



Financial Planning

Review Questionnaire

Private and Confidential

Only document changes or alterations that have occurred since the completion of last Client Questionnaire, which resulted in a SoA.

Authorised Representative's Duty of Care

AXA Financial Planning Ltd, an Australian Financial Services Licensee, certifies the Authorised Representative. The Authorised Representative must be able to demonstrate an understanding of your financial situation, objectives, particular needs and concerns, so that he/she has reasonable grounds for making recommendations on appropriate strategies and investments. The information collected in this questionnaire is necessary to enable recommendations to be made and will be used solely for that purpose.

Your Duty of Care

You are responsible for providing accurate and appropriate information to allow the Authorised Representative to have reasonable grounds for making recommendations. No liability will be accepted for any advice given on the basis of inaccurate or incomplete information supplied by you.

Limited Advice

You may be seeking advice from the Authorised Representative, which is limited to specific issues and/or concerns and objectives. If this is the case, some of the pages in this Client Questionnaire may not be relevant to you. At the top of each section of this document you will see words – **Ins, Sup & Inv**. These letters represent the sections that need to be completed where advice is to be limited to Insurance – **Ins**, Superannuation – **Sup** or Investments – **Inv**.

In the event that you elect not to complete a required section, you should write 'Client did not wish to disclose this information' in that/those section(s).

Limiting advice is your decision and you will be asked to sign to this effect at the end of both this questionnaire and the resulting Statement of Advice. By limiting information provided, you risk receiving advice that may not be appropriate to your overall needs and objectives.

Client 1	
Client 2	
Authorised Representative	
Version of FSG provided	
Date FSG provided	
Interview Date	

REVIEW CHECKLIST

Use this checklist to determine areas of this Review Questionnaire that may need to be completed in more detail.

Client Name: _____ Partner Name: _____

Date: _____ Preferred contact number: _____

	No Change	Has/Will Change	Do you consider this a Significant Change?		No Change	Has/Will Change	Do you consider this a Significant Change?
<u>Marital Status</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assets</u>			
Details: _____				Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Number of Dependants</u>				Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pensions and Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase or sale of Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Heath Status</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Residence</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Occupation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Liabilities</u>			
<u>Source of Income</u>				Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Expenditure Plans</u>				<u>Insurances</u>			
Annual Expenditure Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life, TPD or Trauma Insurances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts > \$30,000 over 5 yrs or \$10,000 in 1 yr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Legal Documents</u>				<u>Business Ownership</u>			
Change in Current Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Interest Purchased / Sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restructure of Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Income Tax Position</u>			
Buy-Sell Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains or losses Expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Donations to charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Current Objectives 1. _____ 2. _____
 3. _____ 4. _____

Client Signatures

	Client 1	Client 2
Title		
First Name		
Surname		
Marital Status		

Contact Details

Address		
Telephone (home)		
Telephone (work)		
Mobile		
Fax		
Email		

Dependants

Name	Date of Birth	Relationship	Financially Dependant	No. of Years to Support
			<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	

Health

Health 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
Details of health issues		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Health cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Cover Provider		
Health Cover level		

Please list any issues or events that you wish to discuss at your review.

Financial Objectives

For each of your objectives, please include a priority, a timeframe and a value in today's dollars.

Provide details of any significant or one off lump sum expenses you may be planning now or in the near future.

E.g. Purchase new home in 2006, upgrade home costing \$50,000, new motor vehicle, holidays etc

Priority High Medium Low

Retirement Planning

E.g. When do you plan to retire and what are your retirement income needs? Do you wish to obtain Social Security benefits?

Priority High Medium Low

Savings

E.g. What are your savings goals? Are savings being made for a specific reason?

Priority High Medium Low

Personal Insurance Management

E.g. Requirement for preservation of lifestyle and wealth, protection of income, protection of family in the event of death. Provide lump sum in the event of serious illness/trauma.

Priority High Medium Low

Debt Management

E.g. Repayment of mortgage, consolidation of personal loans

Priority High Medium Low

Other

Priority High Medium Low

Employment**Ins, Inv, Sup**

	Client 1	Client 2
Employment Status (Full time, part time, self-employed)		
Employers Name		
Occupation		
Current Gross Salary/Wages	\$	\$
Are you eligible to exercise super choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you chosen another super fund within the previous 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not working, have you worked in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be leaving your employer soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date?		

