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Confidential Client Questionnaire

Seeking professional help to achieve your financial goals is an important investment in your future and can help you build a secure future, free from financial worry.

Achieving financial security is an evolving process, commencing with developing a plan that accurately reflects your goals and needs. The first step in successful financial planning is obtaining all the relevant information.

This Questionnaire has been designed to help you describe your own current personal and business circumstances and financial objectives. It assists your adviser to gain a clear picture of your situation and to understand your attitudes to issues such as risk, security and investment types.

All information you provide will be treated as strictly private and confidential. See page 28 for The Advice Exchange Privacy Statement.

Name of Client :

Name of Partner/Spouse:

This section is to be completed by your Adviser:

Adviser Name:

Appointment Date:

FSG version number provided:

Referral details:



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HOW CAN WE HELP?

- ☐ Review and provide advice on my superannuation and retirement planning needs
- ☐ Provide investment advice
- ☐ Identify any insurance / risk protection needs
- ☐ Assist with debt management
- ☐ Estate Planning considerations
- ☐ Other:

Have you previously seen a financial adviser?

☐ Yes

☐ No

When was your last contact?

What was the nature of this contact?

Adviser's name:



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PART A

CLIENT DETAILS

	Client	Partner/Spouse
Title (Mr/Mrs/Miss/Ms /Dr/Other)		
Client Surname		
Client Given Name/s		
Client Preferred Name/s		
Marital Status	Married/ Defacto/ Single	Married/ Defacto/ Single
Health Status	Average / Good / Excellent	Average / Good / Excellent
Smoker within the last 12 months?	Yes/ No	Yes/ No
Date of Birth	/ /	/ /
Current Age		
Address		
City/Suburb		
State and Postcode		
Home Phone		
Work Phone		
Mobile		
Preferred Contact Number	Home / Work/ Mobile	Home / Work/ Mobile
Fax		
Email		
Mailing Address (if different)		
State and Postcode		

CHILDREN'S DETAILS

Name	Sex	D.O.B	Financially Dependent?	If yes, year you expect child to gain independence	Private school fee details (years & amounts expected to be incurred)	Married?	Ages of grand children (if app.)

Costs should be in today's dollars. Please attach a schedule if space is insufficient



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EMPLOYMENT DETAILS

	Client	Partner / Spouse
Occupation/Industry		
Tertiary or Trade Qualifications		
Employment status (part/full time)		
Employer		
Employment Commenced		
Brief list of general duties		
Are you able to salary package?	Yes/ No	Yes/ No
Is employment status likely to change? If so please explain	Yes/ No	Yes/ No
Previous employment details if current employment is less than 3 years		

EMPLOYMENT INCOME (Salary Packaging)

Pre-tax Salary	\$	\$
Bonuses	\$	\$
Motor Vehicle Allowance	\$	\$
Travel Allowance	\$	\$

FBT Items

	\$	\$
	\$	\$
Employer Super Guarantee Contributions	\$	\$
Salary Sacrifice - Superannuation	\$	\$
Other	\$	\$
Total Salary Package	\$	\$

EMPLOYMENT DETAILS (Self-employed)

Name of business	Structure e.g. sole trader/partnership / own company	% Ownership		Length of time business established	Number of Employees	
		Client	Partner / Spouse		Full time	Part time

Please attach a copy of your latest payslip / group certificate / tax return / financial statements etc where a credit service is being provided.



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CENTRELINK/DVA ENTITLEMENTS

Are you or an immediate family member receiving a Centrelink entitlement?

Client	Partner/Spouse
Yes / No	Yes / No

Entitlement Type:

--	--

	Client	Partner/Spouse
Fortnightly Payment	\$	\$
Health Care Card	Yes / No	Yes / No
Pensioner Concession Card	Yes / No	Yes / No
Commonwealth Seniors Health Card	Yes / No	Yes / No
Gifted Assets in the last 5 years	\$	\$
Claiming Family Tax Benefit through Centrelink or tax?		
Have you registered for the Age Pension Bonus?	Yes / No	Yes / No
How much have you gifted in the last 5 years?		

