

Client Questionnaire

Private and confidential

Client 1	
Client 2	
Authorised representative (financial adviser)	
Date of completion	
Version of FSG provided	
Date of FSG provided	



Full financial assessment

Private and confidential
March 2009

This document should be used if the 'Part A: pre-meeting financial information' has not been completed. If the client has completed the Part A questionnaire please use the 'Part B: Detailed financial assessment' instead.

This document contains a number of 'Needs analysis' sections that should be used to quantify and qualify a client's goals and objectives. Answers to these questions are to be completed after discussion, education and investigation with the client. These questions represent a starting point only.

To be completed during the initial meeting between a client and financial adviser

Current situation

Your personal details

Please take a moment to complete your personal details.

	Client 1		Client 2	
Surname				
Given name(s) eg, William Frederick				
Preferred name/other name eg, Bill				
Date of birth				
Country of birth				
Country of residence/citizenship				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> De facto relationship <input type="checkbox"/> Other, please state below:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> De facto relationship <input type="checkbox"/> Other, please state below:	
Names(s) of any dependant(s) eg children, parents	Date of birth	Age	Relationship	Financially dependant
				<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

Residential address		
Postal address	<input type="checkbox"/> Or tick if as above	
Telephone (home)	()	()
Telephone (work)	()	()
Mobile number		
Do you regularly use a computer and the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address		
Preferred contact method and time		

Personal details (continued)

Occupation/position title		
Name of employer		
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Semi retired <input type="checkbox"/> Full time occupation <input type="checkbox"/> Part time occupation <input type="checkbox"/> Home maker <input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired <input type="checkbox"/> Semi retired <input type="checkbox"/> Full time occupation <input type="checkbox"/> Part time occupation <input type="checkbox"/> Home maker <input type="checkbox"/> Unemployed
Employment type	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Temp/contractor <input type="checkbox"/> Self employed	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Temp/contractor <input type="checkbox"/> Self employed

Do you have private health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of private health cover do you have?	<input type="checkbox"/> Hospital <input type="checkbox"/> Ancillary <input type="checkbox"/> Special extras	<input type="checkbox"/> Hospital <input type="checkbox"/> Ancillary <input type="checkbox"/> Special extras
Do you have any health concerns or issues? If so please provide details.		
Are you a smoker?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a will?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

Use the space below to record additional information about the client, eg hobbies and interests.

Reasons for seeking advice

The purpose of this section of the full financial assessment is to establish the main reasons why the client is seeking advice. The 'Needs analysis' sections later in this document should be used to qualify and quantify these objectives.

Main reasons for meeting
Saving, investment and debt management
Saving for retirement
Living in retirement
Financial protection
Capital protection/Preservation
Estate planning
Other

Information about why the client is seeking advice

Use this space to record any additional information that may be relevant such as:

- specific concerns about the client's current situation
- lifestyle objectives
- relative priorities – things that must change, wants, aspirations, and
- any changes in circumstances that have occurred or are likely to occur in the near future.

How can we assist you?

Common reasons why people seek financial advice

Below is a list of some of the reasons why people come to see us. Please take time to review this list and indicate their relevance to your personal situation by ticking the appropriate box. Couples should answer with a combined response where possible and use individual ticks and initial them where you do not agree.

	Important	May be of interest	Have not considered at this time
I need to help save money, eg for a car, holiday or home deposit			
I want to save money for my child(ren)'s education			
I need help to create a budget			
I am interested in paying off debts more quickly			
I want to reduce the amount of interest I pay			

	Important	May be of interest	Have not considered at this time
I would like to begin investing			
I would like to know how to best invest my money			
I would like to invest but have concerns about market volatility			
I would like to reduce the amount of tax I currently pay			
I would like to know more about borrowing to invest			
I would like to know if I am packaging my salary effectively			

	Important	May be of interest	Have not considered at this time
Am I saving enough to support myself in retirement?			
How can I make my money last longer in retirement?			

	Important	May be of interest	Have not considered at this time
I want to ensure my family is financially secure if I die or suffer a serious illness			
I am unsure how I will manage financially if I am sick for a prolonged period			
I want to ensure the right people will inherit my assets when I die			

	Important	May be of interest	Have not considered at this time
My employment status has recently changed, or is changing soon			
A recent event has prompted me to seek financial advice			
My family situation has recently changed, or is about to change			

	Essential	Important	Not required
I would like to establish an ongoing relationship with a financial adviser			

	Via my non-super investments	Via my super investments	From my cashflow
My preferred method for paying for initial financial advice...			
My preferred method for paying for ongoing financial advice...			