Salary Packaging**Ins, Inv, Sup**

Is salary packaging available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what benefits can be packaged?	<input type="checkbox"/> Superannuation <input type="checkbox"/> Car <input type="checkbox"/> Laptop <input type="checkbox"/> Other	<input type="checkbox"/> Superannuation <input type="checkbox"/> Car <input type="checkbox"/> Laptop <input type="checkbox"/> Other
What % of Salary can be salary sacrificed to super?	%	%

Please provide the following:

- A copy of your latest payslip or;
- A copy of your latest tax return; and
- A copy of your salary packaging details.

Leave**Ins, Inv, Sup**

	Days	Value \$	Days	Value \$
Annual Leave		\$		\$
Sick Leave		\$		\$
Long Service Leave		\$		\$
Other		\$		\$

Income	Ins, Inv, Sup
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	Details	Client 1	Client 2
Salary / Wage	<input type="checkbox"/> Gross <input type="checkbox"/> Net		
Overtime, Bonuses & Commissions			
Business income			
Super Pension			
Income from investments			
Rental Income			
Family Trust distributions			
Maintenance payment			
Annuity income			
Centrelink or Veterans benefit			
Work Compensation Payments			
Is the client expecting any future income i.e. inheritance?			
Other			
Total income			
Joint Total Income / Frequency			

Expenses	Ins, Inv, Sup
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Do you have any changes in your budget expenses or upcoming expenses?

Surplus Disposable Income	Monthly	Annually
How much surplus income do you have?		
Where are you currently directing your surplus income?	<input type="checkbox"/> Saving <input type="checkbox"/> Investing <input type="checkbox"/> Other	<input type="checkbox"/> Saving <input type="checkbox"/> Investing <input type="checkbox"/> Other
Based on your current disposable income, how much would you be comfortable to invest or save?		

Lifestyle Assets & Liabilities
Ins, Inv, Sup

Lifestyle Assets			Lifestyle Liabilities					
Description	Owner	Current Value	Type of Loan	Liability \$	Interest Rate %	Payment and frequency	Mortgage repayments	Notes (include loan limits)
Principal Residence								
Contents								
Motor Vehicle 1								
Motor Vehicle 2								
Other								
			Credit Cards					
Total			Total					

Lifestyle Assets General Insurance
Ins

Asset Insured	Policy Number	Premium	Payment Frequency	Benefit Amount	Renewal Date	Notes: Excess, new for old, agreed value etc
Principal Residence						
Contents						
Motor Vehicle						
Motor Vehicle 2						
Other						

Investment Assets & Liabilities

Ins, Inv, Sup

Asset	Owner e.g. joint	Amount Invested (initial& outgoing)	Date Invested	Units / Shares	Current value \$	Reinvest income (Y/N)	Wish to Retain (Y/N)	Type of Loan	Liability \$	Interest Rate %	Payment and frequency	Notes (incl. Loan limits)
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
Total												

Income Stream Investments

Ins, Inv, Sup

Type	Owner	Current Value	Date Commenced	Term	RCV \$ / %	Deductible Amount p.a.	Super Y / N	Rebatable Y / N	Current Undeducted Contributions	Excessive Component
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Total										

Superannuation – Employer, Personal & Rollover Funds

Ins, Inv, Sup

Fund Details						Contributions			
Fund name	Owner	Current Value	Eligible Service Date	Type of Fund (Personal/employer default fund)	Investment Details of fund	Super Guarantee	Salary Sacrifice	Undeducted Contributions (Personal or Spouse)	Insurance Y/N (see Insurance section)
									<input type="checkbox"/> Y <input type="checkbox"/> N
									<input type="checkbox"/> Y <input type="checkbox"/> N
									<input type="checkbox"/> Y <input type="checkbox"/> N
									<input type="checkbox"/> Y <input type="checkbox"/> N
									<input type="checkbox"/> Y <input type="checkbox"/> N
									<input type="checkbox"/> Y <input type="checkbox"/> N
									<input type="checkbox"/> Y <input type="checkbox"/> N
Total									

Note:

Please provide ETP components including Post 94, Untaxed and Concessional if applicable. This information can be found on the latest ETP statement. If the superannuation fund contains insurance, please complete details in the insurance section of this Client Questionnaire

Life / Trauma Insurance

Do you have any of the following insurances? If yes, please provide a copy of your most recent statement. If not please write 'nil'.