OTHER PROFESSIONAL ADVISERS

Accountant

Solicitor

Other

Name	Contact Details	Permission to Contact
		Yes / No
		Yes / No
		Yes / No



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YOUR BUDGET PLANNER – ESTIMATED EXPENSES

Determining your regular expenses is an important step in identifying the level of income you need to support day to day living expenses and the gaps or surpluses to be explored further with your financial adviser. Please take the time to complete this as accurately as possible. If you already have a budget in place or know your total annual expenses please go directly to the next page.

	Amount	Frequency (wk, mth, qtr)	Yearly Total	Is this expense tax deductible?
Living Expenses:				
Food	\$		\$	Yes / No
Clothing	\$		\$	Yes / No
Medical/ Dental/Pharmacy	\$		\$	Yes / No
Alcohol/Cigarettes	\$		\$	Yes / No
Public Transport/Taxi Fares	\$		\$	Yes / No
Other Personal Spending (Client 1)	\$		\$	Yes / No
Other Personal Spending (Client 2)	\$		\$	Yes / No
Total Living Expenses	\$		\$	

Entertainment Expenses:				
Travel and holidays	\$		\$	Yes / No
Dining out	\$		\$	Yes / No
Sport/recreation/hobbies	\$		\$	Yes / No
Club memberships/ sporting fees etc.	\$		\$	Yes / No
Books/magazines/newspapers	\$		\$	Yes / No
Other entertainment	\$		\$	Yes / No
Total Entertainment Expenses	\$		\$	

Housing Expenses:				
Mortgage/Rent	\$		\$	Yes / No
Council/Shire/Body Corporate/ Water Rates	\$		\$	Yes / No
Electricity/Gas/Telephone	\$		\$	Yes / No
House and Contents Insurance	\$		\$	Yes / No
Home maintenance	\$		\$	Yes / No
Furnishings/appliances	\$		\$	Yes / No
Total Housing Expenses	\$		\$	

Insurances:				
Medical/health	\$		\$	Yes / No
Life and TPD	\$		\$	Yes / No
Income Protection	\$		\$	Yes / No
Trauma cover	\$		\$	Yes / No



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Total Insurances

\$		\$	
----	--	----	--

Motor Vehicle Expenses:

Loan/Lease Repayments	\$		\$	Yes / No
Registration and Third Party	\$		\$	Yes / No
Insurance	\$		\$	Yes / No
Petrol and other running costs	\$		\$	Yes / No
Maintenance/service/repairs	\$		\$	Yes / No
License fees/fines/parking/road assistance	\$		\$	Yes / No
Total Motor Vehicle Expenses	\$		\$	

Miscellaneous Expenses:

Professional Services (e.g. Accountant fees)	\$		\$	Yes / No
Professional Memberships	\$		\$	Yes / No
Work Related Expenses (uniforms, travel)	\$		\$	Yes / No
Gifts and donations	\$		\$	Yes / No
Education expenses	\$		\$	Yes / No
Child Care	\$		\$	Yes / No
Pet/Vet Fees	\$		\$	Yes / No
Savings Plans (Existing investments)	\$		\$	Yes / No
Capital expenses to investment properties	\$		\$	Yes / No
Other vehicle expenses (boat, caravan etc)	\$		\$	Yes / No
Investment loans	\$		\$	Yes / No
Credit Cards	\$		\$	Yes / No
Other loans	\$		\$	Yes / No
Other	\$		\$	Yes / No
Total Miscellaneous Expenses	\$		\$	

Total Expenses

\$

Do you anticipate any changes in your expenditure over the next 12 months?

Do you feel there is an opportunity to save any additional funds? If yes, please provide details.



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YOUR LIFESTYLE GOALS AND OBJECTIVES

Your short term objectives (within the next 2 years)

What plans or goals would you like to achieve during the next 2 years? (e.g. a holiday, purchase of a motor vehicle, purchase of a house, renovations, repay mortgage faster, asset protection, start a savings plan, travel, start a family, change jobs etc.)

If possible, please list in order of priority.

Goals	Start Date	End Date	Estimated Costs
eg. Travel around Australia	Sept '10	Feb '11	\$10 000
			\$
			\$
			\$

Your medium term objectives (2 to 5 years away)

What are your medium term plans or goals? (eg. purchase a house, repay mortgage faster, asset protection, boost retirement savings, educate children, travel more often, spend time with family, replace car etc.)