Other specific reasons why you need our assistance

Please provide details of any other reasons why you are seeking financial advice:

Income

	Details	Frequency, eg weekly, monthly or annually	Client 1	Client 2
Salary/wage	<input type="checkbox"/> Gross <input type="checkbox"/> Net		\$	\$
Overtime, bonuses and commissions			\$	\$
Business income			\$	\$
Super pension			\$	\$
Income from investments			\$	\$
Rental income			\$	\$
Family trust distributions			\$	\$
Maintenance payment			\$	\$
Annuity income			\$	\$
Centrelink or veterans benefit	<input type="checkbox"/> Centrelink <input type="checkbox"/> Veterans		\$	\$
Work compensation payments			\$	\$
Other			\$	\$
Total income (calculate for one frequency, eg monthly or annually)			\$	\$
Joint total income (calculate for one frequency, eg monthly or annually)			\$	

Notes

Expenses

For couples, please indicate joint expenses.

	Details	Monthly	Annually
Mortgage or rent (incl. rates)		\$	\$
Other loan repayments		\$	\$
General living costs		\$	\$
Medical		\$	\$
Entertainment or hobbies		\$	\$
Education		\$	\$
Insurance payments		\$	\$
Maintenance payment		\$	\$
Other		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total expenses		\$	\$

Notes

Assets and liabilities – current situation

Lifestyle assets and liabilities

Details		Assets	Liabilities			Insurance
Description	Owner	Current value	Loan amount outstanding	Interest rate paid	Frequency	Insured?
Principal residence		\$	\$	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

Other assets

Bank account		\$	\$	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Other liabilities

Credit card			\$	%	\$	
Total						

Investment property assets and liabilities

Details		Assets	Liabilities			Income and expenses		
Description	Owner	Current value	Type of loan, eg P&I	Loan amount outstanding	Interest rate paid	Income	Expenses	Insured?
		\$	\$		%	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	\$		%	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	\$		%	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	\$		%	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

Other non-superannuation investments										
Investment Assets							Investment liabilities			
Asset	Owner	Amount invested	Units/shares	Current value \$	Reinvest Income (Y/N)	Loan amount outstanding	Loan type	Interest rate paid	Payment and frequency	
		\$		\$		\$		%	\$	
		\$		\$		\$		%	\$	
		\$		\$		\$		%	\$	
		\$		\$		\$		%	\$	
Total		\$		\$		\$		%	\$	

Provide CHES holding statement or purchase date/amount if considering the sale of shares. If loans are in relation to more than one asset please list on a single line in the table above.
Information on superannuation assets and retirement income streams can be recorded later in this document.

Needs analysis – saving, investment and debt management

Current savings and capacity to save, couples please provide a joint response

1 Do you save money on a regular basis?		
2 How much do you save now and how much do you think you could comfortably save?	Client(s) currently save	Client(s) could save
	\$	\$

Saving and investment goals and objectives

3a Do you anticipate any major expenses, or do you have specific saving or investment goals?	Expense, savings or investment goal	Amount	When will be incurred or met?
		\$	
		\$	
		\$	
		\$	
		\$	
3b Would you be inclined to borrow or to save first to meet these anticipated expenses?			

Current debts

4 Are you comfortable with your current level of debt?	
5 Are your lifestyle debts:	<input type="checkbox"/> Increasing <input type="checkbox"/> Staying the same <input type="checkbox"/> Decreasing
6 Is the balance of your credit card(s) cleared on a monthly basis?	

Managing your debts

7a Do you have a budget?	
7b If so, do you stick to it?	
8 Would you consider reducing your debts using monthly surplus funds?	
9 Do you think your debts are structured appropriately to minimise borrowing costs?	

Notes

What are the potential client opportunities that should be investigated further?

Superannuation assets and contributions – current situation									
Fund details							Contributions (monthly)		
Fund name and details	Owner	Current value	Type of fund (personal or default employer fund)	Investment details of fund	Level of non concessional contributions in fund	Super guarantee	Salary sacrifice	Non – concessional contributions (personal or spouse)	Insurance Y/N (see insurance section)
		\$			\$	\$	\$	\$	
		\$			\$	\$	\$	\$	
		\$			\$	\$	\$	\$	
		\$			\$	\$	\$	\$	
		\$			\$	\$	\$	\$	
		\$			\$	\$	\$	\$	
Total		\$			\$	\$	\$	\$	

Needs analysis – saving for retirement

If the client has already retired, this section may not be applicable. If this is the case, please go to living in retirement on page 18, retirement income streams.

