

About you

Before I make any recommendations, I need to consider your current financial situation and what you would like to achieve now and in the future. This questionnaire will help me do this.

Your details	
Your name(s)	
Date	

Please answer the questions as openly as honestly as you can as it will allow me to better understand what you need and what your concerns are. This will then allow me to make sure that any recommendations I make are appropriate for you.

If you do not have all the details of your situation refer to things such as last year's tax return, superannuation member statements, bank statements, credit card statements and so on.

Any financial advice I give you will be based on the answers you provided me with, further discussions we have, statements you provide me with or I obtain from the relevant third parties and investigations I make into your situation.

If you need any information at any time, would like to discuss your details further or provide me with updated information, please contact me.

My contact details

Practice name:

Phone:

Fax:

Email:

Website:

Authorised representative of AMP Financial Planning Pty Limited ABN 89 051 208 327 AFS Licence No. 232706

Your personal details

This section captures information about your personal details, such as your current contact details and how you would like to be contacted by us.

Individual details

	Client 1	Client 2
Title		
Surname		
Given name		
Preferred name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Date of birth		
Tax resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of residence	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
Country of citizenship	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:

Contact details

	Client 1	Client 2
Home address		
Work address		
Other address		
Mailing address	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Home phone		
Work phone		
Mobile phone		
Fax		
Email		
Contact me by		

About your family

This section captures information about your family, including your children and other family members that are dependant on you. This helps me consider both you and your family when I make my recommendations.

Dependants/Children

You have no children/dependants at this time

You choose not to provide these details now.

	1	2	3	4
Surname				
Given names				
Date of birth				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is he/she financially dependent on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– If yes, until when?				
Do any of your children have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any other financial dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there other family matters I should know?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes				

About your health

This section captures information on your current state of health and issues I may need to know about as this may impact any advice I provide you, particularly personal insurance.

	Client 1	Client 2
How would you rate your current health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Do you currently have any personal health, lifestyle or occupation issues that may affect you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed
– If yes, please detail		
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– If yes, what type of cover?		
Who is your health insurance provider?		
Notes		

What's important to you?

This table lists some of the reasons why people seek financial advice. To complete this section:

- Read each reason and tick the ones that are important to you.
- Include any other reasons why you have come to see me in the blank rows.
- Rank each reason in order of priority. 1 = high, 2 = medium, 3 = low.
- Select your preferred timeframe. Short = within a year, medium = 1- 5 years, long = more than 5 years.

Lifestyle and family

	Timeframe	Priority	Amount
I need to develop a budget and stick to it.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to save money for a planned expense.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to save for my children's education.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to save for a deposit to buy a home.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Debt management

	Timeframe	Priority	Amount
I'd like to pay off my debt sooner.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to manage my debt more easily.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to reduce the amount of interest I pay.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Estate planning eg Wills, power of attorney

	Timeframe	Priority	Amount
I want to make sure that my assets are passed on how I wish.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I would like to know what I need to think about in terms of estate planning.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Investment planning

	Timeframe	Priority	Amount
I have a lump sum that I would like to invest.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to invest regularly using cashflow surplus.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I want to ensure I have enough cash saved for emergencies or unexpected expenses.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to make sure my existing portfolio is still appropriate.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to reduce the tax I pay.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to simplify my investments.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to explore how salary packaging will affect my cashflow and wealth accumulation.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to align the way my assets are invested with my attitude to risk.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Personal insurance planning

	Timeframe	Priority	Amount
I'd like to review my current insurance cover to make sure it's adequate and cost effective.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I want to make sure my family is adequately provided for if I die unexpectedly.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I want to make sure my family is adequately provided for if I suffer a trauma like a heart attack, stroke or cancer.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I am concerned about how I will manage financially if I am sick or injured and unable to work for a long period of time.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to pay my insurance premiums in the most tax effective manner.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to fund my insurance cover with minimal effect on my cashflow.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Superannuation planning

	Timeframe	Priority	Amount
I would like to combine my super funds.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I would like to move my super fund somewhere more suitable.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to build retirement savings through superannuation tax effectively.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to be involved and in control of my superannuation.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to align the way my super assets are invested with my attitude to risk.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I want to make sure my superannuation funds are passed on according to my wishes.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I need to work out if I'm saving enough to support myself in retirement.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to increase my retirement savings without impacting my cashflow.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to make the most of Centrelink benefits.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Retirement planning

	Timeframe	Priority	Amount
I'm approaching my retirement and I'd like to know my options regarding my superannuation.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to receive a regular income.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to make the most of Centrelink benefits.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
I'd like to align the way my assets are invested with my attitude to risk.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

What's important to you?

