

# CLIENT FACT FIND

## Financial Planning

Client name(s)	
Financial Adviser	Natalie Crosswell
Advice Practice	Future Steps Financial Planning Pty Ltd
Phone Number	08 9497 3737
Email Address	admin@futurestepsfp.com.au
Licensee Name	Matrix Planning Solutions Limited
AFSL	238256
ABN	45 087 470 200
Website	<a href="http://www.centrepoinalliance.com.au">www.centrepoinalliance.com.au</a>

# Reasons for seeking advice

## Goals

Goal	Owner	Time Frame	Amount	Current Status
e.g. You would like to retire by age 65	Client 1	Age 65	\$40,000 pa	

Notes

# Personal details

## Your details

	Client 1	Client 2
Title		
Surname		
Given name(s)		
Preferred name		
Date of birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Australian resident		
If no, country of residency		
Country of Citizenship		
Other Citizenships/Visa details		

## Contact details

Residential address	Client 1	Client 2
Street		
Suburb		
State		
Postcode		
Postal address (please tick if same as above) <input type="checkbox"/>		
Street		
Suburb		
State		
Postcode		
Phone and email		
Home phone		
Business phone		
Mobile		
Email		
Preferred contact method		

## Children and/or other dependants - current and expected

☐ We do not have any dependants      ☐ We have chosen not to disclose information about any dependants

Are you planning on growing your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have caring responsibilities for parents or other dependants	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full name	Date of birth	Gender	Relationship	Dependant	Dependant to
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment details

	Client 1	Client 2
Occupation	Other	
Job title		
Qualifications		
Employer name		
Employment start date		
Do you work overseas?		
If yes, list relevant countries		
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed
If part-time how many hours worked?		
Sick Leave entitlements (Approx days)		
Annual Leave / Long Service Leave (Approx days)		
If self-employed, what structure?	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership

# Associated entities

☐ Nil
 ☐ Company
 ☐ Trust
 ☐ SMSF

Company Details	Please complete additional information <i>(if required)</i> in separate questionnaire
Name	
Tax File Number & ABN	
Directors	
Is this a corporate trustee only?	<input type="checkbox"/> Yes <input type="checkbox"/> No It is as Trustee for

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

SMSF Details	Please provide a copy of the trust deed & investment strategy Please complete the separate SMSF Fact Find <i>(if required)</i>			
Name				
Trustee type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate			
Tax File Number & ABN				
Members/Trustees	Name:	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension		
Members/Trustees	Name:	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension		
Members/Trustees	Name:	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension		

# Income, expenses and taxation

Income type	Client 1 (or Joint)	Client 2
Gross annual income e.g. salary/wages	\$	\$
Gross annual business income e.g. Profit before tax	\$	\$
Gross annual investment income	\$	\$
Centrelink income	\$	\$
Rental income	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total income</b>	<b>\$</b>	<b>\$</b>
<b>Expenses</b>		
Estimated tax liability	\$	\$
Living expenses e.g. consumables, transport, health, housing	\$	\$
Home loan or rent	\$	\$
Credit cards	\$	\$
Personal loans	\$	\$
Investment loans	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total expenses</b>	<b>\$</b>	<b>\$</b>
<b>Gross annual surplus/(deficit) cash flow</b>	<b>\$</b>	

Further expense details can be collected via the **Detailed expense analysis** section if required.

## Taxation

	Client 1	Client 2
Tax resident status	Resident	
Tax File Number (TFN)		
Tax Identification Number (TIN) and country (if applicable)	Australia	Australia
Have you bought or sold any assets in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax payments e.g. capital gains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tax losses that could be carried forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Income, expenses and taxation notes

## Cashflow

What amount would you estimate as your savings capacity on a yearly basis?	
What amount of funds from cash flow are you able to set aside for insurance?	\$
Do you expect any income and/or expenditure changes in the next 12 months? If <b>Yes</b> , please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently spend more or less than you earn? If you spend more than you earn, please provide details below.	<input type="checkbox"/> More <input type="checkbox"/> Equal <input type="checkbox"/> Less
Do you think you have an opportunity to save additional money? Please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Cashflow notes

# Detailed expense analysis

Please select the column which is easiest for you to capture your expenditure items

Category	Description	Weekly	Fortnightly	Monthly	Annual
Personal debt commitments	Home mortgage repayments	\$	\$	\$	\$
	Credit card repayments	\$	\$	\$	\$
	Car loan/lease repayments	\$	\$	\$	\$
	Personal loan repayments	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Investment costs	Investment property repayments	\$	\$	\$	\$
	Margin loans	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Housing	Rent	\$	\$	\$	\$
	Council/shire rates	\$	\$	\$	\$
	Water/electricity/gas	\$	\$	\$	\$
	Internet/telephone connection	\$	\$	\$	\$
	House and contents insurance	\$	\$	\$	\$
	Household repairs/maintenance	\$	\$	\$	\$
	Furnishings/appliances	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Transport	Running costs/petrol	\$	\$	\$	\$
	Registration and CTP	\$	\$	\$	\$
	Comprehensive insurance	\$	\$	\$	\$
	Maintenance/services/repairs	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Consumables	Groceries	\$	\$	\$	\$
	Alcohol/Cigarettes	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Health	Private health insurance	\$	\$	\$	\$
	Medical/dental/optical/chemist	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Children	School fees	\$	\$	\$	\$
	Child care	\$	\$	\$	\$
	Child support maintenance	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Personal	Clothing/footwear	\$	\$	\$	\$
	Entertainment/dining out	\$	\$	\$	\$
	Sport/recreation/hobbies	\$	\$	\$	\$



