

FACT FIND

Private and Confidential

Client 1

Client 2

Important notice regarding provision of personal information and privacy

In order for an Adviser to make a sound financial recommendation, the Adviser must conduct an appropriate investigation of your particular needs and financial situation. The information requested in this form is necessary to enable a recommendation to be made that is considered to be in your best interests. **WARNING:** If you do not provide complete and accurate information that is relevant to financial needs as requested in this form, the Adviser may not be able to give you an appropriate recommendation.

All Matrix Planning Solutions Advisers will adhere to Privacy Act 1988 including the Australian Privacy Principles when collecting, using, storing and disclosing the information contained in this form and will not unlawfully disclose this information. Please refer to www.matrixplan.com.au for our Privacy policy.

You are entitled to gain access to this information and should you wish to do so, you can contact us on 1300 663 334 or write to us at GPO Box 4232, Sydney, NSW, 2001 or Level 14, 20 Bond Street, Sydney, NSW, 2000. Alternatively, you can contact your Adviser.

Matrix Planning Solutions Limited
ABN: 45 087 470 200
Australian Financial Services and Credit Licence No: 238256

Goals and Objectives

We want to help you achieve your lifestyle and financial goals. To do so, we need a general understanding of your situation and how you think we could help you.

Why are you seeking our advice?

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What are your goals and objectives for the future? Where possible please include an amount and time frame. Please also include any planned expenditure e.g. new car, renovations, or holiday. (Use client's own words)

Goal	Amount	Time Frame and Importance
		Short/ Medium/Long Term

Note: Any adviser identified goals can be noted later in the Fact Find.

Cash Reserve

How much money do you require as a Cash Reserve? \$

Retirement

	Client 1	Client 2
Planned Retirement Date		
What amount of after tax income do you want in retirement?		

Notes / Comments:

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Personal Details

To ensure that we fully understand your situation and provide you with the best possible financial planning advice, we need to collect details about your personal and financial situation.

Personal Details	Client 1	Client 2
Title		
Surname		
Given Names		
Preferred Name		
Date of Birth		
Marital Status		
Resident Status		
Permission to discuss matters with Client 1/ Client 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details			
Residential Address <input type="checkbox"/> (Pref)			
Suburb / Town			
State		Postcode	
Postal Address <input type="checkbox"/> (Pref)			
Suburb / Town			
State		Postcode	
Work Address <input type="checkbox"/> (Pref)			
Suburb / Town			
State		Postcode	
Home Phone <input type="checkbox"/> (Pref)		Fax	
Work Phone (Client 1) <input type="checkbox"/> (Pref)		Work Phone (Client 2) <input type="checkbox"/> (Pref)	
Mobile Phone (Client 1) <input type="checkbox"/> (Pref)		Mobile Phone (Client 2) <input type="checkbox"/> (Pref)	
Email	(Client 1) <input type="checkbox"/> (Pref)	(Client 2) <input type="checkbox"/> (Pref)	

Children, Dependants and Other Family Details

☐ Nil dependants ☐ Client(s) declined to complete this section

Are you planning on growing your family? ☐ Yes ☐ No

Name	Relationship	Date of Birth	Male/ Female	Dependant until when?

Are your parents still living / independent?

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment

☐ Not applicable ☐ Client(s) declined to complete this section

Current Employment	Client 1	Client 2
Current occupation		
Status (fulltime, self-employed)		
Number of hours worked (if not fulltime)		
Employer name		
Date commenced (MM/YY)		
Sick Leave entitlements (Approx days)		
Annual Leave / Long Service Leave (Approx days)	/	/

Please attach any relevant financial statements (e.g. payslip)

Have you received / been offered a redundancy payment?

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health

☐ Not applicable ☐ Client(s) declined to complete this section

	Client 1	Client 2
Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Within Last 12 mths	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Within Last 12 mths
Private Health Fund Provider		
Do you take any regular medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(If Yes, provide details below)

Notes / Comments:

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Taxation Details

☐ Not applicable ☐ Client(s) declined to complete this section

Current Employment	Client 1	Client 2
Are you an Australian for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number (TFN)		
Have you bought or sold any assets 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 outstanding tax payments e.g. capital gains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tax losses that could be carried forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details:

What other tax structures are applicable? ☐ Company ☐ Trust ☐ SMSF ☐ Other: _____

Company Details	
Name	
Tax File Number	ABN: _____
Directors	
Is this a corporate trustee only?	<input type="checkbox"/> Yes <input type="checkbox"/> No It is as Trustee for _____

Trust Details	Please provide a copy of trust deed
Name	
Trustee type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate
Tax File Number	ABN: _____
Trustees	
Beneficiaries	

SMSF Details	Please provide a copy of trust deed and investment strategy	
Name		
Trustee type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate If corporate please include details on Directors, Shareholders, ABN	
Tax File Number	ABN: _____	
Investment Strategy	<input type="checkbox"/> Yes (please provide) <input type="checkbox"/> No	
Members/trustees	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
Balance / Cash flow		

Notes / Details:

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Entity structure diagram or other information

Income and Expenses

☐ Not applicable ☐ Client(s) declined to complete this section

Income

Income type (p.a.)	Client 1	Client 2
Base salary or wage (gross excl SGC)		
Superannuation Guarantee Contributions (SGC)		
Bonuses or commissions		
Packaged items (e.g. car, laptop)		
Centrelink or Veterans' Affairs Pension (amount & frequency)		
Investments (annual income)		
Business (annual income)		
Account Based Pension income		
Annuity Income		
Fringe Benefits (Additional)		
Income received from overseas investments or pensions		
Income from family trust/s		
Other (specify)		
Other (specify)		
Other (specify)		
TOTAL INCOME		

Expenses

Personal Expenditure (p.a.)	Client 1	Client 2
General Living expenses		
Tax		
Mortgage Repayments		
Rent		
Child Care		
Personal Insurance (Life, Income protection etc)		
General Insurance (Home, Car etc)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
TOTAL EXPENDITURE		

Cash Flow

What amount would you estimate is your savings capacity on a yearly basis?

\$

How much from your cash flow are you able to set aside for insurance?

\$

Do you expect any income and/or expenditure changes in the next 12 months?
Please provide details below

☐ Yes ☐ No

Do you currently spend more or less than you earn?
Please provide details below

☐ More ☐ Less

Do you think you have an opportunity to save additional money?
Please provide details below

☐ Yes ☐ No

Details:

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Centrelink / DVA

☐ Not applicable ☐ Client(s) declined to complete this section

Centrelink / DVA	Client 1	Client 2
What type of benefit are you receiving now? i.e. Age pension, Disability Support, DVA Service pension		
How much are you currently receiving?	\$	\$
Are you eligible for the Pension Bonus Scheme (PBS) i.e. Do you pass the work test and meet age requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you registered for the PBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you gifted any assets in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much have you given away?		
Have you registered for a Commonwealth Seniors Health Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you registered for a Low Income Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently renting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much rent do you pay?	\$	\$

Please provide a copy of your latest Centrelink/DVA Schedule.

