released, upon request to:

Section A Adviser Details

Adviser* Name Tony Brosnan

Including the following adviser's staff:

My adviser's contact details are as follows:

Address Level 7, BDO Centre
420 King William Street

Suburb Adelaide State SA Postcode 5000

Telephone 08 7324 6196 Fax 08 7324 6111

Including the following administration staff:

Client Service Coordinator _____

Associate Adviser _____

Please also accept a photocopy or facsimile of this letter as authority, as the original will be held on file at the adviser's address above.

Yours faithfully,

Client Name _____

Signature _____ Date ____ / ____ / ____

Client date of birth ____ / ____ / ____

* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.

SA Portfolio Planners Pty Ltd

Authority to release information



Tony Brosnan
SA Portfolio Planners Pty Ltd
Level 7, BDO Centre
420 King William Street
Adelaide SA 5000
08 7324 6196
north_adelaide@godfreypembroke.com.au

Godfrey Pembroke Limited
Trading as
ABN 23 002 336 254
Australian Financial Services Licensee
Registered Office at 105 – 153 Miller Street North Sydney NSW 2060

Please use blue or black pen and write in BLOCK LETTERS

I, (BLOCK LETTERS) _____

of, (BLOCK LETTERS) _____

request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released, upon request to:

Section A

Adviser Details

Adviser* Name Tony Brosnan

Including the following adviser's staff:

My adviser's contact details are as follows:

Address Level 7, BDO Centre
420 King William Street

Suburb Adelaide State SA Postcode 5000

Telephone 08 7324 6196 Fax 08 7324 6111

Including the following administration staff:

Client Service Coordinator _____

Associate Adviser _____

Please also accept a photocopy or facsimile of this letter as authority, as the original will be held on file at the adviser's address above.

Yours faithfully,

Client Name _____

Signature _____ Date ____/____/____

Client date of birth ____/____/____

* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those