Goals	Start Date	End Date	Estimated Costs
			\$
			\$
			\$

Your long term objectives (more than 5 years away)

What are your long term plans or goals? (eg. purchase a business, holiday home, asset protection, boost retirement savings, be debt free, financial independence, retire etc.)

Goals	Start Date	End Date	Estimated Costs
			\$
			\$
			\$

Are there any other issues that we need to take into consideration that may affect you achieving your goals?

(eg. Health, job security, aging parents, etc.)

Managing debts over time

What are your plans for debt repayment and what does financial hardship mean to you?



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YOUR RETIREMENT

What is your indicative/ planned retirement age?

If you are close to retirement, what is your intended retirement date?

Client

Partner / Spouse

In order to maintain your current day to day living requirements in retirement, what is your total required annual after-tax income, in today's dollars (Client 1 + Partner / Spouse)

What do you believe to be a reasonable length of time for your income to last in retirement?

(Consider health, lifestyle, family history of longevity, etc)

\$
<i>(Life expectancy, specific age etc)</i>

What sources of income do you expect to rely on in retirement? (eg. Part-time work, social security, etc.)

Client :
Partner / Spouse:

Do you intend on leaving an inheritance to your dependents?

Client :
Partner / Spouse:

Your lifestyle in retirement

Imagine that you have received your final pay cheque and/ or achieved financial independence. In the following section please describe the lifestyle you would choose. For example, you may wish to travel regularly, spend more time with family, relocate to your desired location. In addition to your day to day living expenses, please outline the lifestyle activities you wish to pursue in retirement and estimate the cost in today's dollars.

Lifestyle Activity

	\$
	\$
	\$
Total	\$



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LIFESTYLE ASSETS

* Asset	#Owner	Purchase Date	Cost Base	Current Value	Liability (please complete your "Liabilities" section)	Details	Retain?
Principal Residence		/ /	\$	\$	\$		Yes / No
Home Contents		/ /	\$	\$	\$		Yes / No
Non Income Producing Real Estate		/ /	\$	\$	\$		Yes / No
Motor Vehicles		/ /	\$	\$	\$		Yes / No
Boat/ Marine Equipment		/ /	\$	\$	\$		Yes / No
Caravan		/ /	\$	\$	\$		Yes / No
Collectibles/ Art/ Other Valuables		/ /	\$	\$	\$		Yes / No
Other Lifestyle Assets		/ /	\$	\$	\$		Yes / No
Total Lifestyle Assets			\$	\$	\$		

*Please attach if insufficient space

CASH/FIXED INTEREST

Asset	#Owner	Purchase Date	Cost Base	Current Value	Maturity Date	Income % or \$ p.a.	Re-invest Income?	Retain?
		/ /	\$	\$	/ /		Yes / No	Yes / No
		/ /	\$	\$	/ /		Yes / No	Yes / No
		/ /	\$	\$	/ /		Yes / No	Yes / No
		/ /	\$	\$	/ /		Yes / No	Yes / No
Total Cash / Fixed Interest			\$	\$				

C1, C2, Company, Trust, Partnership, Other



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DIRECT PROPERTY

* Asset	#Owner	Purchase Date	Cost Base	Current Value	Liability (please complete your "Liabilities" section)	Annual Income	Annual Expenses	Retain?
		/ /	\$	\$	\$	\$	\$	Yes / No
		/ /	\$	\$	\$	\$	\$	Yes / No
		/ /	\$	\$	\$	\$	\$	Yes / No
		/ /	\$	\$	\$	\$	\$	Yes / No
Total Direct Property Assets			\$	\$	\$	\$	\$	

*Please attach if insufficient space

SHARES/MANAGED FUNDS

Investment Name/Type	#Owner	Original Date Invested	Amount Invested	Current No. of Units	Sale Price	Current Value	Reference/policy no.	Retain?
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
		/ /	\$		\$	\$		Yes / No
Total			\$		\$	\$		

#C1, C2, Company, Trust, Partnership, Other

Please attach any recent Fund Manager / Shareholder information



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CURRENT LIABILITIES

Non – deductible:

Loan Type	# Owner	Loan Purpose	Company/ Lender	Loan Type (P&I or I)	Interest Rate	Fixed (F) or Variable (V)	Amount Owning	Repayments	Frequency (f/n or mth)
Principal Residence					%	F / V	\$	\$	
Car Loan					%	F / V	\$	\$	
Personal Loan					%	F / V	\$	\$	
Credit Cards					%	F / V	\$	\$	
Other					%	F / V	\$	\$	
Total							\$		

Deductible:

Loan Type	# Owner	Loan Purpose	Company/ Lender	Loan Type (P&I or I)	Interest Rate	Fixed (F) Variable (V) Interest Only(IO)	Amount Owning	Repayments	Frequency (f/n or mth)
Line of Credit					%	F / V / IO	\$	\$	
Investment Loan					%	F / V / IO	\$	\$	
Investment Loan					%	F / V / IO	\$	\$	
Other					%	F / V / IO	\$	\$	
Total							\$		

Have you ever been a Guarantor for anyone? No Yes If yes, please provide details

Client

Partner / Spouse

#C1, C2, Company, Trust, Partnership, Other



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PART B

SUPERANNUATION GENERAL DETAILS

If you attach your recent Superannuation statement you do not need to complete this table. Please go to the next page

	Client	Partner / Spouse	Comments/Details
Superannuation Salary	\$	\$	

EXISTING SUPERANNUATION BENEFITS (attach provider's statements)

	Fund 1	Fund 2	Fund 3	Fund 4
Owner				
Fund Name				
Member/ Investor No.				
Asset to be retained?	Yes / No	Yes / No	Yes / No	Yes / No
Eligible service date	/ /	/ /	/ /	/ /
How much in Concessional Contributions have you made year to date (\$/%)				
How much in Non - Concessional Contributions have you made year to date (\$/%)				
How much in Non - Concessional Contributions have you made to super in the last 2 years?				
Defined benefit fund multiple				
Accrual rate	/ /	/ /	/ /	/ /
Current fund value	\$	\$	\$	\$
SMSF	Yes / No	Yes / No	Yes / No	Yes / No
Type				
Date last reviewed	/ /	/ /	/ /	/ /
Insurance included (amount)				
Insurance included (type)				
Continuation option available	Yes / No	Yes / No	Yes / No	Yes / No
Death Benefit Nomination	Yes / No	Yes / No	Yes / No	Yes / No
Binding?	Yes / No	Yes / No	Yes / No	Yes / No
-Date	/ /	/ /	/ /	/ /
-Details				
Investment Options/Underlying Funds				

If your fund is a defined benefit fund please attach fund booklet and your latest statement.



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GENERAL INSURANCE

	Policy 1	Policy 2	Policy 3	Policy 4
Policy Owner				
Company				
Policy Number				
Commencement Date	/ /	/ /	/ /	/ /
Renewal Date	/ /	/ /	/ /	/ /
Sum Insured				
Market Value				
Replacement Value				
Annual Premium				
Payment Frequency				
Indexed to CPI?	Yes / No	Yes / No	Yes / No	Yes / No

Note: Attach supporting documentation for any additional policies

HEALTH INSURANCE

	Client	Partner / Spouse
Insurer		
Type of Cover		
Level of Cover		
Premium		
State Date of Cover		
Claiming offset against premiums?		

ADDITIONAL COMMENTS



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ESTATE PLANNING CONSIDERATIONS

	Client	Partner / Spouse
Do you wish to discuss estate planning?	Yes / No	Yes / No
Do you have a Will?	Yes / No	Yes / No
Date Will last reviewed	/ /	/ /
Name of solicitor		
Location of Will		
Does your Will make provision for enduring/ general/ limited Power of Attorney?	Yes / No	Yes / No
In which state of Australia was the POA prepared?		
In which state was the POA registered?		
Name of nominated person/s		
Do you have an Enduring Guardianship?	Yes / No	Yes / No
Have you made arrangements to establish a Testamentary Trust?	Yes / No	Yes / No
If a Testamentary Trust will be created, what is the main purpose of establishing the trust?		
Is your estate your nominated beneficiary for superannuation?	Yes / No	Yes / No

ESTATE PLANNING GOALS

Is the key priority to maintain your own home, income needs and lifestyle and not worry about how much capital is left in your estate?