Retirement lifestyle

	Client 1	Client 2
1 When do you want to retire?		
2 What type of lifestyle do you want in retirement, including any activities?		
3 How much income do you think you will need in retirement?		

Retirement savings

Details of the client(s) superannuation savings should be recorded above.

4 Which assets other than your superannuation are you planning to use to fund your retirement?	
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Assets	Expected value at retirement	Will the asset be sold or retained to generate income?

Retirement planning

	Client 1	Client 2
5 Is saving for retirement a low, medium, or high priority for you?		
6 Do you think you will have sufficient funds for your retirement?		
7a Are you willing to contribute towards your retirement goals?		
7b If so, how much would you be willing to contribute?		
8 What, if anything has prevented you from taking action so far?		
9 Are you eligible to exercise super choice?		
10a Does your employer allow you to salary sacrifice?		
10b If so, what is the allowable maximum limit?		
11 Do you have a transition to retirement strategy? Please provide details.		
12 What other strategies have you considered to support your retirement?		
13 Would you consider adopting a higher investment strategy to make your funds last longer?		
14 Would you consider paying a higher fee to protect your investments?		

Notes

What are the potential client opportunities that should be investigated further?

Retirement income streams – current situation

* Provide Centrelink Pension Schedule or Provider Pension Schedule if available

Type and owner ¹	Annual income or drawdown amount	Current value	Date commenced	Term	Residual capital value	Deductible Amount		Super Y/N	Current non concessional contributions (yearly)
						Tax	C'link		
	\$	\$				\$	\$		\$
	\$	\$				\$	\$		\$
	\$	\$				\$	\$		\$
	\$	\$				\$	\$		\$
	\$	\$				\$	\$		\$
	\$	\$				\$	\$		\$
Total	\$	\$				\$	\$		\$

Needs analysis – living in retirement

If the client is not considering retiring soon and has not retired already, this section may not be applicable. If this is the case, please go to page 20, Financial Protection.

Retirement income needs

	Client 1	Client 2
1 Is the income you currently receive to live in retirement sufficient to meet your needs?		

Making your funds last

	Client 1	Client 2
2 Do you think that your current funds will last for the rest of your life?		
3 To what extent would you consider changing your lifestyle to ensure your funds last longer?		
4 Are you considering downsizing or freeing up capital in your home?		
5a Would you consider adopting a higher risk investment strategy to make your funds last longer?		
5b Would you also consider paying a higher fee to protect your investment?		
6a Do you wish to leave money or assets to your family or other beneficiaries when you die?		
6b If so, how much? Specific questions regarding estate planning are included later in this document.		

Notes

What are the potential client opportunities that should be investigated further?

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Financial protection – current situation							
Current life or trauma insurance policies							
Company and product type, life, trauma, or TPD. Eg, AXA Life.	Owner (if super insert fund name))	Life insured	Policy number	Insured amount	Annual premium		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
Total				\$	\$		

Needs analysis – financial protection

1 Would you and your family have the same lifestyle and be able to meet your longer term goals if your income stopped?	
2 If you were to die prematurely: <ul style="list-style-type: none"> • Could you cover your debts? • Would your family be able to maintain their current standard of living? 	
3 If you were to become sick, injured or disabled for a prolonged period: <ul style="list-style-type: none"> • Could you continue to meet your financial commitments and maintain your standard of living? • Would you have enough money to meet your longer term goals? 	
4 If you suffered a trauma such as a major heart attack, cancer or stroke: <ul style="list-style-type: none"> • Could you continue to meet your financial commitments and maintain your standard of living? • Would you have sufficient money to cover the medical expenses? <p>Did you know that you can insure against some major medical traumas?</p>	
5 Would you like us to undertake a review of your insurance?	

6 Do you have any outstanding leave you could rely on if suffering a prolonged illness?

	Client 1	Client 2
	Days outstanding	Days outstanding
Annual leave		
Sick leave		
Long service leave		
Other		

Notes

What are the potential client opportunities that should be investigated further?

Financial protection – level of cover

Your financial adviser will use the data collected in the following section to determine how much insurance cover you require. Alternatively, you can request a specific amount of cover rather than have the adviser recommend it.