In order to provide you with appropriate advice, we need to understand why you have come to see us. To complete this section:

- Please list the reasons why you have come to see me in the blank rows.
- Rank each reason in order of priority. 1 = high, 2 = medium, 3 = low.
- Select your preferred timeframe. Short = within a year, medium = 1- 5 years, long = more than 5 years.

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Investment planning considerations

This section captures information about any concerns you have in relation to investment planning and any specific issues you would like to address.

You have no investment planning needs now.

You choose not to provide these details now.

	Client 1		Client 2	
How long would you be willing to invest your money for, before you would need to access it?	<input type="checkbox"/> < 2 years	<input type="checkbox"/> 2 – 3 years	<input type="checkbox"/> < 2 years	<input type="checkbox"/> 2 – 3 years
	<input type="checkbox"/> 3 – 5 years	<input type="checkbox"/> 5 – 7 years	<input type="checkbox"/> 3 – 5 years	<input type="checkbox"/> 5 – 7 years
	<input type="checkbox"/> > 7 years		<input type="checkbox"/> > 7 years	
Do you prefer direct (shares) to managed investments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not sure – need advice		<input type="checkbox"/> Not sure – need advice	
Do you prefer any investments? – If yes, please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any investments you wish to avoid? – If yes, please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is borrowing to invest something you'd consider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to use your home as security for investment borrowing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any unused capital losses from previous years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, how much? \$		If yes, how much? \$	

Notes

Superannuation planning considerations

This section captures information about any concerns you have with your superannuation planning and any specific issues you would like to address.

You have no super planning needs now.

You choose not to provide these details now.

	Client 1	Client 2
Have you made a personal contribution in the last 3 years? – If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Amount: Tax deductions claimed: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Amount: Tax deductions claimed: \$
Does your employer allow you to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you previously received the low rate cap on lump sum super withdrawals? – If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Date: Amount \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Date: Amount \$
Do you have lost super funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you want a lost super search conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received an Employment Termination Payment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

* Attach a copy of your statement or *complete Payments on termination of employment in the Appendix.*

Which product features interest you?

	Client 1	Client 2
Being able to keep the super fund when changing employers.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to pay for advice fees through the super fund.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to access a wide range of investment options	<input type="checkbox"/>	<input type="checkbox"/>
Specific investment preferences. <i>eg ethical, environmental</i>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to make binding death benefit nominations.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to take out extensive insurance cover within the fund.	<input type="checkbox"/>	<input type="checkbox"/>
A fund that is offered by a large established financial institution.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to access details online.	<input type="checkbox"/>	<input type="checkbox"/>
Notes		

Retirement planning considerations

This section captures information about any concerns you have in relation to your retirement planning and any specific issues you would like use to address.

You have no retirement planning needs now.

You choose not to provide these details now.

	Client 1	Client 2
When do you plan on retiring?		
How much income do you think you will need in retirement?		
Which assets will you use to fund your retirement, other than superannuation?		
Do you have any planned expenses in retirement?		
Will you downsize your home? – If yes, amount you will free up	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$

Notes

Risk profile

Your risk profile looks at investment risk and your attitude to it. By asking you more detailed questions we can determine the most appropriate investment strategies to match your investment risk profile. Once all the sections are complete, we will discuss your scores and whether or not you are comfortable with the outcome. Where you hold assets jointly, you and your partner need to agree on a combined score.