Notes/Comments:

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Assets and Liabilities

☐ Not applicable ☐ Client(s) declined to complete this section

Lifestyle Assets

Item	Owner/s C1 C2	Description	Current Value	Centrelink Value
Principal residence (home)	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Household contents	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Car 1	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Car 2	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL LIFESTYLE ASSETS				<input type="checkbox"/> Yes <input type="checkbox"/> No

Cash / Term Deposits / Fixed Interest

Description	Bank / Institution	Owner/s C1 C2	Interest Rate	Maturity Date	Current Value	Income Reinvested
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Managed Investments/ Shares/ Trusts/ Overseas Investments

Description	Date Acquired	Owner/s C1 C2	Initial Amount Invested	No. of Units	Current Value	Income Reinvested
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Investment Property

Description	Owner/ C1 C2	Date Acquired	Associated Debt	Original Cost	Income Received	Market Value
	<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"/> <input type="checkbox"/>					

Liabilities

Please provide the following information so that we can calculate how much you have to invest and your current net wealth. (e.g. Mortgages, Personal loans, Credit Cards etc.)

Description	Lender	Owner/s C1 C2	Term of loan	Interest rate %	Original Amount borrowed	Repayment amount/ Frequency	Credit Limit	Current amount owing
		<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"/> <input type="checkbox"/>						
		<input type="checkbox"/> <input type="checkbox"/>						
		<input type="checkbox"/> <input type="checkbox"/>						
TOTAL LIABILITIES								

Are any borrowings for investment purposes charged an asset based fee?

☐ Yes ☐ No

Are you unhappy with any of your investments?

☐ Yes ☐ No

Please provide details below

Details:

Debt Management

☐ Not applicable ☐ Client(s) declined to complete this section ☐ Nil

Does your home loan have any of the following features?

☐ Offset ☐ Redraw ☐ Nil

What amount of extra repayments are you making into your home loan or offset account?

\$

Are there any fees/charges associated with extra repayments or redraws with your home loan?

☐ Yes ☐ No

What is the interest free period for your credit card(s)?

Do you usually pay off your credit card within the interest free period?

☐ Yes ☐ No

Are you acting as a guarantor for any loan?

☐ Yes ☐ No

Note / Details:

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Superannuation and Pensions

☐ Not applicable ☐ Client(s) declined to complete this section ☐ Nil

	Client 1	Client 2
Current Employment Phase	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
What source of income do you expect to rely upon in retirement?	<input type="checkbox"/> Own Funds <input type="checkbox"/> Casual work <input type="checkbox"/> Centrelink <input type="checkbox"/> Other	<input type="checkbox"/> Own Funds <input type="checkbox"/> Casual work <input type="checkbox"/> Centrelink <input type="checkbox"/> Other
Personal Contributions where a tax deduction is claimed	(p.a.)	(p.a.)
Personal Contributions (Post Tax)	(p.a.)	(p.a.)
Personal Contributions (Post Tax) past 3 years	(\$)	(\$)
Personal Contributions (Post Tax) Lifetime	(\$)	(\$)
Employer Contribution e.g. SG and salary sacrifice	(\$ or %)	(\$ or %)

If you have made Personal Contributions (Post Tax) the past 3 years, which year/s did you contribute? Provide details.

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Is it possible there are other superannuation accounts your Financial Adviser does not already have record of (and that you may have contributed to), such as previous employer super funds, recent employer funds or accounts set up by an accountant or another adviser?

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Superannuation

C1	C2	Super Plan Name	Taxable - Taxed Element	Taxable - Untaxed Element	Tax Free Amount	Preserved Amount	Total Balance
<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"/>	<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"/>						

Please attach a copy of your latest (and last 30 June) Superannuation or Pension statements.

For Defined Benefit Schemes

Super/Pension name	Pension Amount	Tax free amount	Tax Offset
	\$	\$	
	\$	\$	

Retirement Income

Provider	Pension Balance	Payment Frequency	Taxable %	Centrelink Deductible Amount	Is this a Transition to Retirement Pension (Y/N)

Do you know the balance of your Superannuation transfer balance account? (If Yes, provide details/ transaction statements)

☐ Yes ☐ No

Do you have a reversionary beneficiary on any pensions?
(If Yes, please provide details)

☐ Yes ☐ No

Do you have binding nominations set up for your Superannuation Funds to ensure that these funds would go to the correct person in the event of your death? (If Yes, please provide details)

☐ Yes ☐ No

Have you continuously received Centrelink/DVA payments or have you been a Commonwealth Seniors Health Card holder since 1 January 2015? (If Yes, please provide details)

☐ Yes ☐ No

OFFICE USE ONLY

Are any of the pensions grandfathered for Centrelink Purposes?

☐ Yes ☐ No

Notes / Comments:

This image shows a full page of white paper with horizontal blue dashed lines, typical of primary school writing paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

Personal Insurance

☐ Not applicable ☐ Client(s) declined to complete this section ☐ I/We do not hold any insurance cover

Existing Personal Insurance

Please provide the details of your existing Life, Total and Permanent Disability, Trauma, and Income Protection

Insurance Company/ Policy No.	Owner/s	Life insured	Type of Policy	Sum Insured	Annual Premium	Loading / Exclusion Notes	Nominated Beneficiaries	Associated Super Fund Name or funded through super

Are you unhappy with any of your insurances? ☐ Yes ☐ No

Please provide a copy of your latest Personal Insurance statement or policy details.

Details:

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OFFICE USE ONLY

Are any of the policies held inside superannuation grandfathered for insurance purposes e.g. Definitions for TPD, Trauma
Please provide any details below. ☐ Yes ☐ No

Additional Insurance Information

Insurance Goal Prioritisation

If you were unable to afford cover for all your needs, please prioritise the most important from 1 - 7

Need	Priority (1 - 7) Client 1	Priority (1 - 7) Client 2
Mortgage Repayments		
Other Debt Repayments		
Children's Education		
Medical Expenses		
Future Dependants Expenses		
Final Expenses (Funeral etc)		
Business Related Expenses		

How long could you go without income? ☐ 1 month ☐ 3 months ☐ 6 months ☐ 6+ months

Assuming you have paid off your mortgage, what income would your family need to cover expenses if either of you passed away?

How long do you intend to hold the cover?

Client 1		Client 2	
<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years
<input type="checkbox"/> 15+ years	<input type="checkbox"/> Other	<input type="checkbox"/> 15+ years	<input type="checkbox"/> Other

Would you dispose of assets to assist in meeting your financial needs in the event of death, total & permanent disablement or trauma?
Please provide details.

☐ Yes ☐ No

Would you like to consider child trauma or parent cover

☐ Yes ☐ No

Which of the following insurance features are important to you?

	Client 1	Client 2
Death Cover		
Expiry Age on cover (e.g. to age 99)		
Other (e.g. Automatic indexation, suspending cover benefit)		
TPD Cover		
Own / Any		
Buy Back		
Other (e.g. Automatic indexation, suspending cover benefit)		
Income Protection Cover		
Waiting Period	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Benefit Period	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Age 65 <input type="checkbox"/> Age 70	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Age 65 <input type="checkbox"/> Age 70
Agreed or Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity
Other		

	Client 1	Client 2
Trauma Cover		
Comprehensive benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy Backs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma Reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (e.g. Automatic indexation, suspending cover benefit)		

Insurance	Client 1	Client 2
Have you ever had an application for insurance on your life declined, deferred or accepted with a higher than normal premium, or with restrictions or exclusions?		
Have you within the last 5 years had any illness, injury, operation, X-ray, ECG, blood transfusion, any other special tests or advised to have a blood test for any reason?		
Do you take or have you taken drugs or medications on a regular or ongoing basis?		
Do you have any pre-existing health conditions that you are aware of?		
Any future health challenges we need to be aware of?		
Have any of your parents, brothers or sisters (alive or deceased) prior to age 60 been diagnosed with any of the following? <ul style="list-style-type: none"> Diabetes Heart Disease Mental Illness Haemophilia Cancer High Cholesterol High blood pressure Stroke Kidney Disease 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'Yes' to the above question, please complete the Family Medical History table below.