Category	Description	Weekly	Fortnightly	Monthly	Annual
Personal	Gifts/presents/Christmas	\$	\$	\$	\$
	Vacations/holidays	\$	\$	\$	\$
	Subscriptions/books/newspapers	\$	\$	\$	\$
	Life/TPD/trauma/IP	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
Other	Pets/vet fees	\$	\$	\$	\$
	Charities/donations	\$	\$	\$	\$
	Miscellaneous:	\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Totals		\$	\$	\$	\$

Additional details:

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# Current position analysis

Lifestyle Assets	Description	Owner	Current value (\$)
Lifestyle Assets Total			

Investment Properties	Owner	Current value (\$)
Investment Properties Total		

Cash / Term deposits	Owner	Current value (\$)
Cash / Term deposits Total		

Other Assets	Owner	Current Value (\$)
Other Assets Total		

## Investment assets

Investment Assets	Owner	Current Value (\$)
Investment Assets Total		

Liabilities	Description including loan details (e.g. interest rate, loan type, PI or IO)	Owner	Outstanding balance (\$)
<b>Total liabilities</b>			
<b>Net worth</b>			

### Asset and liabilities notes

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## Debt management

Does your home loan have any of the following features?	
What amount of extra repayments are you making into your home loan or offset account? (per month)	
Are there any fees/charges associated with extra repayments or redraws with your home loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the interest free period for your credit card(s)?	
Do you pay off your credit card within the interest free period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you acting as a guarantor for any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Debt management notes

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# Superannuation

## Retirement planning details

	Client 1	Client 2
Current Phase	<input type="checkbox"/> Accumulation <input type="checkbox"/> TTR <input type="checkbox"/> Pension <input type="checkbox"/> Post Retirement	<input type="checkbox"/> Accumulation <input type="checkbox"/> TTR <input type="checkbox"/> Pension <input type="checkbox"/> Post Retirement
Estimated Retirement Age		
If you have made Personal Contributions (Post Tax) in the past 3 years, which year/s did you contribute? Provide details		
Employer Contributions e.g. SG and salary sacrifice if not listed below		

## Superannuation accumulation funds

Please provide a copy of your most recent statement

Fund name	Owner	Contributions	Tax free	Has insurance	Fund balance (\$)
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
<b>Total</b>					

## Retirement income streams

Please provide a copy of your most recent statement

Pension details	Owner	Type	Income payment & frequency	Pension balance (\$)
<b>Total</b>				

Annuity details	Owner	Income payment & frequency	Current balance (\$)
<b>Total</b>			

Adviser use only	Client 1	Client 2
Do you know the balance of your transfer balance account? If <b>Yes</b> , provide details / transactions statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you continuously received Centrelink/DVA payments or have been a Commonwealth Seniors Health Card holder since 1 January 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the pensions grandfathered for Centrelink purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Beneficiaries

Owner	Product	Name	Type	Proportion of fund
			<input type="checkbox"/> Nominated beneficiary <input type="checkbox"/> Binding death nomination <input type="checkbox"/> Reversionary	
			<input type="checkbox"/> Nominated beneficiary <input type="checkbox"/> Binding death nomination <input type="checkbox"/> Reversionary	
			<input type="checkbox"/> Nominated beneficiary <input type="checkbox"/> Binding death nomination <input type="checkbox"/> Reversionary	

## Superannuation and retirement notes

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# Estate planning

	Client 1	Client 2
Is there a Will in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, location held?		
Date executed?		
When was your Will last reviewed?		
Who is the Executor of the Will and what are their contact details?		
Has a Guardian(s) been appointed for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Power of Attorney (PoA) in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type?	<input type="checkbox"/> Enduring <input type="checkbox"/> Guardianship <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> General <input type="checkbox"/> Normal <input type="checkbox"/> Advance Care Directive <input type="checkbox"/> Enduring Guardianship	<input type="checkbox"/> Enduring <input type="checkbox"/> Guardianship <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> General <input type="checkbox"/> Normal <input type="checkbox"/> Advance Care Directive <input type="checkbox"/> Enduring Guardianship
Who has been granted the PoA and what are their contact details?		
Have you been married before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from previous marriages / relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other special estate planning issues? (e.g. other beneficiaries, charities)		
Funeral	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funeral arrangements	<input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond	<input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond

## Estate planning notes

# Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Policy number					
Insurer					
Plan name					
Premium amount					
Premium type					
Start date					
Policy owner					
Insured name					
<b>Benefit amounts</b>					
Life insurance					
TPD insurance					
Trauma insurance					
Severity based					
Income protection					
Waiting period (if applic.)					
Benefit period (if applic.)					
Business Expenses					
Waiting period (if applic.)					
Benefit period (if applic.)					
Options/Benefits					
Loading/Exclusions					
In super					