Yes / No	Yes / No
----------	----------

Do you wish to live off investment income alone and pass all your capital on to your estate?

Yes / No	Yes / No
Yes / No	Yes / No

Is it your wish to leave your house unencumbered?

What is your vision for your business after you have retired/passed away?

BUSINESS SUCCESSION

What is the value of your business?

Have you made provision for the succession of your business?

Do you have a current Buy/Sell Agreement in place?



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PART C

LIFE INSURANCE CONSIDERATIONS

		Yes	*No
Would you like your insurance needs addressed?	Client	<input type="text"/>	<input type="text"/>
	Partner/ Spouse	<input type="text"/>	<input type="text"/>

If you have ticked NO
Proceed to Part D

HEALTH DETAILS

	Client	Partner / Spouse
Have you ever been declined for insurance cover or had cover offered at restricted rates?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Have you ever been hospitalized or treated for a significant illness or injury?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Are you currently taking any prescription medication?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Do you participate in any hazardous sports or hobbies?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>

Other Comments:

OBJECTIVES TO BE ACHIEVED

In the even of death or disability to either of you, you have identified the following matters as being important to you when considering the protection of your wealth and lifestyle.

Death:

	Client	Partner / Spouse
Repay all debts, especially the mortgage on your family home.	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Provide for funeral expenses, legal costs and any outstanding medical costs.	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Provide for your children's future education needs.	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Provide your partner with the option of not having to commence/ continue full-time work.	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
In the even of your death you estimate that your family will require an annual income of the following amounts after discharging outstanding loans and repayment of debts.	<input type="text" value="\$"/>	<input type="text" value="\$"/>
In the event of death you would like to ensure that the following costs are provided to allow for childcare and/or housekeeping for a number of years	<input type="text" value="\$"/> <input type="text" value="years"/>	<input type="text" value="\$"/> <input type="text" value="years"/>



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In the event of death or disability to either of you, you have identified the following matters as being important to you when considering the protection of your wealth and lifestyle.

Disability

	Client	Partner / Spouse
Maintain current income levels as far as possible	Yes / No	Yes / No
Provide your partner with the option of not having to work	Yes / No	Yes / No
Retain your own home and existing lifestyle	Yes / No	Yes / No
Repay all debts, especially the mortgage on your family home	Yes / No	Yes / No
Ensure there is sufficient capital to pay for ongoing medical costs	Yes / No	Yes / No
Provide for your children's future education needs	Yes / No	Yes / No

Trauma

	Client	Partner / Spouse
Ensure there is enough capital to cover medical costs (beyond health insurance cover)	Yes / No	Yes / No
Retain your own family home and existing lifestyle	Yes / No	Yes / No
Provide your partner with the option of not having to work	Yes / No	Yes / No
Ensure that capital and income needs are taken care of for a period of time to allow a recovery period	Recovery Time Period	Recovery Time Period
Reduce the need to sell assets to cover medical expenses	Yes / No	Yes / No

Other comments/objectives not captured above:



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PERSONAL INSURANCES

Please attach a copy of your latest renewal notice

* Where insurance is included in super please complete Super details in Part B

	Policy 1	Policy 2	Policy 3	Policy 4
Policy Type	Life / TPD / Trauma	Life / TPD / Trauma	Life / TPD / Trauma	Life / TPD / Trauma
Insurance Company				
Policy Owner				
Life Insured				
Beneficiary				
Policy Number				
* Within Super	Yes / No	Yes / No	Yes / No	Yes / No
Date Commenced	/ /	/ /	/ /	/ /
Renewal Date	/ /	/ /	/ /	/ /
Policy Status	Inforce/Elapsed/Awaiting u-writing	Inforce/Elapsed/Awaiting u-writing	Inforce/Elapsed/Awaiting u-writing	Inforce/Elapsed/Awaiting u-writing
Payment Frequency				
Premium	\$	\$	\$	\$
Exclusions / Loadings				
Payment Type				
Level of Death Cover	\$	\$	\$	\$
Level of TPD	\$	\$	\$	\$
Level of Trauma	\$	\$	\$	\$
Indexed to CPI?	Yes / No	Yes / No	Yes / No	Yes / No



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Continuation Option

Yes / No

Yes / No

Yes / No

Yes / No

Retain Policy?