Note: The DRAFT insurance calculator can be used to calculate coverage required, based on the information recorded below.

Life insurance and total and permanent disability insurance

- Adviser recommended cover: Using the information provided, the adviser will propose a strategy to meet your objectives in regard to the level of insurance cover you require.

	Event of client 1's death	Event of client 1's total and permanent disability	Event of client 2's death	Event of client 2's total and permanent disability
Income replacement				
Gross replacement income required (\$ per annum)	\$	\$	\$	\$
Real rate of return (% per annum)*				
Number of years income required (years or 'Life')				
Value of lump sum at end of term (Residual Capital Value)	\$	\$	\$	\$
Capital costs (present value)				
Capital for estate	\$	N/A	\$	N/A
Final expenses	\$	N/A	\$	N/A
Bequests	\$	N/A	\$	N/A
Debts	\$	\$	\$	\$
Children	\$	\$	\$	\$
Medical costs	N/A	\$	N/A	\$
Home improvements	N/A	\$	N/A	\$
Other	\$	\$	\$	\$
Realisable assets				
Assets you would be willing to sell	\$	\$	\$	\$
Client requested cover required	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Notes

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* The DRAFT insurance calculator has a default rate of return

Income protection insurance

- Adviser recommended cover: Using the information provided, the adviser will propose a strategy to meet your objectives in regard to the level of insurance cover you require.

	Event that client 1 cannot work	Event that client 2 cannot work
Maximum cover available		
Maximum cover available per month (75% of income)	\$	\$
Maximum cover available per annum (75% of income)		
Cover required		
Cost of living	\$	\$
Other expenses	\$	\$
Cover required (per month)	\$	\$

- Client requested sum: you have nominated the sum insured value. You have waived the option to obtain an analysis of cover you may require and specifically requested not to receive advice in this area.

	Event that client 1 cannot work	Event that client 2 cannot work
Client requested cover required (per month)	\$	\$

Notes

Trauma insurance

- Adviser recommended cover: Using the information provided, the adviser will propose a strategy to meet your objectives in regard to the level of insurance cover you require.

	Event that client 1 cannot work	Event that client 2 cannot work
Capital costs (present value)		
Debts	\$	\$
Children	\$	\$
Medical costs	\$	\$
Other	\$	\$

- Client requested sum: you have nominated the sum insured value. You have waived the option to obtain an analysis of cover you may require and specifically requested not to receive advice in this area.

	Event that client 1 cannot work	Event that client 2 cannot work
Client requested cover required	\$	\$

Needs analysis – estate planning

The following details relate to your plans for your finances after your death or during a period where you are not able to control your finances, eg, due to illness.

	Client 1	Client 2
1 Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 If so, when was your will last reviewed?		
3 Have you appointed an executor for your will? If so who?		
4 Do you have provisions in place for a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 What type(s) of power of attorney do you have?	<input type="checkbox"/> Medical <input type="checkbox"/> General <input type="checkbox"/> Enduring	<input type="checkbox"/> Medical <input type="checkbox"/> General <input type="checkbox"/> Enduring
6 Who are your attorneys under power?		
7 For superannuation only, do you have any binding nominations in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If yes, who are they to?		
9 If yes, when were these bonding nominations reviewed?		

In order to provide appropriate advice, we need to consider various strategies. These strategies can be influenced by your intentions regarding the distribution of your assets after your death.

10 Do you have intentions regarding the distribution of your assets after your death?	
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Notes

What are the potential client opportunities that should be investigated further?

11 Would you like to be referred for advice on estate planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to:		

Investor risk profile

By answering the following questions about your attitude(s) to investing, you will help your financial adviser assess your investment profile. This will help to establish which types of funds might be appropriate for your investments. Couples can answer separately or together.

Section 1

Question 1

What is your investment timeframe or how long do you expect your money will be invested? Assume that this money does not affect your cash flow.

▪ Less than 1 year	0 <input type="checkbox"/>
▪ 1-2 years	1 <input type="checkbox"/>
▪ 2-3 years	2 <input type="checkbox"/>
▪ 3-5 years	3 <input type="checkbox"/>
▪ 5-7 years	4 <input type="checkbox"/>
▪ Greater than 7 years	5 <input type="checkbox"/>

If your investment timeframe is less than two years you do not need to complete Section 2.

Section 2

Question 1

Which of the following statements best describes your experience or knowledge of investing?