Do you wish to review your Life Insurance/Trauma/TPD? Yes No

Current Personal Insurance Policies						
Type (Life/ Trauma/ TPD)	Owner (If super please insert fund name as per details in super section)	Life Insured	Company	Policy Number	Insured Amount	Annual Premium

Income Protection Insurance

Do you have Income Protection insurance? If yes, please provide a copy of your most recent statement. If not please write 'nil'.

Do you wish to review your Income Protection? Yes No

Current Income Protection Policies							
Owner	Life insured	Company	Policy Number	Monthly Benefit	Annual Premium	Benefit Period	Waiting Period

Please provide:

- Details of loadings or exclusions for any insurance.
- Details of Benefit Periods, Waiting Periods for income protection

This section of the Client Questionnaire relates to planning to meet your objectives. It deals with retirement, redundancy, estate planning and personal insurance.

Retirement Planning

Sup

The following details are required to provide retirement planning advice

	Client 1	Client 2
Actual Retirement Date or		
Anticipated Retirement Age		
Current Superannuation Salary		
Eligible Service Date		
What is the level of after tax income you would like to achieve in retirement (pa)?		

Reasonable Benefit Limits

	Client 1	Client 2
Do you have a Transitional Reasonable Benefit Limit (RBL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the Lump Sum Transitional RBL?		
What is the Pension Transitional RBL?		
If yes, what date was your TRBL issued?		
Have you made prior superannuation withdrawals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide amounts and dates		

Redundancy/Termination Payments

	Client 1	Client 2
Are you expecting a redundancy or termination payment(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date do you expect to receive the payment(s)?		
Unused Long Service Leave <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Unused Annual Leave <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Redundancy – Tax Free		
Redundancy – ETP <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Post 1994 Invalidity <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Ex-Gratia/Golden Handshake <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Other <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Total <input type="checkbox"/> Gross <input type="checkbox"/> Net		

Note

Please provide statements from your employer and all other super funds so that we can determine the ETP components within your superannuation, any RBL statements from the ATO and termination payment summary.

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 e.g. due to illness.

	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?		
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
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
Who are your Attorneys under Power?		
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
If yes, when were these binding nominations last 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.

Do you have intentions regarding the distribution of your assets after your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If possible what is the most you would want to leave to your estate?		
What is the least you would want to leave to your estate so that you could meet other more important goals?		
Notes:		
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:		
Telephone		

Your Authorised Representative will use the data collected in the following section to determine how much insurance is required.

Life insurance

Replacement of Income	Event of Clients 1's Death	Even of Client 2's Death
Replacement Income required (\$ per year)		
Number of years income required		
Assumed net rate of return		
Value of lump sum at end of term (Residual Capital value)		
One off Expenses		
Capital for your estate (eg. Bequests to children etc)		
Final Expenses (eg. Funeral costs)		
Debts to be cleared		
Realisable Assets		
Assets that would be sold (eg 2nd car, boat)		

Total & Permanent Disablement (TPD)

Replacement of Income	Event of Client 1's TPD	Event of Client 2's TPD
Replacement Income required (\$per year)		
Number of years income required		
Assumed net rate of return		
Value of lump sum at end of term (Residual Capital value)		
One off Expenses		
Alterations to home		
Purchase of equipment to assist with rehabilitation		
Medical Costs		
Debts to be cleared		
Realisable Assets		
Assets that would be sold (eg 2 nd car)		

Trauma cover

Expenses	Event of Client 1's Trauma	Event of Client 2's Trauma
Debts		
Children		
Medical Costs		
Other		

Income Protection

Replacement of Income	In the event that Client 1 cannot work.	In the event that Client 2 cannot work.
Cost of living (per annum)		
Other Expenses		

Note

The maximum cover available is 75 per cent of income after business expenses before tax.

Clearing all debts & replacing all income may lead to over insurance. Your Authorised Representative can assist you with this.

Investment Profile

Inv, Sup

By answering the following questions, the Authorised Representative will be able to determine your investment profile. This will help to establish which types of funds should be used for any investments. This is a profile for a single person or a couple that can be duplicated if necessary.

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.