Insurance notes

# General health details

	Client 1	Client 2
What is your current health status?	<div><input type="checkbox"/> Poor</div> <div><input type="checkbox"/> Fair</div> <div><input type="checkbox"/> Good</div> <div><input type="checkbox"/> Very good</div> <div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Congenital Conditions</div> <div><input type="checkbox"/> Health Concerns</div>	<div><input type="checkbox"/> Poor</div> <div><input type="checkbox"/> Fair</div> <div><input type="checkbox"/> Good</div> <div><input type="checkbox"/> Very good</div> <div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Congenital Conditions</div> <div><input type="checkbox"/> Health Concerns</div>
Private Health Care		
What is your height?		
What is your weight?		
Have you smoked cigarettes in the last twelve months?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
Do you drink alcohol?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
If yes, how many standard drinks per week		
Are you presently or do you intend to receive medical treatment for any medical issue?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
If yes, please provide details		
Have you been diagnosed with any significant illness/illnesses in the last five years?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
If yes, please provide details		
Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>

## Additional details:



## Additional insurance pre-assessment questions

	Client 1	Client 2
<b>Immediate Family Health</b>		
Have any of your parents, brothers or sisters (alive or deceased) prior to age 60 been diagnosed with any of the following? Diabetes, Heart Disease, Mental Illness, Haemophilia, High blood pressure, High Cholesterol, Cancer, Stroke, Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Existing Health Issues</b>		
Have you ever had an application for insurance on your life declined, deferred or accepted with a higher than normal premium, or with restrictions or exclusions?		
Have you within the last 5 years had any illness, injury, operation, X-ray, ECG, blood transfusion, any other special tests or advised to have a blood test for any reason?		
Do you take or have you taken drugs or medications on a regular or ongoing basis?		
Do you have any pre-existing conditions that you are aware of?		
<b>Medical History</b>		
Have you ever had, or been told that you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following?	<input type="checkbox"/> Stress, anxiety, depression, or other mental health disorder <input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> Asthma <input type="checkbox"/> Skin cancer, tumour, skin lesion, mole or cyst <input type="checkbox"/> Back or neck strain/sprain/pain, sciatica, whiplash, spondylitis, or any other back/neck/spinal problem <input type="checkbox"/> Any bone/joint fractures, muscle, ligament or tendon injuries, gout, arthritis or osteoporosis <input type="checkbox"/> any skin condition <input type="checkbox"/> any blood conditions <input type="checkbox"/> any disease/disorder of the eyes <input type="checkbox"/> any disease/disorder of the ears <input type="checkbox"/> any heart conditions <input type="checkbox"/> any respiratory conditions <input type="checkbox"/> any gastrointestinal conditions <input type="checkbox"/> diabetes <input type="checkbox"/> thyroid conditions	<input type="checkbox"/> Stress, anxiety, depression, or other mental health disorder <input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> Asthma <input type="checkbox"/> Skin cancer, tumour, skin lesion, mole or cyst <input type="checkbox"/> Back or neck strain/sprain/pain, sciatica, whiplash, spondylitis, or any other back/neck/spinal problem <input type="checkbox"/> Any bone/joint fractures, muscle, ligament or tendon injuries, gout, arthritis or osteoporosis <input type="checkbox"/> any skin condition <input type="checkbox"/> any blood conditions <input type="checkbox"/> any disease/disorder of the eyes <input type="checkbox"/> any disease/disorder of the ears <input type="checkbox"/> any heart conditions <input type="checkbox"/> any respiratory conditions <input type="checkbox"/> any gastrointestinal conditions <input type="checkbox"/> diabetes <input type="checkbox"/> thyroid conditions

	<input type="checkbox"/> cancer or tumours <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis	<input type="checkbox"/> cancer or tumours <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis
Details of each condition including the type, date diagnosed, any time off work, treatment provided, whether still on treatment or date treatment ceased and date of last symptoms. If skin cancer, tumour, lesion, mole or cyst please outline whether it was benign or malignant.		
Any future health challenges we need to be aware of?		

Health and insurance notes

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# Insurance needs

## Client 1

	Death	TPD	Trauma
In the event of death, TPD or a medical event, would you like cover for:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If so, what are the amounts that you would require?</i>			
Liabilities to clear	\$	\$	\$
Future expenditure required	\$	\$	\$
Future education expenses (present value)	\$	\$	\$
Medical costs/recovery income	\$	\$	\$
Provision for tax	\$	\$	\$
Other	\$	\$	\$
<b>Total Capital Required</b>	\$	\$	\$
<b>Capital Provisions</b>	\$	\$	\$
Disposable assets	\$	\$	\$
Continuing income (present value)	\$	\$	\$
<b>Total Capital Available</b>	\$	\$	\$
<b>Insurance Needs</b>			
<b>Total Cover Required</b>	\$	\$	\$
Existing cover	\$	\$	\$
<b>Surplus/Shortfall</b>	\$	\$	\$

## Income protection needs

	Client 1	
In the event of temporary or permanent loss of income, would you like to replace your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)?	\$	%
Additional details:		