Family Medical History

Related to Client 1 or Client 2? C1 C2	Relationship	Condition/s	Age Diagnosed
<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>			

Hazardous Activities

☐ Not applicable ☐ Client(s) declined to complete this section

Do you participate or intend to participate in any hazardous activities?

E.g. Parachuting, Scuba Diving, Football, Body contact sports, Motor Racing, etc.

Client 1		Client 2	
Frequency	List of Activities	Frequency	List of Activities
Intends Participating		Intends Participating	
Participated within 3 yrs		Participated within 3 yrs	
Currently Participates		Currently Participates	
Participated more than 3 yrs ago		Participated more than 3 yrs ago	

Needs Analysis for Personal Insurance

This section will be completed by your Adviser to calculate the level of cover to meet your needs. Please note this section is compulsory to enable accurate assessment where insurance advice is within the scope of advice.

	Life		TPD		Trauma		Income Protection* (pa)	
	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2
Capital Requirements								
Liabilities to Clear								
Replacement of Income								
Future Education Expenses e.g. p.a. per child for X years								
Medical Costs/ Recovery / Rehabilitation Income								
Provision for Tax								
Other Provisions e.g. legacies								
Other e.g. funeral costs								
Total Capital Required								
Capital Provisions								
Disposable Assets								
Continuing Income								
Total Capital Available								
Insurance Needs								
Total Cover Required								
Existing Cover								
Surplus/Shortfall								

* Consideration of 25% income not included in Income Protection for Trauma and TPD

Any additional discussions e.g. after completing the needs analysis the client does not want to cover in certain areas etc.

Notes / Comments:

Estate Planning

☐ Not applicable ☐ Client(s) declined to complete this section

Wills	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your Will last reviewed?		
Have your circumstances changed since your last review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Will make provision for the use of testamentary trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who are the beneficiaries of your Will?		
Who are the beneficiaries of your Superannuation?		

Funeral Insurance Bonds	Client 1	Client 2
Funeral arrangements	<input type="checkbox"/> None <input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond	<input type="checkbox"/> None <input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond

Powers of Attorney/ Guardians	Client 1	Client 2
What type of Power of Attorney do you have?	<input type="checkbox"/> None <input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Medical	<input type="checkbox"/> None <input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Medical
Do you have Enduring Guardianship in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been married before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from previous marriages / relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a referral to a Solicitor for your Estate Planning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/Additional information Are there any other special estate planning issues? (e.g. other beneficiaries, charities)		

Aged Care

☐ Not applicable ☐ Client(s) declined to complete this section

Aged Care	Client 1	Client 2
Have you had an ACAT assessment (or ACAS assessment in Victoria)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Have you already paid any income tested care fees for home care or means tested care fees for residential care that may count towards your lifetime fee cap?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$

Retirement Villages	Client 1	Client 2
Are you a resident or do you plan to move into a retirement village?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What entry contribution did/will you pay?		
What ongoing fees are charged by the village?	\$	\$
Are you eligible for Rent Assistance from Centrelink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What conditions apply upon exit?		

Home Care Packages	Client 1	Client 2
Are you planning to apply for a Home Care Package?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving a Home Care Package?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did it commence?		
How much does your Home Care Package service provider charge?	Basic Fee: Income Tested Fee:	Basic Fee: Income Tested Fee:

Residential Aged Care Facilities	Client 1	Client 2
If you plan to move into an aged care facility:		
Who is moving into the facility?	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2
Does the Facility receive Government support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a spouse, carer or close family member continue to live in the family home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a carer or close family member, how long have they lived in the family home and do they receive income support from the Government?	Date: Income Support:	Date: Income Support:
Will your home be sold when moving to the Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you rent your home when moving to the Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the published Refundable Accommodation Deposit (RAD) of the Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If low-means, what is the facility's Accommodation Supplement amount?		

Investment Profile

This profile is in 3 parts:

Part 1: Investment Fundamentals

Part 2: Questions regarding your tolerance to risk

Part 3: Choosing your Investment Profile

We encourage you to ask as many questions as you need to feel comfortable with that choice.

Part 1: Investment Fundamentals

Investing can invoke strong emotions in all of us. Even the most seasoned investors worry about market volatility, time in the market and the impact decisions can have on long term plans. It is important for us to understand your attitude to investing and different investments.

What is an Investment Profile?

- An Investment Profile is a way of finding out a person's willingness or reluctance to take on risks.
- There are six Investment Profiles to choose from, each with their own risk and return characteristics.
- Each Investment Profile is linked to investment asset class allocations.
- These Investment Profiles are designed with reference to Morningstar Research¹, which provides historical and forecast data on risk, returns and asset classes.

How does my Adviser use an Investment Profile in their recommendations?

Once your Investment Profile is agreed, your Financial Adviser will recommend specific investments which reflect the asset allocation and risk characteristics of your Investment Profile.

Focusing on Asset Allocation

Asset allocation is a way of investing in a mix of investment types or classes such as Cash, Fixed Interest, Shares, Listed Property and Alternatives/Infrastructure. Since Australia makes up less than 2%² of the world economy, asset classes can be further broken down into International and Australian.

Defence Assets		Growth Assets	
Cash Fixed Interest		Shares Managed Funds Listed Property Alternatives/ Infrastructure	
Income in the form of interest but no growth of the initial investment amount		Capital growth of the initial investment and generally some income	
Advantages	Disadvantages	Advantages	Disadvantages
Value does not generally fall Less volatile	Inflation may erode real value	Growth means investment has a better chance to keep pace with inflation	Volatile - investment value goes up and down
Income is generally fixed or known for a certain time frame	Generally lower rate of return than growth investments	Generally higher rate of return than defensive assets	Income is not guaranteed or fixed
Easy access to funds	Returns are generally fully taxable at the marginal rate	Returns usually more tax efficient	Returns are not guaranteed and can be positive or negative
Security of capital	Little opportunity to find better rates as providers tend to match rates	More chance for diversity across different industries and countries	In some cases the initial value of the investment can be lost e.g. purchasing shares in a company which fails

¹ Morningstar is one of Australia's well known research and investment companies.