1. What is your major investment objective?		Score	1	2	Joint
Avoid any fluctuation in the value of my investments.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain the security of my investments with regular income to live on.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain regular income with some exposure to capital growth.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximise the growth of my investments.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. How would you react if your investments were to decline in value by 20% in one year?		Score	1	2	Joint
Withdraw all my funds immediately and move them to bank deposits.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Withdraw part of my money and move it to an alternative strategy.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wait until I recovered the 20% loss and then consider alternative strategies.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remain invested and follow the recommended strategy.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Increase the amount investment if possible because the market has become cheaper.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. An investment portfolio with high exposure to growth assets tends to generate higher returns, albeit with some volatility. To what extent are you willing to experience volatility to generate higher returns?		Score	1	2	Joint
I'm very comfortable. I understand that to generate higher returns there is risk of fluctuation of my investments in the short term. However, over the long term, there is a low risk of capital loss.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I'm somewhat comfortable, assuming there is a limit to the volatility.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I'm a little uncomfortable seeing my investments fluctuate.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I'm much more comfortable with investments that have minimal volatility.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Which of the following best describes your attitude towards investment losses?		Score	1	2	Joint
I would check the value of my investments several times a month and feel very uneasy if I began to lose money.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily losses make me uncomfortable, but are not cause for alarm. I would, however, start to feel very uneasy if I made a loss on my investments over a 12-month period.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I take substantial day-to-day changes in my stride. However I would start to feel very uneasy if I didn't recover any significant losses within a 1 to 2 year time frame.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If my investment suffered significant losses over a 2 year period and I still believed in my long-term strategy, I would remain fully confident of a recovery in performance.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. What is your preferred strategy for managing investment risk?			1	2	Joint
To have a diversified investment portfolio across a range of asset classes to minimise risk	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I don't want to reduce it as investment risk leads to higher returns over the long-term.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To invest mainly in capital stable investments.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I don't understand the definition of 'investment risk'. I rely on my financial planner to achieve this.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. In the past, how would you describe your overall investment decisions?	Score	1	2	Joint
Not applicable. I'm a first time investor or have only ever invested via my superannuation fund	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good, I have stuck to stable and safe investments.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good, I have been rewarded for making investments that can fluctuate in value.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair, however I would like to improve my returns.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had some losses, but am willing to give it another go.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had some losses and am reluctant to invest in anything that fluctuates in value.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Which of the following best describes your understanding of the investment market?	Score	1	2	Joint
I am an experienced investor and constantly keep up to date with the investment market. I've had exposure to various asset classes and am fully aware of the risks involved to gain high returns.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My awareness of the financial market is limited to information passed on by my broker or financial planner. I rely on the professionals to keep me up to date.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have little awareness of the investment market. However, I have a desire to build my knowledge and understanding.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not familiar with investments or financial markets.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. What is your willingness to risk shorter term losses for the prospect of higher longer term returns?	Score	1	2	Joint
High	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever borrowed money to make an investment other than your own home eg investment property, holiday home, share portfolio, margin loan etc?	Score	1	2	Joint
No	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, but I'm willing to consider it now	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I'm not prepared to borrow at the moment to invest	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total score	Client 1	Client 2	Joint	
Add up the scores for each question and record the totals.				
According to the information below, what is your risk profile?				
If you don't agree with above, what is your preferred risk profile?				

Risk benchmarks

Score	Investment risk profile	Score	Investment risk profile
N/A	Short duration (100% cash)	161 - 210	Moderately conservative (55% growth)
		211 – 260	Balanced (70% growth)
50 - 110	Conservative (25% growth)	261 – 310	Moderately aggressive (85% growth)
111 – 160	Cautious (40% growth)	311 – 350	Aggressive (100% growth)

Go to *Appendix – Investor risk profile summary* for an explanation of your risk profile.

Are you willing to consider a trade-off?

I am here to help you achieve your goals and objectives if possible and whilst I can help you to understand how you may be able to maximise your current investments, there may still be a gap between where you want to be and what your attitude to risk allows you to achieve. Think about how comfortable you feel with the level of risk you are willing to take across all your investment assets. Whilst you may be comfortable with this, you may not be able to meet your financial or lifestyle objectives.

Let's say that you are a "cautious" investor, so you don't want to take big risks. If you have a short timeframe in which to grow your assets, you may not be able to achieve your desired goals and objectives and need to reconsider your options. This may mean a trade-off where you might consider investing a little bit more aggressively or reconsider your goals and objectives. This will give you a greater chance of achieving them.

I can help you understand your options so that you choose what is right for you. Please choose which of the options below you would be willing to consider if it is unlikely that you will achieve your goals and objectives.

If it is unlikely that you will be able to meet your goals, which option would you consider?	
<input type="checkbox"/>	Make changes to my current lifestyle now by spending less and saving more.
<input type="checkbox"/>	Make changes to my lifestyle at a later stage by spending less eg in retirement
<input type="checkbox"/>	Downsize my lifestyle assets, or reduce my planned expenses.
<input type="checkbox"/>	Delay my retirement.
<input type="checkbox"/>	Increase my exposure to growth assets, giving me increased investment risk.
<input type="checkbox"/>	Borrow funds to invest.
<input type="checkbox"/>	Reduce the estate I leave to my beneficiaries.
<input type="checkbox"/>	Revise my financial goals.
<input type="checkbox"/>	Other (provide list below):
Notes	

About your employment

This section captures information about your current employment situation. This helps me to understand any issues needing consideration when providing you with advice, for example, for advice on insurance, your daily duties may affect your premiums if you work in a high risk industry.