▪ I have never invested money and do not know how the investment markets work.	1 <input type="checkbox"/>
▪ I have some experience and an understanding of how investment markets work.	2 <input type="checkbox"/>
▪ I have some experience with investing in shares or managed funds and I understand the importance of diversification.	3 <input type="checkbox"/>
▪ I have previously invested money in various types of investments, understand that markets may fluctuate and that different market sectors offer different income and growth characteristics.	4 <input type="checkbox"/>
▪ I have previously invested substantially in share and/or property investments either directly or through managed funds and have a strong understanding of the various factors that may influence performance.	5 <input type="checkbox"/>

Question 2

Are high returns on your investment more important than short-term fluctuations?

▪ Not at all	1 <input type="checkbox"/>
▪ Limited	2 <input type="checkbox"/>
▪ To some extent	3 <input type="checkbox"/>
▪ For the most part	4 <input type="checkbox"/>
▪ Definitely	5 <input type="checkbox"/>

Section 2 (continued)

Question 3

What would you do if the value of your investment fell by 20 per cent in its first year because of the markets?

▪ I would withdraw my funds.	1 <input type="checkbox"/>
▪ I would find out about safer investments.	2 <input type="checkbox"/>
▪ I would discuss the investment with my adviser and ask for guidance.	3 <input type="checkbox"/>
▪ I would understand that investments can fluctuate and would do nothing.	4 <input type="checkbox"/>
▪ I would consider investing additional funds.	5 <input type="checkbox"/>

Question 4

Which of the following statements describes your feelings towards an investment?

▪ My money should be totally secure at all times.	1 <input type="checkbox"/>
▪ My money should grow by at least the rate of inflation.	2 <input type="checkbox"/>
▪ My money should grow steadily by greater than the rate of inflation.	3 <input type="checkbox"/>
▪ My money should grow at a rate that exceeds inflation in the long term while fluctuating in value.	4 <input type="checkbox"/>
▪ My money should grow substantially compared with inflation while fluctuating in value.	5 <input type="checkbox"/>

Question 5

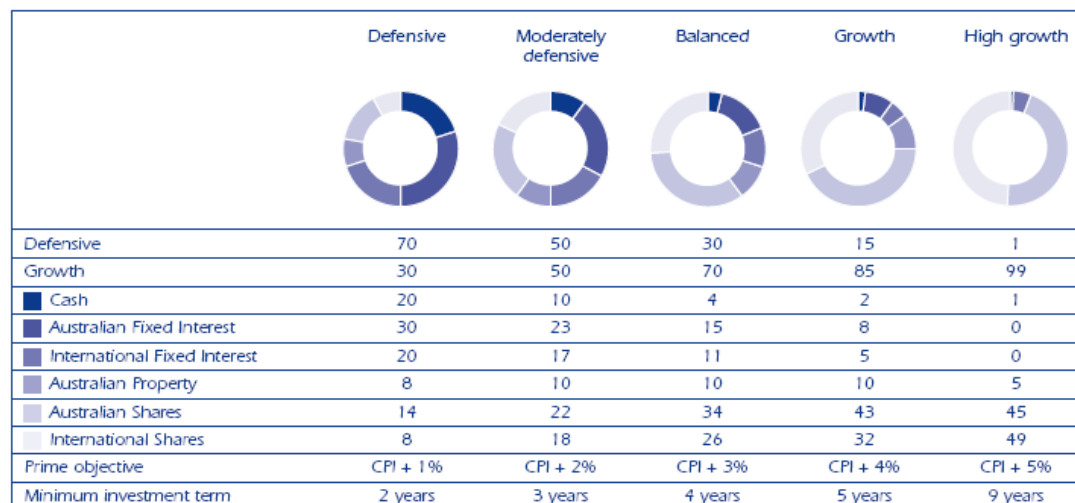
Which of the following describes your investment objectives?