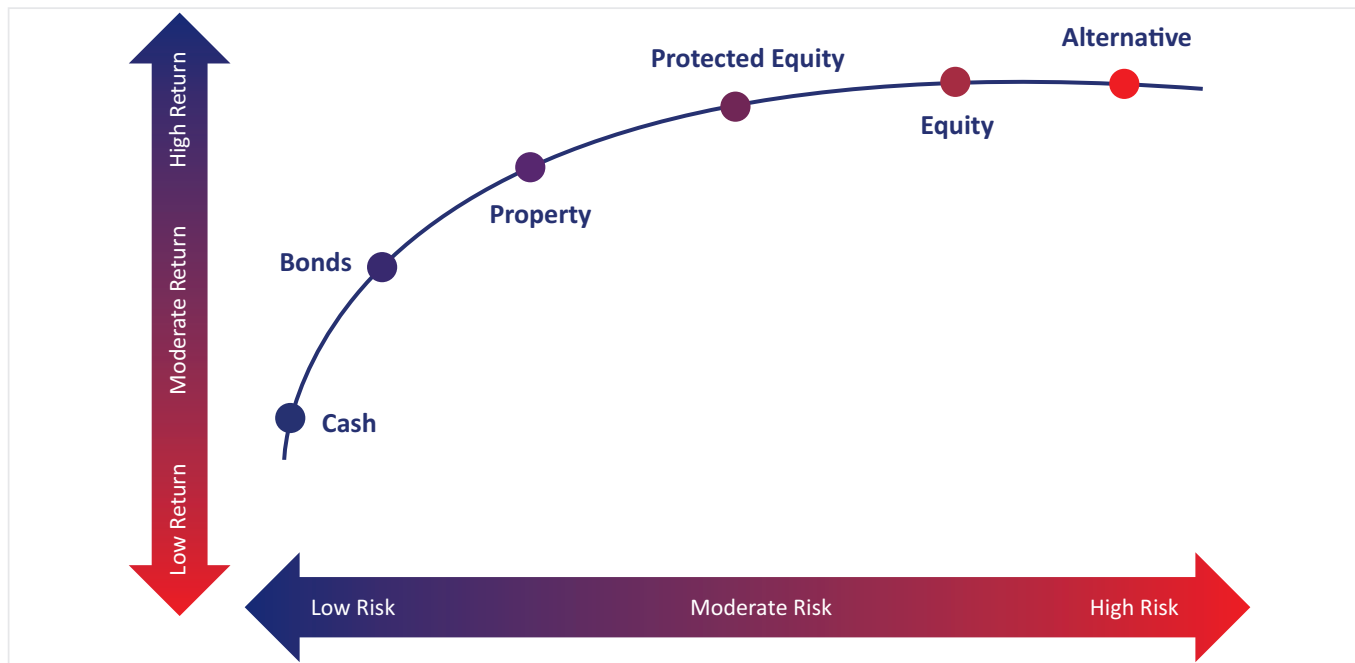
² https://en.wikipedia.org/wiki/Economy_of_Australia 5/6/2016

Risk and Return trade off

Investment decisions involve taking risks. In planning to meet your goals, objectives and future needs, you need to consider what level of risk you are willing to take or tolerate to achieve your aims.

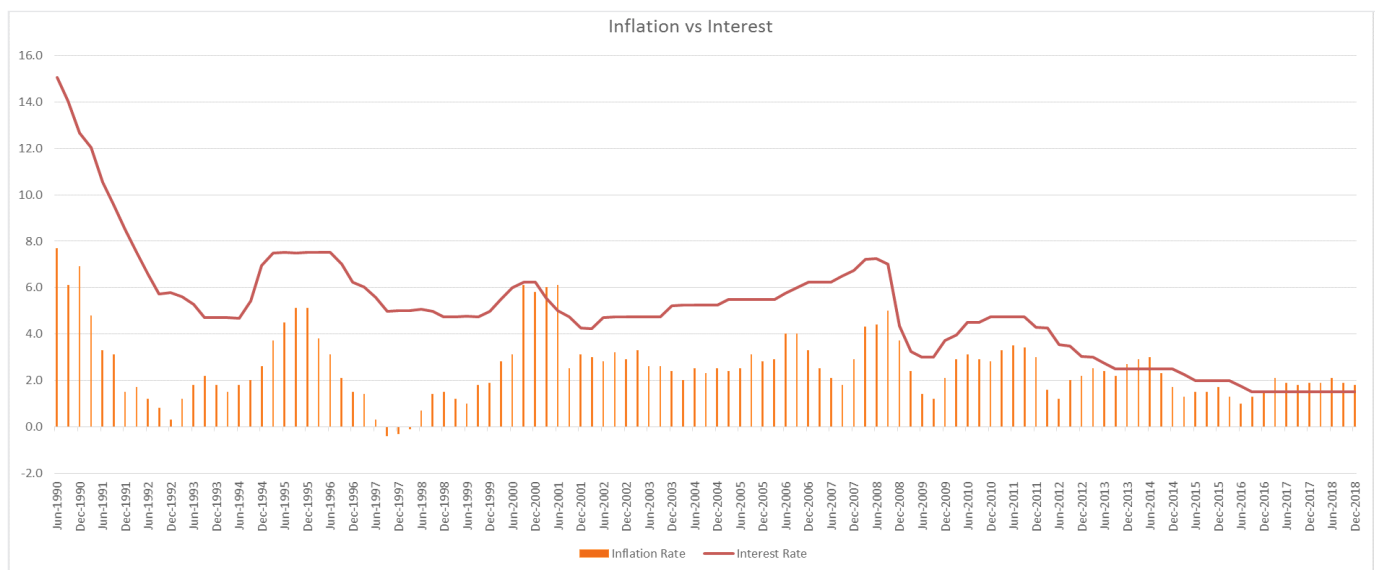
What is risk and return?

Return is the reward received for investing. It can be income such as dividends or an increase in value or growth of investments. Risk is the possibility of losing money, real or unrealised. The graph below demonstrates the higher the risk, the higher the potential return.



There are 3 main risks you need to consider:

- 1. Inflation:** Where inflation or the cost of your lifestyle expenses exceeds the return of your investments. The table below illustrates that a low risk investment like 'cash' with a fluctuating interest rate can be eaten away at by inflation at times. This effectively reduces the purchasing power and ability to fund lifestyle and expenses based on savings alone.



Source: Morningstar data, December 2018

- 2. Investment:** Where the performance or return of your investments does not meet the income and/or growth expected and potentially you end up with less than when you started (loss of capital). Specific investments may have other risks.
- 3. Volatility:** Is the ability to ride out fluctuations in value and performance of investments.

Diversify to reduce risk

Diversification is investing into a mix of different asset classes and even underlying funds, fund styles, companies, industries and economies around the world.

The table below shows asset classes in order of best to worst performance since 1990. **Green** is the best performing year for the asset and **red** is the worst. History shows you can't predict with certainty the best performing investment year to year, so don't try.