## Client 2

	Death	TPD	Trauma
In the event of death, TPD or a medical event, would you like cover for:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If so, what are the amounts that you would require?</i>			
Liabilities to clear	\$	\$	\$
Future expenditure required	\$	\$	\$
Future education expenses (present value)	\$	\$	\$
Medical costs/recovery income	\$	\$	\$
Provision for tax	\$	\$	\$
Other	\$	\$	\$
<b>Total Capital Required</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Capital Provisions</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Disposable assets	\$	\$	\$
Continuing income (present value)	\$	\$	\$
<b>Total Capital Available</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Insurance Needs</b>			
<b>Total Cover Required</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Existing cover	\$	\$	\$
<b>Surplus/Shortfall</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## Income protection needs

	Client 2	
In the event of temporary or permanent loss of income, would you like to replace your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)?	\$	%
Additional details:		

# Insurance considerations

How long could you go without income?	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 6+ months
Assuming you have paid off your mortgage, what income would your family need to cover expenses if either of you passed away?	
Would you dispose of assets to assist in meeting your financial needs in the event of death, total and permanent disablement or trauma?	<input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No

If **Yes**, to above please provide details below

	Client 1	Client 2
How long do you intend to hold the cover?	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15+ years <input type="checkbox"/> Other	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15+ years <input type="checkbox"/> Other

## Insurance Product Preferences – What is important to you?

Feature	Owner/s		Comments / Trade Offs
	C1	C2	
Low cost - could be at expense of superior definitions and features	<input type="checkbox"/>	<input type="checkbox"/>	
Specific occupation features	<input type="checkbox"/>	<input type="checkbox"/>	
Access to “own” occupation definitions	<input type="checkbox"/>	<input type="checkbox"/>	
Being able to fund through super	<input type="checkbox"/>	<input type="checkbox"/>	
Access to level premiums	<input type="checkbox"/>	<input type="checkbox"/>	
Underwriting upfront	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Death/TPD/Trauma Cover</b>			
Death Cover - Extended expiry age on cover (To age 99)	<input type="checkbox"/>	<input type="checkbox"/>	
TPD Cover - Access to “Own” occupation definitions	<input type="checkbox"/>	<input type="checkbox"/>	
TPD Cover - TPD Buy Back	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma Cover - Comprehensive Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma Cover - Trauma Buy Back	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma Cover - Trauma Reinstatement	<input type="checkbox"/>	<input type="checkbox"/>	

Income Protection Cover	Client 1		Client 2	
Waiting Period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days
	<input type="checkbox"/> 90 days	<input type="checkbox"/> 6 months	<input type="checkbox"/> 90 days	<input type="checkbox"/> 6 months
	<input type="checkbox"/> 12 months	<input type="checkbox"/> 2 years	<input type="checkbox"/> 12 months	<input type="checkbox"/> 2 years
	<input type="checkbox"/> 5 years		<input type="checkbox"/> 5 years	
Comments / Trade offs				
Benefit Period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years
	<input type="checkbox"/> Age 65	<input type="checkbox"/> Age 70	<input type="checkbox"/> Age 65	<input type="checkbox"/> Age 70
Comments / Trade -offs				

# Centrelink/Department of Veterans' Affairs (DVA)/Family Assistance

	Client 1	Client 2
What benefits do you currently receive from Centrelink/DVA/Family Assistance?		
Centrelink Relationship Number		
Do you intend to apply for any Centrelink/DVA/Family Assistance payments in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you 'gifted' any assets in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current Seniors Card or Health Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a Low Income Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for the Pension Bonus Scheme, i.e. Do you pass the work test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you applied for the Pension Bonus Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a copy of your latest Centrelink Schedule

If **Yes** to any of the above questions add additional details:

## Centrelink notes

## Aged care

Aged care	Client 1	Client 2
Have you had an ACAT assessment (or ACAS assessment in Victoria)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Have you already paid any income tested care fees for home care or means tested care fees for residential care that would count towards your lifetime cap?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$
Retirement villages	Client 1	Client 2
Are you a resident or do you plan to move into a retirement village?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What entry contribution did/will you pay?		
What ongoing fees are charged by the village?		
Are you eligible for Rent Assistance from Centrelink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What conditions apply upon exit?		
Home care packages		
Are you planning to apply for a Home Care Package?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving a Home Care Package?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did it commence?		
How much does your Home Care Package service provider charge?	Basic Fee: Income Tested Fee:	Basic Fee: Income Tested Fee:
Residential aged care facilities		
<b>If you plan to move into an aged care facility</b>		
Who is moving into the Facility?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Facility receive Government support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a spouse, carer or close family member continue to live in the family home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a carer or close family member, how long have they lived in the family home and do they receive income support from the Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your home be sold when moving to the Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you rent your home when moving to the Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the published Refundable Accommodation Deposit (RAD) of the Facility?	\$	\$
If low-means, what is the Facility's Accommodation Supplement amount?	\$	\$
<b>If you are currently residing in an aged care facility</b>		