▪ To generate an income.	1 <input type="checkbox"/>
▪ To generate an income and a small amount of growth.	2 <input type="checkbox"/>
▪ To generate an equal amount of income and growth.	3 <input type="checkbox"/>
▪ To generate a small amount of income and growth and to grow more substantially.	4 <input type="checkbox"/>
▪ To achieve growth with little or no income.	5 <input type="checkbox"/>

Assessment

	Client 1	Client 2
Add the total of Section 2 scores and divide by 5.		
Score from Section 1.		
Select the lower of the two scores from Section 1 and Section 2.		
Profile identified by score (as defined below).		
Profile agreed by client and adviser.		
Agreed profile where joint ownership of investments applies.		
Do you have a preference for ethical investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Score	Profile	Description of investor and investment
0	Cash	<ul style="list-style-type: none"> Investment held in cash or cash based securities. Interest rates may vary.
1-1.5	Defensive	<ul style="list-style-type: none"> Definite need for a very secure income. Little fluctuations in capital value. Will not accept much downside risk.
1.51-2.5	Moderately defensive	<ul style="list-style-type: none"> Requires a stable income. Can withdraw capital to supplement income if necessary. Expect small fluctuations in income to gain modest capital growth. Requires minimisation of downside risk.
2.51-3.5	Balanced	<ul style="list-style-type: none"> Desires a reasonably stable income stream, but also desires a steady growth in capital value. Prepared for fluctuations to achieve reasonable capital growth over the medium term. Sufficient capital available to draw down to supplement income needs.
3.51-4.5	Growth	<ul style="list-style-type: none"> Little or no need for an ongoing current income from investments. Investment focus is on achieving capital growth with no need to access capital in the medium term. Prepared to accept fluctuations in capital value to achieve longer term wealth accumulation.
Over 4.5	High growth	<ul style="list-style-type: none"> No ongoing income needed from investments. Investment focus is on high levels of capital growth with no need to access capital for the long term. Prepared to accept wide fluctuations in capital value and may be prepared to invest additional sums during downsize period.



Service agreement and client acknowledgement

Preparing your Statement of Advice

Following an initial analysis of your needs, we have identified that we can assist you by developing a Statement of Advice addressing the following areas:

(Tick all areas relevant)	Applicable:	Advice limited by client:
Saving, investment and debt management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Saving for retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Living in retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Financial protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Estate planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service

Notes

Where a client declined full service and limited advice is being provided please provide further details below:

The next steps in the advice process include:

1 Sign-off

Prior to proceeding, you are required to sign-off to confirm that you accept our client service agreement to prepare a Statement of Advice for your consideration. We also require your sign-off for:

- tax file, Centrelink and Department of Veterans Affairs (DVA) number
- client duty of care
- privacy statement, and
- declaration that you have declined some services (if only limited advice is being provided).

2 Preparation of your Statement of Advice

Based on the information you have provided we will prepare a Statement of Advice tailored to your needs. The Statement of Advice will include:

- a summary of your current situation and needs
- recommended strategies to meet these needs, and
- recommended products where appropriate.

3 Presentation of your Statement of Advice to you

Once the Statement of Advice is complete we will meet with you again to present the advice to you. During this session we will review each of the areas you have requested assistance with and explain how our recommendations meet your needs.

We will clearly explain to you the costs that you will incur should you then proceed with the plan.

4 Discuss appropriate review service

On presenting you with your Statement of Advice we may also discuss the most appropriate review service to ensure that your plan is kept up-to-date and is relevant to any change in your circumstances.

Tax file, Centrelink and DVA number sign-off

	Client 1	Client 2
My tax file number (TFN) is		
I do not wish to advise my TFN*	<input type="checkbox"/>	<input type="checkbox"/>
My Centrelink number is		
My DVA number is		

I/We authorise _____, Financial adviser of AXA Financial Planning, to:
(Please tick boxes)

- Retain and store the above number(s) for the period that the financial adviser is acting on my behalf, and
- Quote my tax file number information to the Australian Taxation Office when necessary and to investment bodies when making investments on my behalf.

* Failure to disclose your TFN to your superannuation provider could lead to the top tax rate being applied to your superannuation contributions and to other investment income.

Client duty of care sign-off

It is your responsibility to provide accurate and appropriate information to allow the financial adviser to have reasonable grounds for making recommendations. AXA Financial Planning accepts no liability for any advice given on the basis of inaccurate or incomplete information supplied by the client.

The information provided in this document is complete and accurate to the best of my/our knowledge.
(Please tick the boxes)

- I am/We are not aware of any other information which would be relevant to the financial adviser when making a recommendation.
- I/We give permission for the information supplied in this review to be used for the preparation of my/our Statement of Advice and I/we understand that the recommendations will be based solely on this information.
- I/We acknowledge that I/we have received a Financial Services Guide from the financial adviser.

Privacy statement

The information you provide and any recommendations made will be kept on file. You are entitled to request reasonable access to any information held about you. It is also important to understand that AXA Financial Planning reserves the right to appoint another financial adviser from time to time. In these circumstances we will write to you advising you of the change.