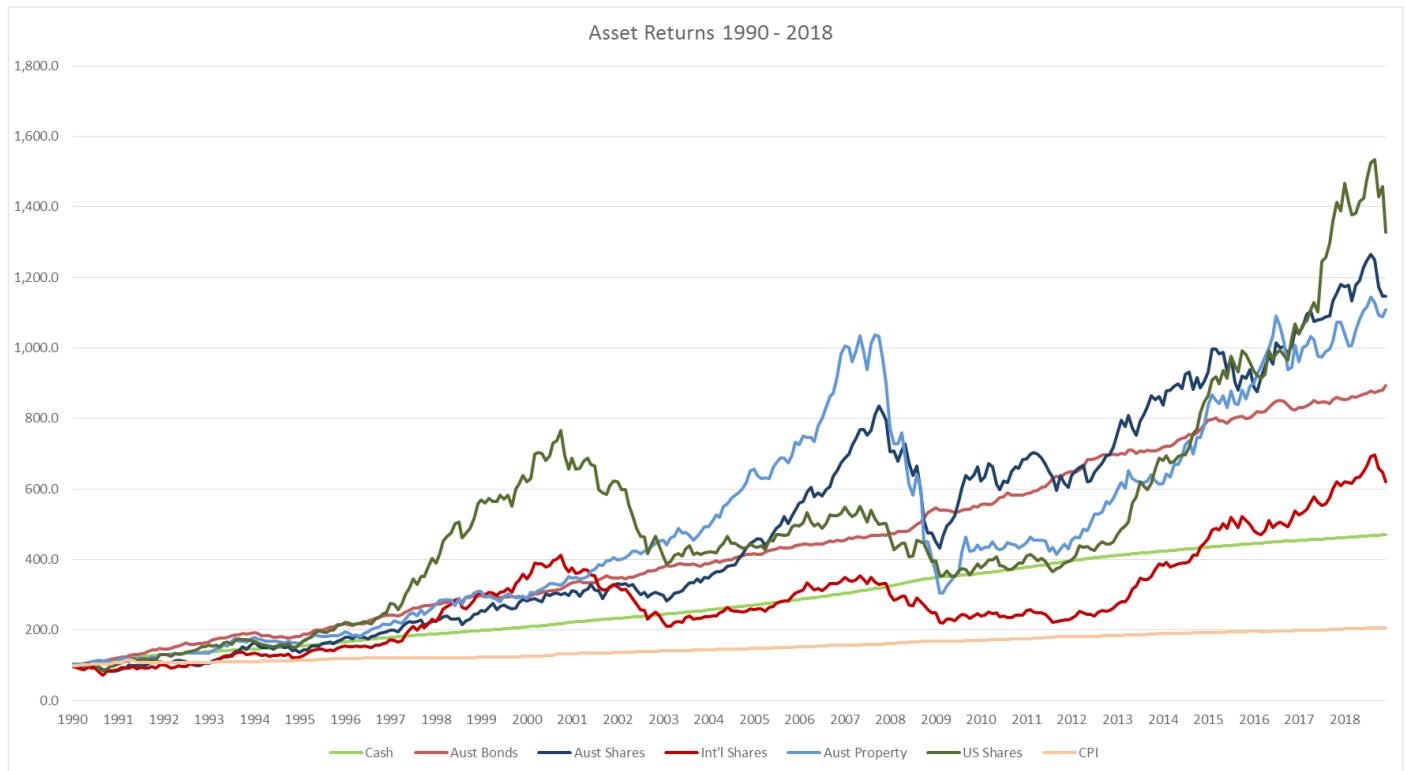
Year	Cash	Australian Bonds	Australian Shares	International Shares	Listed Property	US Shares
1990	16.25	19.10	-17.52	-15.09	8.70	0.37
1991	11.20	24.75	34.24	19.96	20.08	33.66
1992	6.92	10.41	-2.31	4.60	3.49	18.57
1993	5.39	16.32	45.36	24.20	29.97	11.74
1994	5.34	-4.69	-8.67	-8.05	-6.32	-10.73
1995	8.01	18.61	20.19	26.05	14.28	44.09
1996	7.61	11.92	13.44	6.24	14.24	16.18
1997	5.63	12.23	14.69	41.64	21.76	63.45
1998	5.14	9.54	10.35	32.34	18.37	38.86
1999	5.01	-1.22	16.10	17.19	-4.20	14.71
2000	6.24	12.04	3.60	2.19	18.87	3.00
2001	5.28	5.48	10.13	-9.97	14.84	-4.51
2002	4.77	8.81	-8.10	-27.44	11.81	-29.74
2003	4.90	3.05	15.86	-0.76	8.81	-3.51
2004	5.62	6.96	27.57	9.94	32.18	6.41
2005	5.73	5.79	21.09	16.84	12.70	12.98
2006	6.00	3.12	24.97	11.49	34.05	7.32
2007	6.77	3.50	17.95	-2.60	-8.36	-4.82
2008	7.60	14.95	-40.38	-24.92	-55.31	-20.83
2009	3.47	1.73	39.58	-0.30	9.56	-1.43
2010	4.66	6.04	3.31	-2.04	-0.68	1.29
2011	5.00	11.37	-11.43	-5.34	-1.56	1.98
2012	3.97	7.70	18.84	14.14	32.79	14.68
2013	2.87	1.99	19.66	48.03	7.27	53.89
2014	2.69	9.81	5.02	15.01	26.79	23.93
2015	2.33	2.59	3.78	11.80	14.38	13.96
2016	2.07	2.92	11.65	7.92	13.18	12.14
2017	1.70	3.70	12.50	13.40	6.40	12.80
2018	1.82	3.09	13.01	15.39	13.20	14.37
Average	5.52	7.99	10.84	8.34	10.73	11.89
Best	16.25	24.75	45.36	48.03	34.05	63.45
Worst	1.70	- 4.69	- 40.38	- 27.44	- 55.31	- 29.74

Source: Morningstar data December 2018. Past Performance is not an indicator of future performance.

Time in the Market, not timing the Market

The length of time you wish to invest - your investment time horizon - is critical to improving the probability of meeting your investment goals. You need to consider when you may need to cash in your investment or start to draw an income.

The chart below shows the performance of various asset classes over the last 30 years. As you can see, all asset classes increase over the long term. The chart also illustrates the benefit of diversifying investments across asset classes to help reduce volatility and smooth out returns over time. Blending asset classes over longer time horizons helps reduce risk.



Source: Morningstar data December 2018 (vertical is growth of index%). Past Performance is not an indicator of future performance.

Volatility

Market volatility refers to the movement of the value of investments in the market. Sometimes the values can move rapidly and this movement can be stressful for investors when they see these values rise and fall quickly. Although market volatility is out of your hands, it can impact on your personal financial situation. There are two types of volatility:

- **Value Volatility** - the value of growth investments fluctuates. This in the short term can be a concern but long term asset values eventually rise as can be seen from the chart. What is important is investing in the right asset class for the length of time you intend to invest to minimise the chance you need to sell down an investment at a low point.
- **Return Volatility** - changes in the return or income received from investments. This is extremely important where you are relying on the income from investments to fund your lifestyle like in retirement.

Part 2 Questions regarding your tolerance to risk

Answers range from 1 to 6. Generally, 1 corresponds with the most conservative 100% defensive assets investment profile and range up to 6 which corresponds to the most aggressive 100% growth investment profile.