What date did you move into the Facility?		
Does the Facility receive Government support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is in the Facility?	<input type="checkbox"/>	<input type="checkbox"/>
Have you entered the Facility as a low-means resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a lump sum payment been paid (eg Refundable Accommodation Deposit or accommodation bond)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much was paid?	\$	\$
Do you pay an accommodation charge or Daily Accommodation Payment (DAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the current means tested fee or daily income tested fee?	\$	\$

**Aged care notes**


# RISK PROFILE QUESTIONNAIRE

Risk tolerance questions		Point(s)	Client 1	Client 2	Joint																																																								
1	<p>The graph below shows the potential one year performance of six investment portfolios. The green bars show the potential gains, while the blue bars show the potential loss each portfolio could experience.</p> <table border="1"> <caption>Potential Performance Data</caption> <thead> <tr> <th>Portfolio</th> <th>Potential Gain</th> <th>Potential Loss</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>10.5%</td> <td>-8.0%</td> </tr> <tr> <td>B</td> <td>14.5%</td> <td>-11.0%</td> </tr> <tr> <td>C</td> <td>21.5%</td> <td>-16.5%</td> </tr> <tr> <td>D</td> <td>28.5%</td> <td>-22.0%</td> </tr> <tr> <td>E</td> <td>34.0%</td> <td>-26.5%</td> </tr> <tr> <td>F</td> <td>38.0%</td> <td>-30.0%</td> </tr> </tbody> </table> <p>Note - actual portfolio outcomes could fall outside these ranges</p> <p>Assuming annual returns fall in this range most of the time, which of these portfolios would you prefer?</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Points</th> <th>Client 1</th> <th>Client 2</th> <th>Joint</th> </tr> </thead> <tbody> <tr> <td>a. Portfolio A</td> <td>0</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Portfolio B</td> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Portfolio C</td> <td>4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Portfolio D</td> <td>5</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Portfolio E</td> <td>8</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. Portfolio F</td> <td>14</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Portfolio	Potential Gain	Potential Loss	A	10.5%	-8.0%	B	14.5%	-11.0%	C	21.5%	-16.5%	D	28.5%	-22.0%	E	34.0%	-26.5%	F	38.0%	-30.0%	Response	Points	Client 1	Client 2	Joint	a. Portfolio A	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Portfolio B	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Portfolio C	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Portfolio D	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Portfolio E	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Portfolio F	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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2	<p>Investment markets go up and down. If your diversified investment portfolio fell by 20% over a short period, how would you react?</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Points</th> <th>Client 1</th> <th>Client 2</th> <th>Joint</th> </tr> </thead> <tbody> <tr> <td>a. I would <b>not</b> change my portfolio.</td> <td>14</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. I would <b>wait at least one year</b> before changing to options that are more conservative.</td> <td>8</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. I would wait <b>at least three months</b> before changing to options that are more conservative.</td> <td>4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. I would <b>immediately change</b> to options that are more conservative.</td> <td>0</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Response	Points	Client 1	Client 2	Joint	a. I would <b>not</b> change my portfolio.	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. I would <b>wait at least one year</b> before changing to options that are more conservative.	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. I would wait <b>at least three months</b> before changing to options that are more conservative.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. I would <b>immediately change</b> to options that are more conservative.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																			
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Risk tolerance questions		Point(s)	Client 1	Client 2	Joint
3	<b>For many investors, the possibility of losing money is a key concern. How do you feel about investment losses?</b>				
	a. Investment losses make me <b>very uncomfortable</b> . I check my investments often, so I can <b>sell quickly</b> if they begin to lose money.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Investment losses make me <b>uncomfortable</b> , but not uncomfortable enough to sell immediately. If losses occur over <b>several months</b> , I would probably sell.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Investment losses in the short-term <b>do not bother me</b> . I would wait <b>an entire year</b> before making changes.	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. I understand that investments can have losses, but also that I may have a better chance of reaching my investment goals by sticking to the strategy over the long-term. <b>I would not make changes.</b>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>Which of the following choices best reflects your attitude toward inflation and risk? Inflation is an economic situation in which the general price of goods and services increases resulting in the same dollar buying less goods and services than before.</b>				
	a. My main goal is to avoid loss, even though I may only keep pace with inflation.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. My main goal is to earn slightly more than inflation while taking on a low level of risk.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. My main goal is to increase investment returns and can accept short-term losses. However, I am not comfortable with the larger losses and performance shifts that may be experienced with the most aggressive investments.	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. My main goal is to maximise investment returns, and will accept the larger potential losses and performance shifts (especially in the short-term) that can be associated with pursuing higher returns.	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>Most investments go up and down. If your portfolio incurred a loss during one year, would you sell down your portfolio?</b>				
	a. Only if the investment loses 10%	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Only if the investment loses 15%	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Only if the investment loses 20%	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Only if the investment loses 25%	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Only if the investment loses 30%	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. I would not sell despite any loss	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk tolerance questions		Point(s)	Client 1	Client 2	Joint																												
6	<b>Investments with higher returns generally have higher risk (that is a higher chance of loss). Investments with lower returns generally have lower risk or chance of loss. Which of the following statements best describes your attitude to risk?</b>																																
a.	I am willing to accept lower returns to limit my chance of loss.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
b.	I am willing to bear some risk and chance for loss to achieve higher returns, but prefer most of my portfolio to be invested in investments with low return/risk.	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
c.	I am willing to accept moderate risk to achieve higher returns. Minimising risk and maximising return are equally important to me.	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
d.	I am willing to accept high risk to achieve high returns on my investments.	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
e.	I am only concerned with maximising investment returns. I am not concerned with risk or loss and will accept significant short-term fluctuations in my portfolio.	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
7	<b>The table shows the hypothetical value of six sample portfolios after one year. The investment is \$100,000 at the beginning of the year. Three return scenarios are shown: very strong, average and very poor. Which portfolio would you prefer to hold?</b>																																
<table border="1"> <thead> <tr> <th>1 Year Return Scenario</th> <th>Very Strong (\$)</th> <th>Average (\$)</th> <th>Very Poor (\$)</th> </tr> </thead> <tbody> <tr> <td>Portfolio 1</td> <td>110,500</td> <td>103,500</td> <td>92,000</td> </tr> <tr> <td>Portfolio 2</td> <td>114,500</td> <td>104,250</td> <td>89,000</td> </tr> <tr> <td>Portfolio 3</td> <td>121,500</td> <td>105,000</td> <td>83,500</td> </tr> <tr> <td>Portfolio 4</td> <td>128,500</td> <td>105,750</td> <td>78,000</td> </tr> <tr> <td>Portfolio 5</td> <td>134,000</td> <td>106,500</td> <td>73,500</td> </tr> <tr> <td>Portfolio 6</td> <td>138,000</td> <td>107,000</td> <td>70,000</td> </tr> </tbody> </table>						1 Year Return Scenario	Very Strong (\$)	Average (\$)	Very Poor (\$)	Portfolio 1	110,500	103,500	92,000	Portfolio 2	114,500	104,250	89,000	Portfolio 3	121,500	105,000	83,500	Portfolio 4	128,500	105,750	78,000	Portfolio 5	134,000	106,500	73,500	Portfolio 6	138,000	107,000	70,000
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<p>Note - this is a hypothetical example portfolio designed to elicit a psychological response. Actual portfolio outcomes may be different to the ranges shown above.</p>																																	
a.	Portfolio 1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
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f.	Portfolio 6	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												