	Client 1	Client 2
Occupation type	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired from ill health <input type="checkbox"/> Sole trader <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired from ill health <input type="checkbox"/> Sole trader <input type="checkbox"/> Unemployed
Employment type	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Contact	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Contact
Employer name		
Number of hours a week		
Occupation		
Industry		
Main duties		
Qualifications		
Do you currently have a salary package in place? – If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes		

If you are a business owner or have other structures such as a family trust, complete *Business ownership* in the Appendix.

About your income and expenses

This section captures information on your income and expenses to help me understand your current cashflow situation. This allows me to make appropriate recommendations while considering any cashflow shortages or surplus you have. You can provide me with your last tax return if you are unsure of any of the following details.

Income

Income description	Client 1 \$ a year	Client 2 \$ a year
Base salary or wages		
Bonus / allowance		
Annuity / allocated pension		
Rental income		
Share / investment income		
Foreign pension income		
Maintenance income		
Current Centrelink or Department of Veterans' affairs benefit amount	Amount: \$ Payment name: Centrelink reference number CRN:	Amount: \$ Payment name: Centrelink reference number CRN:
Other taxable income		
Other non-taxable income		
Total		
Reportable fringe benefits		

Annual household expenses/surplus

Category	
Complete either option 1 or 2:	
1. Estimated total annual household expenses. – Are loan repayments included? – Are insurance premiums for personal risk, included?	\$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Estimated annual surplus - after household expenses, loan repayment and insurance premiums.	\$

* For a detailed expense table, eg for budget planning purposes, complete *Detailed household expenses* in the Appendix.

About your assets and liabilities

This section captures information about your current financial situation - what you currently own and owe. You can give me current statements rather than completing the tables below.

Personal assets (excluding assets which generate income)

You have no personal assets.

You choose not to provide these details now.

Description	Owner				Estimated market value \$	Estimated Centrelink value \$	Retain
	1	2	Joint	Other			
Principal residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Home contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Motor vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Motor vehicle 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Investment property assets

You have no investment property.

You choose not to provide these details now.

Description	Owner				Date of purchase / Price \$	Estimated market value \$	Net income pa* \$	Retain
	1	2	Joint	Other				
Property 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ / \$			<input type="checkbox"/>
Property 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ / \$			<input type="checkbox"/>
Property 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ / \$			<input type="checkbox"/>

* This includes the gross rental income less any property expenses (not including loan repayment)

Cash / fixed interest assets

You have no cash/fixed interest assets.

You choose not to provide these details now.

Description	Owner				Market value \$	Interest rate %	Maturity date	Retain
	1	2	Joint	Other				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Liabilities (including credit cards)

You currently have no liabilities.

You choose not to provide these details now.

Loan type and lender	Owner				Balance o/s \$	Interest %pa	Payment amount / freq	Tax deduct % pa	Retain
	1	2	Joint	Other					
<input type="checkbox"/> Interest only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		<input type="checkbox"/>
<input type="checkbox"/> Interest only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		<input type="checkbox"/>
<input type="checkbox"/> Interest only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		<input type="checkbox"/>

Investment, superannuation and income stream summary

Investment assets eg shares, managed investments or master trusts

You do not own any investment assets.

You choose not to provide these details now.

Investment name	Owner				Type	Account number	Balance \$	Statement attached
	1	2	Joint	Other				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Superannuation assets

You do not have any superannuation assets.

You choose not to provide these details now.

Superannuation fund	Owner		Account number	Balance \$	Statement attached
	1	2			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Retirement income streams

You do not have any retirement income streams.

You choose not to provide these details now.

Fund name	Owner		Account number	Balance (account based)	Income pa \$	Statement attached
	1	2				
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Where you have not provided a statement, complete the relevant investment, superannuation or retirement income streams forms in the Appendix.

Notes

Insurance needs analysis

Life insurance analysis

You do not have any life insurance needs.

You choose not to provide these details now.

	Client 1	Client 2
	Lump sum required (\$)	Lump sum required (\$)
Clear debts eg mortgage, personal loans		
Funeral costs		
Emergency fund		
Capital needs		
Income required (pa)		
For how many years?		
Childcare/education (pa)		
For how many years?		
Other funding (pa)		
For how many years?		
Income replacement (lump sum required)		
– Realisable financial assets	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$
– Realisable lifestyle assets	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$
Total cover required		
– Existing cover retained		
Additional cover required or Amount of over-insurance		
Notes		

TPD analysis

You do not have any TPD insurance needs.