Please answer the following required questions		Please tick ✓			
	Question 1	Response	Client 1	Client 2	Joint
Experience in investing	How familiar are you with investing?				
	Not at all	1			
	Not very familiar	2			
	Have experience with superannuation and debts	3			
	Experienced as an investor inside and outside superannuation	4			
	Experienced as an investor in a wide range of investment types such as shares, managed funds, property	5			
	Experienced as an investor in a wide range of investment types and debt structuring	6			
	Question 2	Response	Client 1	Client 2	Joint
Appetite to risk	What level of risk or periods of poor returns would you be prepared to accept with regards to your investments?				
	Very conservative, I will not take any risk of a fall in value of capital for any period of time	1			
	Fairly conservative, preferring not to have negative returns but with a view to consistent returns	2			
	Willing to take some risk of short term, negative performance to improve returns	3			
	Willing to take reasonable amount of risk of short term, negative performance to improve returns	4			
	Willing to take more risk of short term negative performance to improve long term returns	5			
	Willing to take maximum risk of short term negative performance to improve long term returns	6			
	Question 3	Response	Client 1	Client 2	Joint
Tolerance to risk	How long are you likely to continue with an investment strategy that is not meeting your expectations, for example the strategy has been generating a negative return or not producing sufficient income?				
	I would change it immediately	1			
	Up to 6 months	2			
	Up to 12 months after discussing concerns with my adviser	3			
	Up to 2 years after discussing concerns with my adviser	4			
	Up to 3 years after discussing concerns with my adviser	5			
	It would depend on the purpose of the investment and its place in my portfolio	6			

	Question 4	Response	Client 1	Client 2	Joint
Appetite to risk	How would you react if your investment fell by as much as 30% in value in a very short period of time i.e. a year or less?				
	You would immediately withdraw your funds. Security of your initial investment/capital is important and you did not intend to take such a large risk	1			
	You would cut your losses and transfer your funds into more secure investment sectors	2			
	You would be concerned, but would wait to see if the investments improve	3			
	This was a calculated risk and you would leave the investments in place, expecting performance to improve	4			
	You would see this as an opportunity and invest more funds, expecting future growth	5			
	You would see this as an opportunity and borrow to invest a lot more funds, expecting future growth	6			
	Question 5	Response	Client 1	Client 2	Joint
Risk Return trade off	Choose the most appropriate response to the following statement. Keeping my money safe is more important than the possibility of earning higher returns or having a more comfortable lifestyle in the future.				
	Strongly agree	1			
	Agree	2			
	Neither agree or disagree	3			
	Somewhat disagree	4			
	Disagree	5			
	Strongly disagree	6			
	Question 6	Response	Client 1	Client 2	Joint
Capital security	Choose the most appropriate response to the following statement. I am willing to experience the ups and downs of investment markets over the long term for the potential of greater returns.				
	Strongly disagree	1			
	Disagree	2			
	Neither agree or disagree	3			
	Somewhat agree	4			
	Agree	5			
	Strongly agree	6			

	Question 7	Response	Client 1	Client 2	Joint															
Sleep test	How do you feel if your investments go down in value?																			
	Extremely concerned; it becomes the thing I think about most. I wouldn't be able to sleep at night.	1																		
	Very concerned; it becomes something I think about a lot	2																		
	Concerned; it comes to mind when I see or hear the media	3																		
	Not overly concerned, I'd ask my adviser if I needed to do anything	4																		
	Not very concerned; it crosses my mind on occasion	5																		
	Indifferent, I like to get on with other things	6																		
	Question 8	Response	Client 1	Client 2	Joint															
Time frame	For how long would you expect your money to be invested before you would need to spend it? (Assuming your adviser has made plans to meet short-term needs and to handle emergencies)																			
	Less than 2 years	1																		
	Between 2 and 3 years	2																		
	Between 3 and 5 years	3																		
	More than 7 years	4																		
	More than 9 years	5																		
	10 years or more	6																		
	Question 9	Response	Client 1	Client 2	Joint															
Portfolio	The table below shows the highest one-year gain and highest one year loss on four different hypothetical investments of \$100,000. Given the potential gain or loss in any one year where would you invest your money? (Refer to the Investment Profile page for more information on expected returns).																			
	<table border="1"> <thead> <tr> <th>Investment Portfolio</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> </tr> </thead> <tbody> <tr> <td>Highest indicative gain in any one year</td> <td>\$15,000</td> <td>\$20,500</td> <td>\$26,600</td> <td>\$31,300</td> </tr> <tr> <td>Highest indicative loss in any one year</td> <td>-\$2,400</td> <td>-\$6,400</td> <td>-\$11,000</td> <td>-\$14,600</td> </tr> </tbody> </table>					Investment Portfolio	A	B	C	D	Highest indicative gain in any one year	\$15,000	\$20,500	\$26,600	\$31,300	Highest indicative loss in any one year	-\$2,400	-\$6,400	-\$11,000	-\$14,600
	Investment Portfolio	A	B	C	D															
	Highest indicative gain in any one year	\$15,000	\$20,500	\$26,600	\$31,300															
	Highest indicative loss in any one year	-\$2,400	-\$6,400	-\$11,000	-\$14,600															
	None of these portfolios	1																		
	Investment Portfolio A	2																		
Investment Portfolio B	3																			
Investment Portfolio C	4																			
Investment Portfolio D	5																			

Sometimes investing according to your desired level of risk means you will not be able to afford your current or future lifestyle goals.

Are you willing to take on more risk to potentially meet your current and future lifestyle goals? What sorts of risks are you willing to take? What are the limitations?

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Would you like your superannuation and non-superannuation money invested in the same manner? ☐ Yes ☐ No (provide details)

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Part 3 Choosing your preferred Investment Profile

The following describes the six different Investment Profiles we use for investing. You are able to choose between

- A) One of these Investment Profiles
- B) Your own blend of asset allocation.

A) Choose an Investment Profile

15% Growth - 85% Defensive Assets - This portfolio suits investors who give a high priority to the preservation of capital and are therefore willing to accept lower potential investment performance, hence the 85 percent exposure to income assets (cash and fixed interest). This suits investors with a minimum two-year timeframe or those that seek a portfolio comprising mainly of interest bearing assets.

30% Growth - 70% Defensive - This portfolio suits investors seeking a low level of investment value volatility, and therefore willing to accept lower potential investment performance, hence the 70 percent exposure to income assets (cash and fixed interest). This suits investors with a minimum three-year timeframe or those who primarily seek income with some potential for capital growth.

50% Growth - 50% Defensive - This portfolio suits investors who desire a modest level of capital stability but are willing to accept moderate investment value volatility in return for commensurate potential investment performance, hence the 50 percent exposure to growth (shares and listed property) and 50 percent exposure to income (cash and fixed interest) assets. This suits investors with a minimum five-year timeframe or those who seek both income and capital growth.

70% Growth - 30% Defensive - Some capital stability is still desired, but the primary concern is a higher return, hence the 70 percent exposure to growth assets (shares and listed property). This suits investors with a minimum seven-year timeframe or those who are willing to accept higher levels of investment value volatility in return for higher potential investment performance.

85% Growth - 15% Defensive - The 85 percent exposure to growth assets (shares and listed property) means that capital stability is only a minor concern. This suits investors with a minimum nine-year timeframe or those who are willing to accept high levels of investment value volatility in return for high potential investment performance.

100% Growth Assets - The 100 percent exposure to growth assets (shares and listed property) means that capital stability is not a consideration. This suits investors with a minimum ten-year timeframe or those who are willing to accept very high levels of investment value volatility to maximise potential investment performance.