In order to best meet your needs and provide you with financial services and advice, we may need to disclose your personal information to other parties including fund managers, life companies, related entities and other licensees. Communication may include fax, email (may be unsecured), phonecalls and regular mail.

Similarly we may bring to your attention products, services or other information, which may be relevant to your financial plan. At these times you will be given the opportunity to choose whether or not you continue to receive such information. If you wish to examine your files, it is available on request.

- You have read and understood the content of the Privacy Statement.

Sign-off

Please tick the boxes relating to sections completed above, then sign and date the section below signifying your acceptance of those matters:

- Limited advice – I have declined some services. The risks of receiving limited advice have been explained to me.
- Tax file, Centrelink and DVA number
- Client duty of care
- Privacy statement

Name	Signature	Date
	X	
	X	
Financial adviser	X	

ID Verification (adviser use only)

I have sighted the original forms of the identification documents listed and kept a copy on file. I verified the client's full name and either date of birth or residential address from:

One primary ID source (tick one)	Client 1	Client 2
Driver's licence	<input type="checkbox"/>	<input type="checkbox"/>
Passport, or	<input type="checkbox"/>	<input type="checkbox"/>
other photo ID	<input type="checkbox"/>	<input type="checkbox"/>

or two secondary ID sources
(list two documents)

Plan construction sign-off

Authority to proceed with the construction of a Statement of Advice

Client name	
Address	

- I/We have discussed my/our financial planning requirements with our financial adviser and have disclosed all relevant information.
- I/We request a Statement of Advice to be constructed based on the information disclosed by us in this detailed financial review dated / / .
- I/We acknowledge that I/we have received a Financial Services Guide from the financial adviser.

Cost including GST	
Fixed cost	\$
OR, cost per hour	\$
Cost per hour is capped at	\$

An invoice for the agreed fee will be issued on presentation of the Statement of Advice. A time sheet will be included to substantiate fees charges on an hourly basis, if appropriate.

Preparing a Statement of Advice is an important step of the financial planning process. Your financial adviser may discuss fees for implementation of the advice separately.

Please tick one of the following options:

- The above costs **do not** include those associated with implementing the recommendations.
- The above costs **do** include those associated with implementing the recommendations.

Name	Signature	Date
	X	
	X	
Financial adviser	X	

Authorisation to collect information or transfer servicing rights of financial products

To: The Manager of Customer Service

Provider name:

Address:

Client name		Date of birth	
Address:		Product details:	

To whom it may concern,

- I/ We authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- I/ We authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative.
- I am/ We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the business named below and its representatives.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the address shown below.

Yours faithfully,

Name	Signature	Date
	X	
Name	Signature	Date
	X	

Adviser name		Adviser code	
Business		Tel	()
Business address		Fax	()
		Email	

Ordinary investment products – replacement of product comparison

Where you are reviewing investments in managed funds, master trusts or direct shares, the following factors need to be researched.

Ordinary investments	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Product name				
Balance				

Fee comparison

	%	\$	%	\$	%	\$	%	\$
Exit fees applicable								
Entry fees applicable								
Annual administration fees								
Annual management expenses (MER)								
Buy/sell margin								
Ongoing adviser commission								
Adviser review fee								
Brokerage (shares only)								

Tax consequences

Less Capital Gains Tax								
------------------------	--	--	--	--	--	--	--	--

Available investment comparison

Available investment options	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers
No. of available investment managers				
Asset allocation				

Bonds/term deposits	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Product name				
Investment amount				
Maturity date				
Less Exit fee (if withdrawn prior to maturity date)				

Superannuation products – replacement of product comparison

Where you are reviewing an existing super fund, the following factors must be researched.

Please note: If you are investigating the replacement of an industry fund please ensure that you obtain all the relevant product information.

Superannuation investments	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Product name				
Fund type	<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 <input type="checkbox"/> Accumulation
Balance				

Fee comparison

	%	\$	%	\$	%	\$	%	\$
Exit fees applicable								
Entry fees applicable								
Annual administration fees								
Annual management expenses (MER)								
Buy/sell margin								
Ongoing adviser commission								
Adviser review fee								

Tax consequences

Less Capital Gains Tax								
Less ETP Tax								

Available investment comparison

Available investment options	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers
No. of available investment managers				
Asset allocation %	Defensive growth	Defensive growth	Defensive growth	Defensive growth

Insurance comparison

Insurance within Super	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Insurer name				
Type of cover	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP
Default cover available				
Cost	\$	\$	\$	\$
Continuing option available	<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
Automatic acceptance	<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
Stepped/level premium	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level

Life insurance products – replacement of product comparison

When you are reviewing an existing life insurance policy, the following factors must be researched.