You choose not to provide these details now.

	Client 1	Client 2
	Lump sum required (\$)	Lump sum required (\$)
Clear debts eg mortgage, personal loans		
Medical / lifestyle		
Emergency fund		
Recovery income		
Capital needs		
Income required (pa)		
For how many years?		
Childcare/education (pa)		
For how many years?		
Other funding (pa)		
For how many years?		
Income replacement (lump sum required)		
– Realisable financial assets	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$
– Realisable lifestyle assets	<input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$
Total cover required		
– Existing cover retained		
Additional cover required or Amount of over-insurance		
Notes		

Trauma analysis

You do not have any trauma insurance needs.

You choose not to provide these details now.

	Client 1	Client 2
	Lump sum required (\$)	Lump sum required (\$)
Clear debts eg mortgage, personal loans		
Medical / lifestyle		
Emergency fund		
Recovery income		
Capital needs		
Income required (pa)		
For how many years?		
Childcare/education (pa)		
For how many years?		
Other funding (pa)		
For how many years?		
Income replacement (lump sum required)		
– Realisable financial assets	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$
– Realisable lifestyle assets	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$
Total cover required		
– Existing cover retained		
Additional cover required or Amount of over-insurance		
Notes		

Income continuation analysis

You do not have any income protection needs.

You choose not to provide these details now.

Income continuation analysis	Client 1	Client 2
Occupation		
Income		
% of income to cover		
Superannuation maintenance benefit		
Total cover required (pa)		
<i>Less</i>		
Income not affected by disability		
Existing cover		
Additional cover required (yearly)		
Additional cover required (monthly)		
Benefit period		
Waiting period		

Notes

Estate planning

This section captures any concerns you may have in relation to your estate planning needs. It helps me understand some of the gaps you might currently have, what you would like to achieve and the level of assistance that you need from myself or other parties, such as an estate planning specialist or your solicitor.

Wills

You do not have any estate planning needs.

You choose not to provide these details now.

	Client 1		Client 2	
Do you have a Will? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– Last updated				
– Name of Executor				
– Is it up to date and reflects your current wishes? <i>eg have you remarried or had more children?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– Do you have a testamentary trust provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, who is the trustee?		If yes, who is the trustee?	
Are you concerned about your beneficiaries paying tax on inherited assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like information on how to manage this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like help with your estate planning needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Power of Attorney

	Client 1		Client 2	
Do you have a Power of Attorney? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– Type of Power of Attorney	<input type="checkbox"/> General	<input type="checkbox"/> Enduring	<input type="checkbox"/> General	<input type="checkbox"/> Enduring
– Who is the person named as your Power of Attorney?				
– Date of execution				

Notes

Planner notes

Appendix - Payments on termination of employment

This section is about payments you may have received from your employer if you were either made redundant or released from employment. It is likely you would have received a statement from your employer explaining your payment. If you give me this statement, I can complete this section for you.

Description	Client 1	Client 2
Date of termination		
Reason for termination	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Permanent incapacity <input type="checkbox"/> Genuine redundancy / Early retirement scheme <input type="checkbox"/> Other	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Permanent incapacity <input type="checkbox"/> Genuine redundancy / Early retirement scheme <input type="checkbox"/> Other
Date joined employer		
Net annual leave payment		
Net long service leave payment		
Where termination was due to genuine redundancy or early retirement:		
Gross severance payment excluding leave payments		
If aged under 65, tax-free amount of severance payment		
Employment termination payment amount (the remainder)	ETP total: \$ Tax-free component: \$ Taxable component: \$	ETP total: \$ Tax-free component: \$ Taxable component: \$
Does the payment qualify as a Transitional Termination Payment? – If yes, would you consider directing some/all to super?	<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
Where termination is for any other reason:		
Employment termination payment (not included above)	ETP total: \$ Tax-free component: \$ Taxable component: \$	ETP total: \$ Tax-free component: \$ Taxable component: \$
Does the payment qualify as a Transitional Termination Payment? – If yes, would you consider directing some/all to super?	<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
Have you received any other payments relating to this termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any other payments relating to another termination in the same financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you cashed an employment termination payment before 1 July 2007?		

Appendix - Investor risk profile summary

Your attitude to investment risk is a crucial factor in determining an appropriate investment strategy to meet your needs. Investing is considered risky because there is uncertainty about how the investment will perform over the short and long term. Different types of investments experience different levels of volatility. Negative returns can happen at any time, so during periods of poor performance, remaining invested for the minimum investment term will provide an opportunity for your portfolio to recover.