Investment Profile

Asset Class	15% Growth/ 85% Defensive	30% Growth/ 70% Defensive	50% Growth/ 50% Defensive	70% Growth/ 30% Defensive	85% Growth/ 15% Defensive	100% Growth Assets
Growth Income Split % ■ Growth ■ Income						
Growth Assets	15	30	50	70	85	100
Income Assets	85	70	50	30	15	0
Minimum investment time frame	2 years	3 years	5 years	7 years	9 years	10 years
Expected range of annual gross returns for 5 years	1.2 to 7.2%	0.7 to 8.8%	- 0.5 to 11.4%	- 1.9 to 14.2%	- 3.2 to 16.2%	-3.8 to 19.1%
Expected range of annual gross returns for 10 years	2.1 to 6.3%	1.9 to 7.6%	1.2 to 9.7%	0.5 to 11.9%	- 0.4 to 13.3%	- 0.4 to 15.7%
Expected probability of negative return over any single year	9.5%	13.4%	18.9%	22.7%	23.9%	28.1%
Expected number of negative years in 20 years	1.9 years	2.7 years	3.8 years	4.5 years	4.8 years	5.7 years

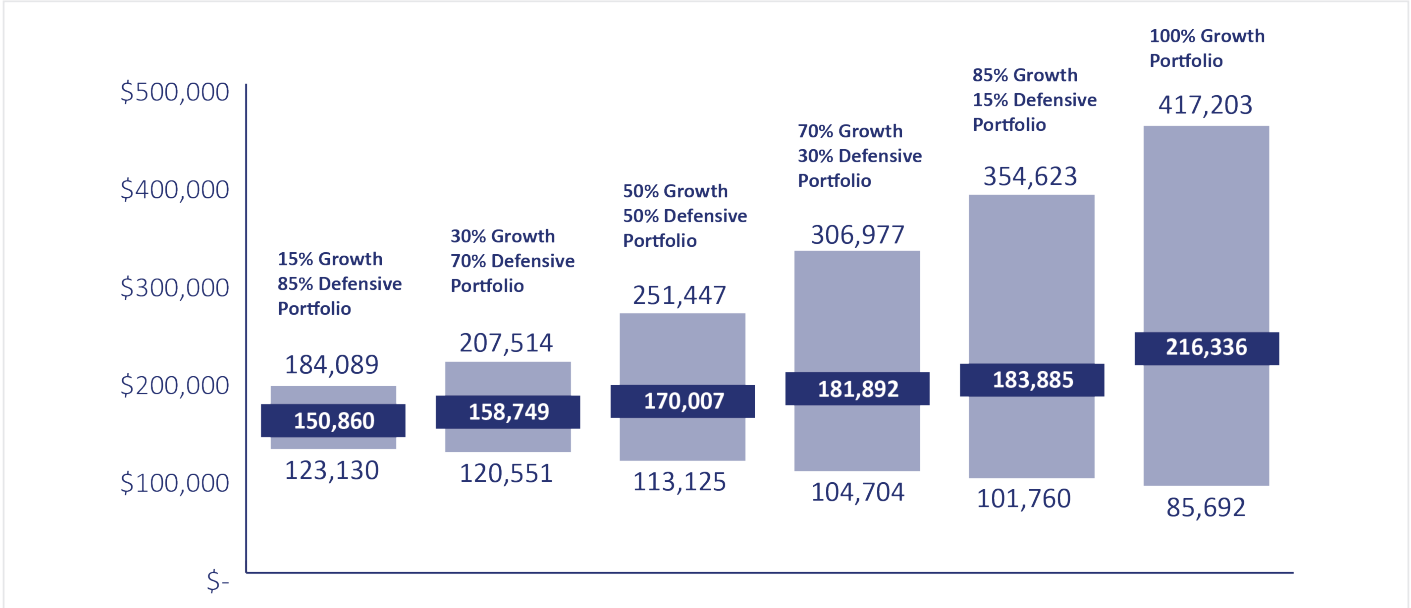
Benchmarks

<div> <div></div> Cash <div></div> Aus. Fix interest <div></div> Int'l Fix interest <div></div> Aus Listed Property <div></div> Int'l Listed Property <div></div> Aus Equity <div></div> Int'l Equity </div>						
Cash	36	30	20	12	6	0
Australian Fixed interest	28	23	18	11	6	0
International Fixed interest	21	17	12	7	3	0
Australian Listed Property	0	0	3	3	7	8
International Listed Property	3	3	3	5	3	3
Australian Equity	5	10	17	23	29	39
International Equity	7	17	27	39	46	50
Agreed investment profile/asset allocation	C1 C2 J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C1 C2 J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C1 C2 J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C1 C2 J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C1 C2 J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C1 C2 J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C1 = Client 1, C2 = Client 2, J = Joint

Sourced from Morningstar December 2018. Actual asset class allocation may be 10% either side of this benchmark depending on current economic and your personal circumstances. Over shorter periods outcomes can vary significantly. Past performance is not an indication of future performance.

Projected wealth level of \$100,000 invested after 10 years (in dark blue) and the likely range of outcomes (95% confidence interval). Please mark chosen investment profile.



Source: Morningstar data December 2018. Past Performance is not an indicator of future performance.

B) Choose your own blend of asset allocation

☐ I/we wish to implement the following asset allocation (+ - 10% variance is acceptable) instead of choosing one of the Investment Profiles

Asset Class	%	Notes
Cash		
Australian Fixed Interest		
International Fixed Interest		
Australian Listed Property		
International Listed Property		
Australian Equity/Shares		
International Equity/Shares		
Total	100	

Are there any specific investments that you wish to have? ☐ Yes (provide details) ☐ No

10

Details of discussions and any clarifications. Did you have any specific discussions regarding preference surrounding inflation, social security, tax, security of capital, liquidity, income needs or any other preference? E.g. clarify any questions about investing, and limitations of asset classes, key concepts, and Investment Profiles discussed

This image shows a full page of white paper with horizontal blue dotted lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

Professional Contacts and Referral Details

☐ Not applicable ☐ Client(s) declined to complete this section

Please list any other professional contacts you may have (i.e. your Solicitor, Accountant, or Lawyer):

Name/Company	Profession	Address	Phone

Can we contact your Professional Contacts if necessary?

☐ Yes ☐ No

How did you find out about our business?

☐ From a friend/ existing client

☐ Credit Union

☐ Mortgage Broker

☐ Health Insurance Provider

☐ Accountant or Solicitor

☐ Seminar

☐ Other e.g. website

Name of Referral Source

If referred through a referral partner, what is your policy/member number?

Client 1

Client 2

We have referred you to the following specialists e.g. Solicitor, Accountant, etc.

Name/Company	Need

This section assists us in identifying the areas that we will provide advice and strategies to you.

Areas that you **WANT** advice on:

Full Review

You would like a comprehensive analysis of your financial planning needs

☐ Client 1 ☐ Client 2

OR

Specific Review only

You would like us to investigate your need in the following areas only:

	Client 1	Client 2	Notes
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Planning	<input type="checkbox"/>	<input type="checkbox"/>	
Wealth Creation (Non Superannuation)	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	
Cash Flow Management	<input type="checkbox"/>	<input type="checkbox"/>	
Centrelink	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Business Insurance (Refer to Business Risk Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	

Areas you DO NOT want advice on

- | | |
|---|---|
| <input type="checkbox"/> Superannuation | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Personal Insurance | <input type="checkbox"/> Wealth Creation (Non Superannuation) |
| <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Business Insurance |

Areas we are NOT authorised to provide advice on:

- General Insurances
- Credit Advice
- Legal Services
- Accounting Services

Referral required: _____

Terms of Engagement

☐ Terms of Engagement (as detailed on the previous page of this Fact Find form)

You instruct us to formulate our written advice based on the agreed Terms of Engagement and provide this to you in a Statement of Advice (SoA). An upfront fee will apply for the preparation of this advice to be invoiced to you as follows \$_____ (including GST).

☐ If you proceed with our advice and continue to hold the recommended products for 24 months we will waive this cost for you. If, however you choose to cancel the products or policies within 24 months of placement, we reserve the right to invoice you for the full fee noted above.