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

If your investment timeframe is less than 2 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.	<input type="checkbox"/>	<input type="checkbox"/>	1
I have some experience and an understanding of how investment markets work.	<input type="checkbox"/>	<input type="checkbox"/>	2
I have some experience with investing in shares or managed funds and I understand the importance of diversification.	<input type="checkbox"/>	<input type="checkbox"/>	3
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.	<input type="checkbox"/>	<input type="checkbox"/>	4
I have previously invested substantially in share and/or Property investments either through managed funds and have a strong understanding of the various factors that may influence performance.	<input type="checkbox"/>	<input type="checkbox"/>	5

Question 2

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

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

Question 3

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

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

Question 4

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

My money should at least remain the same amount.	<input type="checkbox"/>	<input type="checkbox"/>	1
My money should grow by at least the rate of inflation.	<input type="checkbox"/>	<input type="checkbox"/>	2
My money should grow steadily by greater than the rate of inflation.	<input type="checkbox"/>	<input type="checkbox"/>	3
My money should grow at a rate that exceeds inflation in the long term whilst fluctuating in value.	<input type="checkbox"/>	<input type="checkbox"/>	4
My money should grow substantially compared to inflation whilst fluctuating in value.	<input type="checkbox"/>	<input type="checkbox"/>	5

Question 5

Which of the following describes your investment objectives?

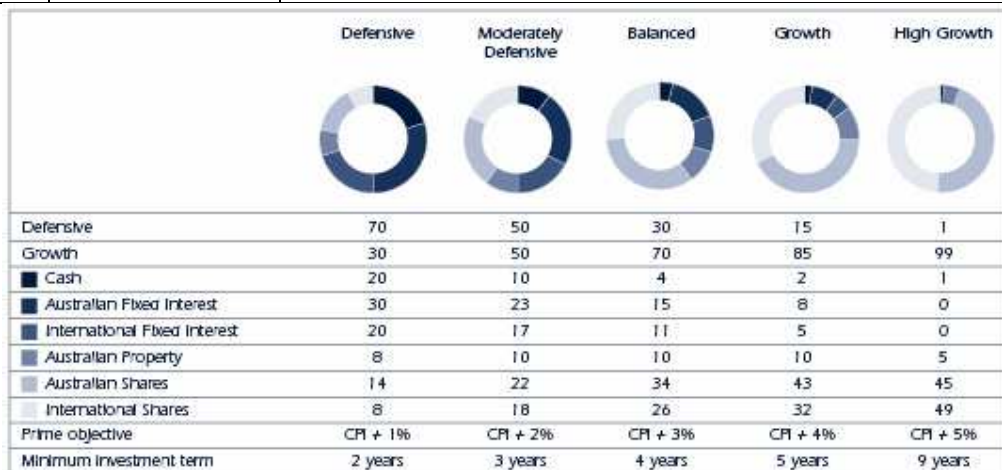
To generate an income.	<input type="checkbox"/>	<input type="checkbox"/>	1
To generate an income and a small amount of growth.	<input type="checkbox"/>	<input type="checkbox"/>	2
To generate an equal amount of income and growth.	<input type="checkbox"/>	<input type="checkbox"/>	3
To generate a small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

Assessment

	Client 1	Client 2
What is your score from Section 1?		
Add the total of Section 2 scores and divide by 5		
Select the lower of the two scores from Section 1 and Section 2		
Profile Identified		
Preferred Profile		

Agreed Profile where joint ownership of investments applies	
Do you have a preference for ethical Investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Score	Profile	Description of Investor & Investment
0	Cash	Investment held in cash or cash based securities. Interest rates may vary.
0 - 1.5	Defensive	<p>Definite need for a very secure income. Little fluctuations in capital value. Will not accept much downside risk.</p> <p>To achieve a rate of return 1% pa greater than CPI over any two year period with a 70% probability of success.</p> <p>To achieve a rate of return greater than zero over any one year period with a 90% probability of success.</p>
1.51 - 2.5	Moderately Defensive	<p>Requires a stable income. Can utilise capital drawdowns to supplement income if necessary.</p> <p>Expect small fluctuation in income to gain modest capital growth.</p> <p>Require minimisation of downside risk.</p> <p>To achieve a rate of return 2% pa greater than CPI over any three year period with a 70% probability of success</p> <p>To achieve a rate of return greater than zero over any one year period with an 80% probability of success.</p>
2.51 - 3.5	Balanced	<p>Desire a reasonably stable income stream, but also desire 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.</p> <p>To achieve a rate of return 3% pa greater than CPI over any four year period with a 65% probability of success.</p> <p>To achieve a rate of return greater than zero over any one year period with a 80% probability of success.</p>
3.51 - 4.5	Growth	<p>Little or no need for an ongoing income from investments.</p> <p>Investment focus is upon achieving capital growth with no need to access capital in the medium term.</p> <p>Prepared to accept fluctuations in capital value to achieve longer term wealth accumulation.</p> <p>To achieve a rate of return 4% pa greater than CPI over any five year period with a 65% probability of success.</p> <p>To achieve a rate of return greater than zero over any one year period with a 75% probability of success.</p>
Over 4.5	High Growth	<p>No ongoing income needed from investments.</p> <p>Investment focus is upon high levels of capital growth with no need to access capital for the long term.</p> <p>Prepared to accept wide fluctuations in capital value and may be prepared to invest additional sums during downsize period.</p> <p>To achieve a rate of return 5% pa greater than CPI over any nine year period with a 65% probability of success.</p> <p>To achieve a rate of return greater than zero over any one year period with a 70% probability of success.</p>