Here are the main approaches to investing, otherwise known as investment risk profiles.

Score	Risk profile	Description
N/A	Short duration (100% cash)	Protection of capital or certainty of income is your only objective. You do not wish to attain higher returns if your capital is at risk
50 – 110	Conservative (25% growth)	You are a defensive investor. You are willing to consider less risky assets; mainly cash only and some fixed interest investments. You are prepared to accept lower returns to protect the value of your capital. The recommended minimum investment term is 2 years.
111 – 160	Cautious (40% growth)	You are a cautious investor seeking a combination of income and growth, but risk must continue to be low. Therefore, you will maintain a greater weighting to defensive assets within your portfolio, but, will consider including some of the less aggressive growth investments. Generally you are willing to chase improved short-term returns while accepting some, limited short-term volatility. The recommended minimum investment term is 3 years.
161 – 210	Moderately conservative (55% growth)	You are an investor seeking a combination of income and growth from your investment portfolio. Generally, you are willing to chase medium to long-term goals while accepting the risk of short to medium-term negative returns. Your investment mix is likely to include an equal mix of the defensive assets and growth assets such as equities and property. The recommended minimum investment term is 4 years.
211 – 260	Balanced (70% growth)	You are a growth investor. You are willing to consider assets with higher volatility in the short-term (such as equities and property) to achieve capital growth over the medium to longer term. Your investment mix will comprise a greater share of growth assets. The recommended minimum investment term is 5 years.
261 – 310	Moderately aggressive (85% growth)	You are a growth investor. Prepared to accept higher volatility in the short to medium term, your primary concern is to accumulate growth assets over the long term. Your investment mix will spread across all asset sectors but will mainly consist of more aggressive investments. The minimum investment term is 7 years.
311 – 350	Aggressive (100% growth)	Your primary objective is capital growth. You are an aggressive growth investor and are prepared to compromise your portfolio balance to pursue greater long-term returns. You are willing to accept higher levels of risk. Fluctuation in capital is acceptable in the short-medium term for the greater potential for wealth accumulation. With the exception of a minimal level of cash for liquidity purposes, your investment mix will only consist of growth assets such as international and domestic equities. The minimum investment term is 7 years.

Appendix - Business ownership

You only need to complete this section if you are a business owner. It gives me a quick look into your business and some of your concerns. If you would like more advice specifically relating to your business needs, talk to me about this as I will need to ask you more detailed questions.

	Client 1	Client 2
What type of business structure do you operate under?	<input type="checkbox"/> Sole trader <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole trader <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Partnership
Correct legal name of your business		
Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership (%)		
Estimated business value (\$)		
Do you currently have key person insurance in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like some help in this area?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Do you have a business succession plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like some help in this area?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Notes		

* A Business Risk Fact Find will need to be completed together so that we can better understand your business needs

Appendix - Detailed household expenses

Category	Description	Frequency	Amount \$
Housing	Rent		
	Council rates		
	Water rates		
	Telephone / internet		
	Electricity / gas		
	Insurance (building contents)		
	Furniture / appliances		
	Maintenance		
	Other		
Personal	Food / groceries / household		
	Clothing / shoes		
	Medical / dental costs		
	Mobile phone		
	Adult education		
	Donations		
	Other		
Transport	Registration / insurance		
	Maintenance / repairs		
	Public transport / taxis		
	Petrol		
	Parking		
	Other		
Leisure	Holidays		
	Restaurants / outings		
	Sports / membership		
	Magazines / CDs / books		
	Gifts (Christmas etc)		
	Other		
Dependants	Child care / school fees		
	Other		
Notes			

Appendix - Investment assets (eg shares, managed investments etc)

Description	1	2	3	4
Owner				
Account number				
Investment name				
Investment options				
Current market value (\$)				
Purchase date				
Purchase price				
Gearred	<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
Income reinvested	<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
Regular savings (\$ pa)				
Regular drawdowns (\$ pa)				
Retain	<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

Description	1	2	3	4
Owner				
Account number				
Investment name				
Investment options				
Current market value (\$)				
Purchase date				
Purchase price				
Gearred	<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
Income reinvested	<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
Regular savings (\$ pa)				
Regular drawdowns (\$ pa)				
Retain	<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

Notes: Please list any other details that we should know about your investment assets.