Yes / No

Yes / No

Yes / No

Yes / No



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INCOME PROTECTION / BUSINESS INSURANCE Please attach a copy of your latest renewal notice

	Policy 1	Policy 2	Policy 3	Policy 4
Insurance Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Owner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantee / Indemnity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Commenced	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Renewal Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Policy Status	<input type="text" value="Inforce/Elapsed/Awaiting u-writing"/>	<input type="text" value="Inforce/Elapsed/Awaiting u-writing"/>	<input type="text" value="Inforce/Elapsed/Awaiting u-writing"/>	<input type="text" value="Inforce/Elapsed/Awaiting u-writing"/>
Payment Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly / weekly benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefit Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waiting Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exclusions / Loading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indexed to CPI?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Continuation Option?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Within Super?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>



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PART D

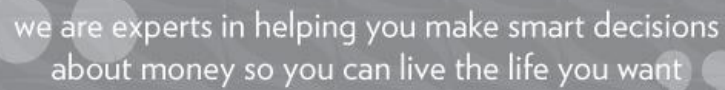
RISK PROFILING QUESTIONS

		Client	Partner / Spouse
1. How long do you intend to invest your savings?	Short term (1-2 years)		5
	Medium term (2-5 years)		10
	Medium – long term (5-7 years)		22
	Long term (more than 7 years)		30
2. Will you need access to these funds during the term of the investment? (Y = -8, N = 0)	Yes/ No		
3. Inflation erodes the value of your savings. Growth investing can counter the eroding effect of inflation but also expose you to the risk of short-term losses.	I am comfortable with this trade off to beat inflation.		10
	I am conscious of the risk inflation presents but I prefer a middle ground.		5
	Inflation may erode my investment, but I have no tolerance for risk		0
4. Which of the following risk/return scenarios would you be most comfortable with?	A low risk/return (maximum return 6%, minimum return 3%)		0
	A moderate rate of return (maximum return 8%, minimum return -10%)		5
	Above average return (maximum return 12%, minimum return - 13%)		10
	High risk return (maximum return 20%, minimum return -25%)		15
5. What would you do if your investment dropped in value from an initial \$1000 to \$850?	Move the entire investment to cash		0
	Move some of the investment to cash		5
	Do nothing		10
	Buy more of the investment		15
6. What is the most aggressive investment you have ever had?	Shares, technology fund, smaller companies fund		8
	Managed funds		6
	Investment property		4
	Own home		2
	Cash management fund		0
7. If you were invested in a share portfolio which would suit you best?	A portfolio of potentially high returning shares whose value could rise and fall		10
	A blue chip portfolio that pays regular dividends		4
	A mixture of the above two options		7
	I am not interested in shares		0

INVESTMENT PREFERENCES

Do you have any specific requirements re socially responsible investments?

Are there any investments or financial institutions you do not wish to support or avoid?



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	Conservative	Moderately Conservative	Balanced	Growth / Assertive	High Growth / Aggressive
Risk Profile Scoring	21 – 30	31 - 50	51 - 60	61 - 70	71 - 88

Cash	15	10	5	5	5
Fixed Interest	50	35	25	10	0
Diversified Hedge FOFs	0	0	0	0	0
Total Defensive	65	45	30	15	5
LPT	10	15	15	15	5
Australian Shares	15	25	35	45	60
International Shares	10	15	20	25	30
Aggressive Alternatives	0	0	0	0	0
Total Growth	35	55	70	85	95

Long-term anticipated return (per annum)	5- 6%	5.5 – 6.5%	6 – 7%	6.5 – 7.2%	7 – 7.5%
Possible range of return in any year	-18.6% to 43%	-26% to 54%	-31% to 64%	-35% to 74%	-37% to 83%
Possible range of returns over 5 years (pa)	1.1% to 19.2%	-0.6% to 20.6 %	-2% to 21.9%	-3.3 to 23%	-4.2% to 24.2%
Possible range of returns over 10 years (pa)	4.3% to 14.6%	4% to 15.2 %	3.9% to 15.6%	3.7% to 15.9%	3.8% to 16.1%

Notes

[illegible]



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PART E

ACKNOWLEDGEMENTS

The information provided in this Confidential Questionnaire is complete and accurate to the best of my knowledge.