# RISK PROFILE RESULTS

- The scores for questions 1 and 7 should be the same. If not, then the questionnaire should be revisited.

## Client 1

Total points		Risk profile	
--------------	--	--------------	--

## Client 2

Total points		Risk profile	
--------------	--	--------------	--

## Joint

Total points		Risk profile	
--------------	--	--------------	--

# RISK PROFILE OVERVIEW

Based on your answers to the previous risk profiling questions, you have fallen within the following risk profile.

Risk profile	Points	Time frame	Description
15% Growth - 85% Defensive	0-11	3 years	<p>This risk profile is designed for investors with a minimum three-year timeframe or those that seek a portfolio invested predominantly in interest bearing assets, with a small proportion of growth assets. This portfolio also suits investors who give a high priority to the preservation of capital (while understanding loss is still possible) and are therefore willing to accept lower potential investment performance, hence the 85 percent exposure to defensive assets (cash and fixed interest).</p> <p><i>If the risk tolerance score is zero, a cash account should be considered.</i></p>
30% Growth - 70% Defensive	12-29	3 years	<p>This risk profile is designed for investors with a minimum three-year timeframe or those who seek a diversified portfolio of interest bearing and growth asset classes, with an emphasis on interest bearing assets. This portfolio also suits investors seeking a lower level of investment value volatility, and therefore willing to accept lower potential investment performance, hence the 70 percent exposure to defensive assets (cash and fixed interest).</p>
50% Growth - 50% Defensive	30-44	5 years	<p>This risk profile is designed for investors with a minimum five-year timeframe. This portfolio also suits investors who desire a modest level of capital stability but are willing to accept moderate investment value volatility in return for commensurate potential investment performance, hence the 50 percent exposure to growth assets (shares, listed property and infrastructure) and 50 percent exposure to defensive assets (cash and fixed interest).</p>
70% Growth - 30% Defensive	45-59	7 years	<p>This risk profile is designed for investors with a minimum seven-year timeframe or those who are willing to accept higher levels of investment value volatility compared to more defensive options in return for higher potential investment performance. Some exposure to interest bearing assets is still desired, but the primary concern is a higher return, hence the 70 percent exposure to growth assets (shares, listed property and infrastructure).</p>
85% Growth - 15% Defensive	60-74	9 years	<p>This risk profile is designed for investors with a minimum nine-year timeframe or those who are willing to accept high levels of investment value volatility in return for high potential investment performance. The 85 percent exposure to growth assets (shares, listed property and infrastructure) means that capital stability is only a minor consideration.</p>
95% Growth - 5% Defensive	75-100	10 years +	<p>This risk profile is designed for investors with a minimum ten-year timeframe or those who are willing to accept very high levels of investment value volatility to maximise potential investment performance. The 95 percent exposure to growth assets (shares, listed property and infrastructure) means that capital stability is not a consideration.</p>

## Strategic Asset Allocation and Risk Profiles

This table provides an overview of the defensive/growth splits and underlying asset allocations for the risk profiles. These target asset allocations are subject to change dependent on the long term expected returns of each asset class.