Service Agreement

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 Authorised Representative 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 Client Questionnaire dated .
- I/We acknowledge that the cost and the process of preparing this plan has been fully disclosed to me/us on the following basis:

Cost including GST	
Preparation will be made on a fixed cost basis. The agreed cost is	
Preparation will be made on an hourly cost basis. The agreed cost per hour is	
The cost per hour is capped at	

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

Process

The process in preparing your Statement of Advice will include the following:

- The collection and analysis of all relevant personal and financial data
- The identification of financial problems
- The identification of financial goals and objectives
- The provision of a written report with recommendations

Preparing a Statement of Advice is an important step of the Financial Planning Process. Your Authorised Representative will discuss fees for implementation of the advice. Pleas 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
Client 1		
Client 2		
Authorised Representative		

Client & Authorised Representative Limited Advice Authorisation

Legislation requires that an Authorised Representative must know their client before making any recommendations. However, there is provision that in certain circumstances an Authorised Representative may supply advice limited to meet your specific requirements, concerns and/or objectives.

If you are seeking advice limited to a particular nature you must make this known at the time of the interview and you should recognise that the recommendations will limit the advice being sought.

Where information has not been provided, the section in the Client Questionnaire has been recorded with "client did not wish to disclose this information". I/We understand that, by limited the information provided:

- I/We have been offered a Full Financial Planning service but have declined this offer.
- I/We risk receiving advice that may not be appropriate to my/our overall needs and objectives.
- I/We require only limited advice as specified below & detailed in this data collection form.

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Tax File, Centrelink & DVA Number Authority

	Client 1	Client 2
My tax file number 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 Authorised Representative of AXA Financial Planning, to: *(Please tick boxes)*

- Retain and store the above number/s for the period that the Authorised Representative is action on my behalf and;
- Quote my tax file number information to the Australian Taxation Office when necessary and investment bodies when making investments on my behalf.

Client Duty of Care Acknowledgment

It is your responsibility to provide accurate and appropriate information to allow the Authorised Representative 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 making of a recommendation by my Authorised Representative.
- I/We give permission for this information to be used for the preparation of my/our Statement of Advice and I/we understand that the recommendations will be based solely on the information supplied in this form.
- I/We acknowledge that I/we have received a Financial Services Guide from the Authorised Representative.

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 Authorised Representative 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.

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 you file, it is available upon request.

Sign Off

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

- Client & Authorised Representative Limited Advice Authorisation
- Tax File, Centrelink & DVA Number Authority
- Client Duty of Care Acknowledgment
- Privacy Statement

Name	Signature	Date
Authorised Representative		

Authorisation to collect information/transfer of servicing rights of financial products.

To whom it may concern,

- I authorise you to provide
..... with any information and documentation
they require regarding my insurance, superannuation and investments.

- I authorise
..... to become my servicing Authorised Representative for my financial products. I
understand that the responsibility of serving 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

.....

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at:

.....
.....

Yours sincerely,

Name	Signature	Date

Other Contacts	Name	Contact Number
Accountant		
Solicitor		
Financial Planner		
General Insurer		

Notes

Authorisation to collect information/transfer of servicing rights of financial products.

To whom it may concern,

- I authorise you to provide with any information and documentation they require regarding my insurance, superannuation and investments.