OR

☐ Separate Service Agreement/Terms of Engagement

OR

☐ There will not be an upfront fee for the preparation of this advice

Electronic Communication Consent

We may use a range of means to communicate with you, to receive your instructions, obtain your consent or provide marketing material. Electronic communication is the fastest means of communication available, however means such as digital signatures, email or mobile devices will only be used if you indicate your agreement to communicating in this way. In providing you with financial services, we may need to communicate with you about sensitive information, for example your health status, personal financial information, or report to on your accounts, or provide you a written advice document for your consent.

☐ Yes, I/We can access documents electronically either online or via the email address/es provided and consent to electronic communications.

☐ No, I/We do not have email or want to give instructions electronically.

Marketing Consent

Would you like to receive marketing material from our business such as newsletters and promotional material? If so please select the method of communication.

☐ Electronic media

☐ Post

☐ No marketing please

My Investment Profile Choice

By signing this document, I/We declare that I/We understand the Investment Fundamentals section of this Fact Find and my/our Adviser has explained the characteristics of the different asset classes and their limitations; the risk-return trade off; the importance of time in investing and diversification, to my/our satisfaction. We believe the Investment Profile selected and its related investment asset allocation suits our risk tolerance and investment timeframe.

☐ Yes, I/We have asked all the questions we needed to understand our Investment Profile choice.

Privacy Acknowledgment

As part of the process to provide you with appropriate financial planning advice, Matrix Planning Solutions and your Adviser and related entities (Matrix's , we, our or us) undertake a data gathering exercise relevant to the areas of advice you have sought. We may need to contact and disclose information about you to product providers, superannuation fund administrators and investment managers to fully understand your financial situation, investments and policies. This may include verifying your identity in accordance with the Anti-Money Laundering and Counter Terrorism requirements.

By signing this document, I/We acknowledge that in the course of providing you with Financial Services, Matrix or your Adviser may need to disclose Personal Information to service providers based overseas or organisations based in Australia that utilise some services themselves from overseas.

By signing this document, I/We acknowledge and understand my personal, sensitive and health information (if relevant) will be collected, used, stored, disclosed in accordance with Matrix's Privacy Policy and the Privacy Act 1988 (Cth).

Family and relatives consent

Your relevant personal circumstances may include information regarding your family in order to provide appropriate financial planning advice to you. Where this information is reasonably required from you, we expect and assume that you have their consent to provide this information to us.

By signing this document, I/We understand that relevant personal circumstances may include information about my family, such as my spouse and children. My relevant family members are aware I/We have sought financial planning advice and understand the purposes for which I/We have provided their personal information to my Adviser.

Incomplete or inaccurate information

By signing this document, I/We understand that if I/We have not provided all relevant financial information accurately when requested (or limited the scope of the advice), then there are limits on how appropriate a personal recommendation may be. In such cases, the recommendation provided may not be appropriate for your financial needs, circumstances and objectives.

Tax File Number (TFN)

We may request the use of your TFN for the purposes of investing in, or acquiring new investment, superannuation or insurance products on your behalf. We will retain your TFN to use when required, however you may at any time, request we permanently delete your TFN information. Importantly, supplying your TFN is voluntary, and it is not an offence if you choose not to provide it.

Further information

Further details on how we handle personal information is explained in our Privacy Policy, available at <https://www.matrixplan.com.au/Documents/Privacy-Policy> or by contacting us on 1300 663 334.

Client 1 Name (please print):

Client 1 Signature:

Date

DD / MM / YYYY

Client 2 Name (please print):

Client 2 Signature:

Date

DD / MM / YYYY

Adviser use only - compulsory

Have you identified any client needs or goals that you are not accredited to provide advice e.g. Direct shares, Gearing, Aged Care, Wills/ Power of Attorney, Credit Advice etc. ☐ Yes ☐ No

If yes please document referral to a suitable Adviser.

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Have you identified any conflicts between the clients goals, objectives, investment profile, advice product provision etc? ☐ Yes ☐ No

Please detail the conflict.

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Has this been discussed with the client? ☐ Yes ☐ No

What was the outcome? Provide notes of discussion.

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Are there any other steps you need to take to provide advice in the client's best interest?

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Adviser Identified Needs - compulsory

Needs, Goals and Objectives	Owner	Consequences (if nil state nil)	If out of scope state why

Are there any clarifications or amendments to the scope of advice (subject matter)?

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What is out of scope if not detailed in terms of engagement or service agreement?

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Financial Adviser Declaration

We have given the client(s) our FSG Version Number: _____ on _____ (date provided) by _____ (method of delivery) and have explained it to them.

We have discussed with the client(s) the importance of obtaining detailed personal financial information in order to provide recommendations that are appropriate to their needs and circumstances.

We have explained to the client(s) the relevance of determining their risk tolerance with regard to choosing their own Investment Profile. We have discussed with the client(s) their attitude to risk and their chosen Investment Profile for the purposes of investing.

We have discussed with the client(s) that where required information has not been provided, the advice and recommendations that we provide may not be appropriate for their needs.

Adviser Name (please print):

Adviser Signature:

Date

DD / MM / YYYY

Authority to Access Information/Update Details/Transfer Servicing Rights

This authority is valid until revoked

By signing this form you authorise the below to access your personal information. Your personal information is handled in accordance with the Australian Privacy Principles.

To Whom It May Concern:

I Date of birth

(Client 1 Name)

of In the state of

(Address)

confirm that this is my current address and authorise this to be updated on all of my policies and accounts.

Previous addresses

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

Adviser name	<input type="text"/>	Address	<input type="text"/>
Adviser number		Email	
		Phone	

Or their staff

(Name/s)

Or any other representative, agent or Adviser of Matrix Planning Solutions Limited on request.

For Insurance Policy/Super or Investment or Bank Account	Product Provider	Policy or Member Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	is an Authorised Representative of Matrix Planning Solutions Limited, ABN: 45 087 470 200, AFSL and ACL: 238256, registered address: Level 14, 20 Bond Street, Sydney NSW 2000 contactus@matrixplan.com.au
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- ☐ Please appoint the above Adviser as the new servicing adviser to my accounts/policies.
- I understand this appointment will change the adviser linked to my accounts/ policies and any remuneration (where applicable) will be paid to the new adviser.
 - Please retain/ transfer all existing Adviser Service Fee arrangements unless otherwise specified.
 - My previous adviser will no longer have access to my account or policies.
 - My new adviser will be responsible for providing advice on these policies/accounts.

Please accept a photocopy, facsimile or electronic copy of this letter as my authority, as the original is held by my Matrix Planning Solutions Limited Financial Adviser.

Yours faithfully,

Client 1 Name (please print):

Client 1 Signature: Date

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Or their staff

(Name/s)

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For Insurance Policy/Super or Investment or Bank Account	Product Provider	Policy or Member Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Yours faithfully,

Client 1 Name (please print):

Client 1 Signature: Date

Matrix Planning Solutions Limited

ABN: 45 087 470 200 is a holder of an Australian Financial Services and Australian Credit Licence No. 238256 and is responsible for the services and advice given to you by your Adviser.

Level 14, 20 Bond Street, Sydney, NSW, 2000

Phone: 1300 663 334

Email: contactus@matrixplan.com.au

www.matrixplan.com.au