Assets classes	15% Growth - 85% Defensive	30% Growth - 70% Defensive	50% Growth - 50% Defensive	70% Growth - 30% Defensive	85% Growth - 15% Defensive	95% Growth - 5% Defensive
<b>Defensive Assets</b>						
Cash	27%	18%	8%	4%	2%	2%
Australian Fixed Interest	29%	26.5%	21.5%	13%	6.5%	1.5%
International Fixed Interest	29%	25.5%	20.5%	13%	6.5%	1.5%
<b>Growth Assets</b>						
Australian Shares	5%	10%	18%	26%	32%	38%
International Shares*	10%	15%	26%	36%	45%	50.5%
Australian Property	0%	0%	0%	2%	2%	0%
International Property	0%	2%	3%	2%	3%	3.5%
Alternatives	0%	3%	3%	4%	3%	3%
<b>Total Defensive Assets</b>	<b>85%</b>	<b>70%</b>	<b>50%</b>	<b>30%</b>	<b>15%</b>	<b>5%</b>
<b>Total Growth Assets</b>	<b>15%</b>	<b>30%</b>	<b>50%</b>	<b>70%</b>	<b>85%</b>	<b>95%</b>
<b>Additional Information</b>						
Minimum investment Timeframe (years)	3	3	5	7	9	10

\* International share allocation can be a combination of hedged and unhedged strategies; a ratio of 45% / 55% is recommended. International Shares may also include an allocation to global listed infrastructure.

## Client risk profile acknowledgement

Client risk profile acknowledgement		Client 1	Client 2	Joint
<b>Agree</b>	I agree with the category assigned above and believe this is a true reflection of my attitude towards risk and understand that this profile will be considered in the advice process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disagree</b>	I disagree with the category assigned (please complete the alteration of risk profile section on the following pages).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Alteration of risk profile

After completing the questionnaire if for some reason you want to deviate from the risk profile result you can use this section to adjust your risk profile. The reason for change should be clearly documented below.

### Client 1

Altered risk profile	
Rationale behind the alteration	
Consequences of alteration (completed by adviser)	

### Client 2

Altered risk profile	
Rationale behind the alteration	
Consequences of alteration (completed by adviser)	

### Joint

Altered risk profile	
Rationale behind the alteration	
Consequences of alteration (completed by adviser)	



# Investment considerations

Client 1	Client 2	
----------	----------	--

Do you have a preference to access specific investments?

<input type="checkbox"/>	<input type="checkbox"/>	No particular preference
<input type="checkbox"/>	<input type="checkbox"/>	Shares and ETFs
<input type="checkbox"/>	<input type="checkbox"/>	Managed funds and managed accounts
<input type="checkbox"/>	<input type="checkbox"/>	Alternative investments
<input type="checkbox"/>	<input type="checkbox"/>	Term deposits
<input type="checkbox"/>	<input type="checkbox"/>	Ethical-socially responsible investments
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Are the following important to you?

<input type="checkbox"/>	<input type="checkbox"/>	Low cost is primary goal
<input type="checkbox"/>	<input type="checkbox"/>	Holding accounts with one provider
<input type="checkbox"/>	<input type="checkbox"/>	Broad investment menu or choice
<input type="checkbox"/>	<input type="checkbox"/>	Investment transparency – ability to view the underlying investments
<input type="checkbox"/>	<input type="checkbox"/>	Ability to pay for advice via the fund/platform
<input type="checkbox"/>	<input type="checkbox"/>	Access to specific features

Which of the following have you previously invested in?

<input type="checkbox"/>	<input type="checkbox"/>	Term deposits/savings accounts
<input type="checkbox"/>	<input type="checkbox"/>	Managed funds and/or managed accounts
<input type="checkbox"/>	<input type="checkbox"/>	Shares or ETFs
<input type="checkbox"/>	<input type="checkbox"/>	Investment property
<input type="checkbox"/>	<input type="checkbox"/>	An investment you have borrowed for other than property

If your goals are unlikely to be met, please indicate which options you would consider:

<input type="checkbox"/>	<input type="checkbox"/>	Save more (spend less)
<input type="checkbox"/>	<input type="checkbox"/>	Downsize lifestyle assets
<input type="checkbox"/>	<input type="checkbox"/>	Increase your income resources – e.g. work longer
<input type="checkbox"/>	<input type="checkbox"/>	Increase your investment risk
<input type="checkbox"/>	<input type="checkbox"/>	Borrow to invest
<input type="checkbox"/>	<input type="checkbox"/>	Revise your goals

**Additional details:**

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## Professional advisers

	Solicitor	Accountant	Other
Company name			
Contact name			
Address			
Telephone/Fax			
Email			
Authority to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about our business?	<input type="checkbox"/> From a friend/existing client <input type="checkbox"/> Personal (Private) <input type="checkbox"/> Credit Union <input type="checkbox"/> Health Insurance Provider <input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Accountant / Solicitor <input type="checkbox"/> Seminar <input type="checkbox"/> Other: _____	<input type="checkbox"/> From a friend/existing client <input type="checkbox"/> Personal (Private) <input type="checkbox"/> Credit Union <input type="checkbox"/> Health Insurance Provider <input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Accountant / Solicitor <input type="checkbox"/> Seminar <input type="checkbox"/> Other: _____	<input type="checkbox"/> From a friend/existing client <input type="checkbox"/> Personal (Private) <input type="checkbox"/> Credit Union <input type="checkbox"/> Health Insurance Provider <input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Accountant / Solicitor <input type="checkbox"/> Seminar <input type="checkbox"/> Other: _____
Name of Referral Source			

Adviser use only: We have referred you to the following specialists e.g. Solicitor, Accountant, etc.