I/ We understand that it will form the basis of any statement of advice that may be developed by The Advice Exchange to achieve my/our financial objectives as detailed in this document.

I/ We understand that this questionnaire may not be conclusive and will supply any relevant additional information required.

I/ We understand that I/we may raise any further matters with my adviser and my adviser may ask further questions.

I/ We authorise my adviser to obtain further details as required.

I/ We confirm at I/we have received a copy of The Advice Exchange Financial Services Guide from my adviser.

I/ We give authority for you to send me/us emails at the address supplied which relate to investment opportunities and/or information you become aware of which may be of interest to me/us.

I/we give authority for product disclosure statements relating to products recommended by our adviser to be provided to us electronically rather than in paper format.

PRIVACY ACKNOWLEDGEMENT & CONSENT

I/We

- acknowledge that I/we have been informed where and how to access the Advice Exchange's Privacy Policy version 032014;
- authorise the collection, use and disclosure of my/our personal information for the purpose of the provision of financial planning and services provided by The Advice Exchange and associated entities as outlined in the "The Advice Exchange Privacy Statement".
- understand that we can request that information not be shared with associated entities at any time in writing.
- accept that The Advice Exchange may send me/us information about its services from time to time. I/we understand that
- I/we may notify you of my/our decision not to receive further information by contacting you directly.
- Where there is any change to this authority or relating to my/our adviser, I /we will notify you of the change.



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AUTHORITY TO TRANSACT VIA EMAIL

If you have agreed to use email authorisation, you understand that:

- You will need to notify us immediately if your nominated email address changes
- We do not take any responsibility for the security or confidentiality of email communications sent to, or through your nominated emails, nor for any delays in transmission due to network or other transmission errors
- We cannot guarantee that emails will be free from viruses
- You should ensure your nominated email account is secure and can only be accessed by you
- We are unable to act on your instructions or provide advice to you while you are overseas

In agreeing to receive documents, provide instructions and give consent by email and other electronic means, you need to be aware that:

- We may refuse to act on any instructions, and will inform you of any such refusal
- We will endeavour to implement your instructions and to arrange your transactions as soon as we receive them. The length of time will depend on the complexity and nature of the transaction requested
- The authorities you provide to us in this document apply to any capacity in which you act (e.g. If you are the director of a company or trustee)

I/We authorise you to act on instructions from my/our nominated email account, electronic signature or the authority to proceed icon on tablet devices, and understand that this will be considered to be a valid part of our formal agreement.

My/Our nominated email address is

I/We are willing to accept documents to our nominated email address including financial services guide, advice documents and product disclosure statements.

TAX FILE NUMBER AUTHORISATION

I/ We give permission for my/our tax file number(s), as provided above, to be forwarded to financial institutions as requested or as necessary.

Tax File Numbers will only be used and maintained on the client file, where written authority has been obtained from you. If a TFN is not supplied, the highest tax rate may be incurred when placing some investments.

Tax File Number

--	--	--	--	--	--	--	--	--	--

Tax File Number

--	--	--	--	--	--	--	--	--	--

Based on our discussions, the Scope of Advice that you would like me to prepare for you is:

I/ We agree to pay a Statement of Advice preparation fee of

\$

--

Client Signature

--

**Partner / Spouse
Signature**

--

Date:

--

Date:

--

Adviser Signature

--

Date:

--



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PENSIONS / ANNUITIES

If you attach your recent statements you do not need to complete.

Annuities & Pensions

	Fund 1	Fund 2	Fund 3	Fund 4
Owner				
Description / Fund Name				
Pension / Annuity Type				
Complying?				
Investor Number				
Date of Purchase				
Original Investment				
Current Fund Value				
Current Units				
Income \$ p.a.				
Payment Frequency				
Term of Annuity / Pension				
Increases with CPI				
Residual Capital Value				
Reversionary Beneficiary / Annuitant				
Death Benefit Nomination				
Type				
Asset to be Retained				
Tax Free Component				
Capital Gains Exempt				
Tax Deductible Amount				
Relocateable Portion				
Centrelink Deductible Amount				

Additional Comments:



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BUSINESS ENTITY – COMPANY / TRUST

Please include a copy of recent financial statements and tax returns

Company / Trust Name

Type of Company / Trust

Director/s

Shareholders (5)