Appendix - Superannuation assets

Description	1	2	3	4
Owner				
Account number				
Fund / product name				
Investment options				
Market value (\$)				
As at date				
ESP start date				
Taxable component (\$)				
Tax-free component (\$)				
Contributions - employer (\$ pa)				
Contributions - self-employed (\$ pa)				
Contributions - salary sacrifice				
Contributions - personal (after tax)				
Contributions - spouse (\$ pa)				
Preserved amount				
Unrestricted non-preserved amount				
Death benefit cover (\$)				
– Premium (\$ pa)				
TPD benefit cover (\$)				
– Premium (\$ pa)				
Salary continuance (\$ a month)				
– Waiting period				
– Benefit period				
– Premium (\$ pa)				
Name of nominated beneficiaries				
Is nomination binding?	<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
Retain	<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
Notes				

Appendix - Retirement income stream assets

Description	1	2	3	4
Owner				
Account number				
Investment name				
Investment options				
Type: <ul style="list-style-type: none"> - Allocated pension - Term allocated - Super annuity - Non-super annuity 				
ESP start date				
Date purchased				
Purchase price				
Reversionary (automatic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is the reversionary?				
Annual income (\$)				
Payment frequency				
Tax free percentage (%) or tax deductible amount				
Taxable component (\$)				
Tax-free component (\$)				
Centrelink asset test	<input type="checkbox"/> 100% exempt <input type="checkbox"/> 50% exempt <input type="checkbox"/> Asset tested	<input type="checkbox"/> 100% exempt <input type="checkbox"/> 50% exempt <input type="checkbox"/> Asset tested	<input type="checkbox"/> 100% exempt <input type="checkbox"/> 50% exempt <input type="checkbox"/> Asset tested	<input type="checkbox"/> 100% exempt <input type="checkbox"/> 50% exempt <input type="checkbox"/> Asset tested
Centrelink deductible amount (\$)				
Current balance (account based super income streams only)				
Relevant no. / term (years)	<input type="checkbox"/> Lifetime <input type="checkbox"/> Life exp <input type="checkbox"/> Term	<input type="checkbox"/> Lifetime <input type="checkbox"/> Life exp <input type="checkbox"/> Term	<input type="checkbox"/> Lifetime <input type="checkbox"/> Life exp <input type="checkbox"/> Term	<input type="checkbox"/> Lifetime <input type="checkbox"/> Life exp <input type="checkbox"/> Term
Income indexation method	<input type="checkbox"/> CPI <input type="checkbox"/> Other: %	<input type="checkbox"/> CPI <input type="checkbox"/> Other: %	<input type="checkbox"/> CPI <input type="checkbox"/> Other: %	<input type="checkbox"/> CPI <input type="checkbox"/> Other: %
Residual Capital Value				
Retain	<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
Notes				

Appendix - Current insurance details

For insurance within superannuation, enter the name of the superannuation fund in policy owner. If you have provided these details in the superannuation section, please make reference to this.

Insurance policies	1	2	3	4
Policy owner				
Life insured				
Insurance company				
Policy number				
Life cover (\$)				
– Premium (\$) and frequency	\$ _____/	\$ _____/	\$ _____/	\$ _____/
– Premium type	<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
TPD cover (\$)				
– Premium (\$) and frequency	\$ _____/	\$ _____/	\$ _____/	\$ _____/
– Premium type	<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
– Any or own occupation definition?	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own
Crisis cover (\$)				
– Premium (\$) and frequency	\$ _____/	\$ _____/	\$ _____/	\$ _____/
– Premium type	<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
Income protection monthly benefit (\$)				
– Benefit period				
– Waiting period				
– Premium (\$) and frequency	\$ _____/	\$ _____/	\$ _____/	\$ _____/
– Premium type	<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
Renewal date				

	Client 1	Client 2
When previously seeking personal insurance, have any personal health, lifestyle or occupation issues affected the insurance premium or policy terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed
If yes, how was the premium payable affected or were there any special terms or exclusions?	<input type="checkbox"/> Standard health <input type="checkbox"/> Declined or deferred <input type="checkbox"/> Loaded <input type="checkbox"/> Exclusion <input type="checkbox"/> Not disclosed	<input type="checkbox"/> Standard health <input type="checkbox"/> Declined or deferred <input type="checkbox"/> Loaded <input type="checkbox"/> Exclusion <input type="checkbox"/> Not disclosed
Notes		

Whole of life and endowment policies

	1	2	3	4
Current withdrawal value				
Total death benefit				
– Sum insured				
– Reversionary bonuses				
– Other bonuses				
Estimated maturity benefit				
Date of maturity				
Unpaid premiums				
Contracted premiums				
Renewal date				
Has there been a change of table?				
Notes				

My authority to access my information

To whom it may concern

This letter gives you authority to release any relevant information or documentation on my investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

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Planner name

Practice name

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Address

--	--

Phone

Fax

--

Email

Please send documentation to this office by Fax Email Post

This authority remains in force until withdrawn in writing by me.