Name/Company	Need

# Advice planning scope – confirmation

	Areas of advice	Included	Excluded	Additional Information
	Aged Care			
	Business Insurance			
	Cashflow Management			
	Debt Management			
	Estate Planning			
	Insurance			
	Investment			
	Retirement Planning and Income			
	Social Security			
	Strategic Advice			
	Superannuation			
	Other			

## Adviser declaration

### Documentation checklist

How the FSG and Adviser Profile was provided:	<input type="checkbox"/> Email <input type="checkbox"/> Face to Face <input type="checkbox"/> Mail <input type="checkbox"/> Post <input type="checkbox"/> Website <input type="checkbox"/> N/A
Date if provided to the client(s)	
The version number of the FSG provided was:	
The version number of the Adviser Profile was:	

### Financial Adviser signature

Signature			
Full name	Natalie Crosswell	Date	

# Client declaration

We hereby declare and acknowledge the following:

The information you provide

- We declare that the information provided in this Fact Find is complete and accurate to the best of our knowledge, except where we have indicated that we have chosen not to provide the information.
- We understand and acknowledge that by not fully or accurately completing the Fact Find any financial services provided may not be appropriate to our needs.

Your privacy and confidentiality

- We give permission for the information provided in this Fact Find and related documents to be disclosed to and used by those who will be involved in providing or implementing financial advice to us, including:
  - Matrix Planning Solutions Limited (the Licensee),
  - **The parent group of the Licensee – Centrepont Alliance Limited,**
  - Financial product providers that our financial adviser recommends to us,
  - Service providers engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software. This includes service providers located outside of Australia, including the Philippines, Vietnam, Malaysia, India and potentially other countries in South East Asia.
  - Companies involved in communicating the information in this Fact Find to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services.
- Our permission extends to electronic communication of the information provided in this Fact Find and for record keeping purposes.
- ☒ We give permission to receive marketing and advertising materials on products, services, events, promotions and offers from our adviser and their related parties.
- ☒ We give permission for the information provided in this Fact Find and related documents to also be disclosed to the following people/parties (e.g. name of my spouse/solicitor/accountant/offshore provider including country)


Tax file numbers

- We give permission for our tax file number (TFN) to be collected and retained by our adviser and the Licensee in order to provide us with financial services and/or for social security reasons.
- We understand that:
  - our TFN may need to be provided to authorised recipients of TFNs under the Superannuation Industry (Supervision) Act 1993, the Retirement Savings Accounts Act 1997 and/or under taxation legislation or social security laws, and
  - while it is not an offence to refuse to disclose our TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications.


**My investment risk profile**

- We confirm that the details recorded in the Risk Profile Questionnaire are correct and are a true reflection of our attitude towards risk.
- We confirm that we have read and understood our agreed risk profile, and where the risk profile has been adjusted we have agreed and understood the reason for the adjustment and the consequences of the adjustment.

## Client 1 signature

Signature		 Sign Here
Full name		Date Signed

## Client 2 signature

Signature		 Sign Here
Full name		Date Signed

# Authorisation to collect information or transfer servicing rights of financial products

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Provider Name:</b>			
<b>Account/Policy No:</b>			

To whom it may concern,

- ☐ I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- ☐ I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new adviser.

<b>Adviser Name:</b>	Natalie Crosswell	<b>Authorised Representative No.</b>	252843
<b>Advisory Team:</b>	Shelley Clampett & Jodi Kirby		
<b>Telephone:</b>	08 9497 3737		
<b>Email:</b>	admin@futurestepsfp.com.au		
<b>Business Name:</b>	Future Steps Financial Planning Pty Ltd		
<b>Business Address:</b>	Unit 1, 26 Prospect Road Armadale WA 6112		
<b>Licensee:</b>	Matrix Planning Solutions Limited		
<b>AFS Number:</b>	238256	<b>ABN:</b>	45 087 470 200

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

Yours faithfully,

<b>Signature</b>	
<b>Date</b>	

# Authorisation to collect information or transfer servicing rights of financial products

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Provider Name:</b>			
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<b>Adviser Name:</b>	Natalie Crosswell	<b>Authorised Representative No.</b>	252843
<b>Advisory Team:</b>	Shelley Clampett & Jodi Kirby		
<b>Telephone:</b>	08 9497 3737		
<b>Email:</b>	admin@futurestepsfp.com.au		
<b>Business Name:</b>	Future Steps Financial Planning Pty Ltd		
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