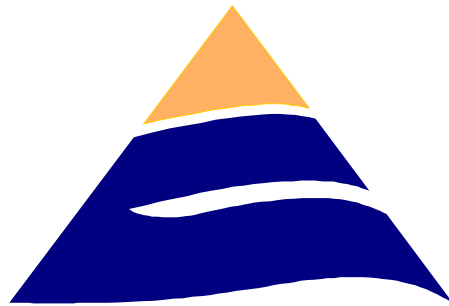


Confidential Financial Analysis

Client: _____

Date: / /

Adviser: _____



Australian Financial Services

Australian Financial Services Licence No. 297239

RISK ONLY

Important Notice to Clients

Your Adviser/ Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

Warning

Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form

Personal Details

You

Partner

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Surname:		
Given Names:		
Preferred Name:		
Marital Status:		
Where and When Born:		
Address:		
Telephone Home:	()	()
Work:	()	()
Fax:	()	()
Mobile:	()	()
Email Address:		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number:		

Employment Details

Occupation:		
Employer:		
Employer Address:		
If self employed:	<input type="checkbox"/> Company <input type="checkbox"/> Partnership	<input type="checkbox"/> Company <input type="checkbox"/> Partnership
Business Structure:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Trust	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Trust

Annual Income Details

You

Partner

Gross Salary/ Wages:		
Bonus/ Commissions:		
Fringe Benefits:		
Annuity/ Allocated Pension:		
Investment Property Income:		
Social Security Benefits:		
Business Income:		
Other:		
Total:		

Dependents

Private Education Details

Name	DOB	Occupation/ School	Start Year	End Year	Cost

Investment Assets

	Description	Owner	Current Value	Current Loan
Home				
Home Contents				
Motor Vehicle(s)				
Caravan				
Boat				
Other Assets				
Other Loans				
Credit / Store Cards				

Risk Audit- Assessment Questions

	You	Partner
Life Insurance How important is it to you that your family or your estate is protected in the event of your early death?	<input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Not Important	<input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Not Important
Debts In the event of you early death, would you want all of your debts repaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuing Income Would you want your spouse/ partner to have a continuing income? If yes, how much? For how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ per annum for _____ years	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ per annum for _____ years
Financial Threats Are there any major financial threats to you or your family/ company? Have you given any guarantees to anyone? Details please.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Expenses In the event of your early death, would you want to cover the medical emergency, legal and funeral expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$.....
Assistance With Children In the event of you early death, would your partner require assistance with care of your children or with domestic help. (day care, etc)? For how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ Until Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ Until Age _____
Education If you intend to privately educate your children, in the event of you early death, would you want this private education to continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Details	You	Partner
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year will last updated:		
Executor's Name & Address:		
Do you have an enduring power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Testamentary Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor's Name:		
Accountant's Name:		

Declaration

The details disclosed herein accurately document my/ our personal and financial details, investment objectives, and my/ our individual needs. I /We are not aware of any other material information relevant to the provision of investment recommendations and understand that this information is the basis on which recommendations will be made. If only a limited amount of information has been supplied, or if personal and financial information is omitted, AFS will be unable to undertake a full needs analysis, and the appropriateness of our recommendations will be limited.

I/ We have been provided with the Financial Services Guide prior to obtaining investment advisory services and/ or investment advice.

Privacy

I/ We accept that it will be necessary for AFS to store information, including my/ our Tax File Number. From time to time it will be necessary to disclose information about myself/ ourselves to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above.

Client(s) Signature(s):

	/	/
	/	/

Office Use Only

Who referred Client?	
FSG provided to client? Version no?	Post <input type="checkbox"/> Person <input type="checkbox"/>
Plan Preparation Fee to be Charged	\$
Letter of Engagement Signed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Plan Required	/ /

Adviser Notes