Client 1

--	--

Client name

Date of birth

✕	
---	--

Signature

Date

--

Postal address

Client 2

--	--

Client name

Date of birth

✕	
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Signature

Date

--

Postal address

To: <<Name of planner>>
 <<Insert contact address for practice>>
 <<Name of practice>>
 as an authorised representative of AMP Financial Planning Pty Limited

Date:

My acknowledgements and agreements

By signing this form, I confirm that before proceeding with providing me advice:

- You have provided me with a copy of your Financial Services Guide version no.<<xx.xx>> on <<date>>. You explained the contents to me and I have had the opportunity to ask questions. You have particularly pointed out the payments and additional benefits you and AMP Financial Planning may receive for providing services to me.
- You directed me to the AMP Privacy Policy which I have read and understood.

By providing my personal, sensitive and health information at our initial meeting(s), and where you provide me with ongoing advice, I understand that in accordance with the policy:

- AMP Financial Planning may have access to this information when conducting normal activities associated with you as my financial planner.
- You may in the future, with AMP Financial Planning approval, give my files to another AMP planner who would then be responsible for reviewing and managing my future business dealings.
- You and AMP Financial Planning will continue to take reasonable steps to protect my information from misuse, loss, and unauthorised access or disclosure.
- I can request access to my stored information.

Also, I agree to my personal, sensitive and health information collected at our initial meeting(s), and that you may collect as part of the ongoing advice you provide me with being:

- Collected, used, stored, disclosed, secured and disposed of in accordance with the AMP Privacy Policy.
- Released to my spouse/partner/other <<please specify>> unless my consent is withdrawn by me in writing.
- I have provided you with information during our initial meeting on <<insert date>>, which to the best of my knowledge is complete, accurate and current and this will form part of the basis of your recommendations in the statement of advice. As agreed, I will provide you with more information if required.

I understand that if the information I give you is incomplete you may not be able to fully analyse my needs, goals and financial situation, so your recommendations may not be completely appropriate.

I also understand that I must assess whether your recommendations are appropriate for my needs, goals and financial situation before acting on them.

Client 1

Client name

x	
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Signature

Date

Client 2

Client name

x	
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Signature

Date



Tax File Number (“TFN”) notification form

The Income Tax Assessment Act and the TFN Guidelines issued under the Privacy Act strictly regulates the collection, use and disclosure, storage, security and disposal of TFNs.

Your TFN is confidential and you should be aware of the following before you decide to provide it:

- As your financial planner, we and AMP Financial Planning Pty Ltd (AMPFP) are permitted to handle your TFN when acting on your behalf in connection with your investments.
- You may choose not to quote your TFN in relation to your (new or existing) investments. It is not an offence to not quote your TFN. If you do not quote your TFN or claim an exemption, tax may be taken out of your investment returns. For more information about the use of TFNs, please phone your nearest Tax office. The consequences of not quoting your TFN may change in the future as a result of legislative changes.
- Your TFN will be used for lawful purposes only. The lawful purposes for which your TFN can be used may change in the future as a result of legislative changes.
- Your TFN will be used for reviewing and managing your current and future business dealings and/or applications. In some cases it may also be necessary for officers of AMPFP to have access to your TFN in conducting normal activities associated with your financial planner’s appointment as an Authorised Representative of AMPFP including if your financial planner, with AMPFP’s approval, passes your file onto another Authorised Representative who would then assume responsibility for reviewing and managing your future business dealings.
- Your privacy is important to us and AMPFP. You can find out more information about the collection and use of your personal information in the AMP Privacy Statement which is available at www.amp.com.au or on request. You can access information held by us or AMPFP by calling 131 267.
- We and AMPFP are required by law to properly safeguard your TFN until we and/or AMPFP no longer require the information. Your TFN will be securely destroyed or permanently de-identified after we and/or AMPFP no longer require it.
- Our systems recognise investments (if any) for which you choose not to quote your TFN.

Select either:

I authorise the application of the TFN/Exemption number below to all investments in my name **or**

I authorise the application of the TFN/Exemption number below to each of the following investments

Investment account name

Investment account number

x	
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Signature

Date

Postal address

--	--

TFN / Exemption number

Contact number