Date of Incorporation

SMALL BUSINESS RETIREMENT EXEMPTION ELIGIBILITY

Controlling Shareholder

Active Asset (80/20 rule)

15 Year Exemption

ADDITIONAL INFORMATION



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BUSINESS STRUCTURE DIAGRAM

Please draw your business structure



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FAMILY RELATIONSHIP DIAGRAM

Please detail your family relationships



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THE ADVICE EXCHANGE PRIVACY STATEMENT

The Advice Exchange Pty Ltd is committed to ensuring the confidentiality and security of your personal information. The Advice Exchange operates under its Privacy Policy. A copy of our privacy policy detailing how we handle your personal information is available on request, and is available on our website <http://www.theadviceexchange.com.au/>

All The Advice Exchange advisers adhere to the National Privacy Principles and seek to apply consistent privacy practices. Where you seek financial advice from one of our advisers, he or she will provide you with information on the privacy practices of that business. This Privacy Statement outlines how The Advice Exchange and its company offices handle your personal information.

You may request access to information held by us about you, your investment portfolio and any other Advice Exchange services which you may receive by contacting The Advice Exchange by phone on 03 9823 1300.

In order to manage and administer our financial planning and advice services, it may be necessary for us to disclose your personal information to certain third parties. The types of organisations to whom we may disclose your personal information include:

- financial institutions for the provision of financial products such as investments, superannuation, life insurance
- your financial adviser for the purpose of managing your investments and financial products
- organisations undertaking compliance reviews of our financial advisers or reviews of the accuracy and completeness of our information
- organisations providing mailing services, maintenance of our information technology systems and printing of our standard documents and correspondence
- organisations providing research, technical and/or paraplanning services
- Government regulatory bodies as required in order for us to meet our legislative obligations
- Associated entities where you are a client of both entities to the extent that such sharing is relevant to the service being provided. Details of the associated entity will be provided in the FSG.

We will only disclose your personal information to these organisations where such disclosure is required in order for us and our associated entities to provide services to you. The Advice Exchange will not disclose your information for any other purpose unless requested by you.

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions, please notify us in writing.

We may send you further information from time to time about The Advice Exchange financial planning and advice services. You may elect to stop receiving such information at any time by contacting The Advice Exchange on 03 9823 1300 or by emailing mail@adviceexchange.com.au. You may at any time advise us that you wish to recommence receiving The Advice

Exchange information.



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Best Interests Checklist for Adviser Use:

Have I

1. Identified the objectives, financial situation and needs of the client;
2. Identified the subject matter of the advice that has been sought by the client (whether explicitly or implicitly) and the objectives, financial situation and needs of the client that would reasonably be considered as being relevant to the advice sought on the subject matter (i.e. the client's relevant circumstances)
3. Where it was reasonably apparent that the information relating to the client's relevant circumstances was incomplete or inaccurate, made reasonable enquiries to obtain complete and accurate information
4. Assessed whether I have the expertise required to provide the client with advice on the subject matter sought, and if not, declined to provide advice
5. If, in considering the subject matter of the advice sought, it would be reasonable to consider recommending a financial product,
 - conducted a reasonable investigation into the financial products that might achieve the objectives and meet the needs of the client, that would reasonably be considered relevant to providing advice on the subject matters, and
 - Assessed the information gathered in the investigation
6. Based all judgements in advising the client on the client's relevant circumstances and
7. Taken any other step that at the time the advice is provided, would reasonably be regarded as being in the best interests of the client, given the client's relevant circumstances.

(1-4 to be completed prior to preparation of SOA; 5-7 when SOA has been completed and prior to presentation of advice to client)

Adviser Signature

Date:



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AUTHORITY TO CHANGE ADVISER SERVICING RIGHTS

To Whom It May Concern

Dear Sir/Madam

Change of servicing rights

Effectively immediately, I wish to notify you that my new financial adviser isof
.....a Corporate Authorised Representative of The Advice Exchange Pty Ltd AFSL
278937.

Please provide my new adviser with all information in relation to my portfolio and policies

Address for correspondence:

Your co-operation in this matter is appreciated. I can be contacted on
clarification.

if you require further

Kind regards

Client 1

Client 2

Date

Date