Life insurance	Existing product	Recommended product	Alternative product
Insurance company			
Policy owner			
Sum insured			
Indexation of benefit			
Policy wording – pros and cons			
Underwriting required			
Premium structure – stepped/level			
Annual premium			
Waiting period (eg suicide)			
Product features			
Exclusions/loadings			

TPD – replacement of product comparison

Where you are reviewing an existing TPD insurance policy, the following factors must be researched.

TPD	Existing product	Recommended product	Alternative product
Insurance company			
Policy owner			
Sum insured			
Indexation of benefit			
Policy wording – pros and cons			
Own occupation			
Underwriting required			
Premium structure – stepped/level			
Annual premium			
Waiting period			
Product features			
Exclusions/loadings			

Trauma insurance – replacement of product comparison

Where you are reviewing an existing trauma insurance policy, the following factors must be researched.

Trauma insurance	Existing product	Recommended product	Alternative product
Insurance company			
Policy owner			
Sum insured			
Indexation of benefit			
Policy wording – pros and cons			
Underwriting required			
Premium structure – stepped/level			
Annual premium			
Waiting period			
Product features			
Exclusions/loadings			
Is life cover included?			

Income protection – replacement of product comparison

Where you are reviewing an existing income protection insurance policy, the following factors must be researched.

Income protection	Existing product	Recommended product	Alternative product
Insurance company			
Monthly benefit			
Benefit period			
Waiting period			
Indexation of benefit			
Policy wording – pros and cons			
Underwriting required			
Cancellable or non-cancellable			
Premium structure – stepped/level			
Annual premium			
Product features			
Exclusions/loadings			

Adviser working papers – alternative strategies considered

You are no longer required to detail alternative strategies or products in your Statements of Advice (SoA). However you MUST keep a record of all strategies and products considered in formulating your advice.

Strategy recommended in the SoA	
----------------------------------------	--

Are you including alternative strategies and products in the SoA?

- Yes
- No

If you answer 'No', use the sections below to detail the alternative strategies and products you have considered. You MUST complete at least one alternative strategy and one alternative product below in addition to the strategy recommended above. Complete more alternatives if appropriate. Keep any separate modelling or calculations on the client file.

Strategy 1 considered	
Reason why the current strategy was not recommended	
The first alternative considered should be the client's current strategy. If you are recommending a change in the client's current strategy, you must include the reason as to why this particular strategy is inappropriate.	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategy 2 considered	
eg additional super contributions	
Reason the current strategy was not recommended to your client	
For example, the client is young and wishes to purchase a home soon.	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategy 3 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adviser working papers – alternative products considered

The first alternative considered should be the client's current products. If you are recommending a change in the client's products, you must include the reason as to why these products are no longer suitable for the client.

Product recommended in the SoA	
---------------------------------------	--

Product 1 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product 2 considered	
eg additional super contributions	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product 3 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product 4 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adviser working papers – alternative strategies considered

You are no longer required to detail alternative strategies or products in your Statements of Advice (SoA). However you MUST keep a record of all strategies and products considered in formulating your advice.

Strategy recommended in the SoA	
----------------------------------------	--

Are you including alternative strategies and products in the SoA?

- Yes
- No

If you answer 'No', use the sections below to detail the alternative strategies and products you have considered. You MUST complete at least one alternative strategy and one alternative product below in addition to the strategy recommended above. Complete more alternatives if appropriate. Keep any separate modelling or calculations on the client file.

Strategy 1 considered	
Reason why the current strategy was not recommended The first alternative considered should be the client's current strategy. If you are recommending a change in the client's current strategy, you must include the reason as to why this particular strategy is inappropriate.	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategy 2 considered eg additional super contributions	
Reason the current strategy was not recommended to your client For example, the client is young and wishes to purchase a home soon.	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategy 3 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adviser working papers – alternative products considered

The first alternative considered should be the client's current products. If you are recommending a change in the client's products, you must include the reason as to why these products are no longer suitable for the client.

Product recommended in the SoA	
---------------------------------------	--

Product 1 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product 2 considered eg additional super contributions	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product 3 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product 4 considered	
Reason not recommended	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No