- I authorise to become my servicing Authorised Representative for my financial products. I understand that the responsibility of serving 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
.....

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at:

.....
.....

Yours sincerely,

Name	Signature	Date

Other Contacts	Name	Contact Number
Accountant		
Solicitor		
Financial Planner		
General Insurer		

Notes

Working Papers - Alternative Strategies and Products considered

Authorised Representative use only

You are no longer required to detail alternative strategies or products in your Statements of Advice. 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 (eg. Additional super contributions)	
Reason the strategy was not Recommended to your client (eg. Client is young, and wishes to purchase a home soon)	
Modelling / Calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategy 2 considered	
Reason not Recommended	
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

Working Papers - Alternative Strategies and Products considered (continued)

Authorised Representative use only

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	
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

Working Papers - Record of Advice document (existing clients only)

Authorised Representative use only

Use this section to determine if you can use the 'Record of Advice' (ROA) templates to provide additional advice to your existing clients. **You must answer all questions below in order to use an ROA.** Refer to the 'Quality Advice Fundamental – Advice and Advice tools' for more information on the Record of Advice templates available.

1. Is the client an existing client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is NO you CANNOT use a Record of Advice	
2. Has there been any significant changes to the client's personal circumstances, goals or objectives since the last time advice was provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is YES you CANNOT use a Record of Advice	
If the answer is NO please detail the reasons why changes to your client's circumstances were NOT significant below (eg. Client has had no change to employment or income in the last 12 months).	
3. Has the client previously received an SOA or Financial Plan from you in regard to this type of strategy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is NO you CANNOT use a Record of Advice	

Note: if you are unable to use a ROA, please refer to the 'Quality Advice Fundamental – Advice and Advice tools' on the Licensee website for details of other suitable advice documents in DRAFT.

Level of Detail in the advice document

Authorised Representative use only

Some clients may not need the descriptive paragraphs available in DRAFT in their Statement of Advice. For example, a client who has held Life Insurance for 20 years will not need a description of what Life Insurance is.

Do you intend using the full DRAFT descriptive templates for this client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO , detail the information you have not included and why. (eg. Templates on insurance not included as client has previously received this information in a SoA earlier this year).	

Working Papers – Replacement of Product Comparison

Ordinary Investment Products – 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 Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's	<input type="checkbox"/> Multi Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's	<input type="checkbox"/> Multi Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's	<input type="checkbox"/> Multi Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's
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 (<i>if withdrawn prior to maturity date</i>)				

Working Papers – Replacement of Product Comparison

Superannuation Products – 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 Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's	<input type="checkbox"/> Multi Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's	<input type="checkbox"/> Multi Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's	<input type="checkbox"/> Multi Mgr - Divers <input type="checkbox"/> Multi Mgr - Sector <input type="checkbox"/> Individual Mgr's
No. of available investment managers				
Asset Allocation				
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				
Continuation 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 Level	<input type="checkbox"/> Yes <input type="checkbox"/> No Level	<input type="checkbox"/> Yes <input type="checkbox"/> No Level	<input type="checkbox"/> Yes <input type="checkbox"/> No Level

Working Papers – Replacement of Product Comparison

Insurance Products – Where you are reviewing an existing 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 & Cons			
Underwriting required			
Premium Structure – Stepped/Level			
Annual Premium			
Waiting Period (e.g. Suicide)			
Product Features			
Exclusions/Loadings			

TPD Insurance	Existing Product	Recommended Product	Alternative Product
Insurance company			
Policy owner			
Sum Insured			
Indexation of benefit			
Policy Wording – Pros & Cons			
Own occupation			
Underwriting required			
Premium Structure – Stepped/Level			
Annual Premium			
Waiting Period			
Product Features			
Exclusions/Loadings			

Working Papers – Replacement of Product Comparison

Insurance Products – Where you are reviewing an existing 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 & Cons			
Underwriting required			
Premium Structure – Stepped/Level			
Annual Premium			
Waiting Period			
Product Features			
Exclusions/Loadings			
Is life cover included?			

Income Protection	Existing Product	Recommended Product	Alternative Product
Insurance Company			
Monthly Benefit			
Benefit Period			
Waiting Period			
Indexation of benefit			
Policy Wording – Pros & Cons			
Underwriting required			
Cancellable or non-cancellable			
Premium Structure – Stepped/Level			
Annual Premium			
Product Features			
Exclusions/Loadings			

