

CLIENT INFORMATION

ABOUT YOU

PRIVATE & CONFIDENTIAL

Adviser: _____

Authorised Representative No: _____

Meeting Date: _____

Date Completed: _____

FSG Version & Date provided: _____

Client ID obtained, verified &
certified: Yes

For your information

Boston Private Wealth is an Authorised Representative of AdviceIQ Pty Ltd (AFSL No. 332 957). To ensure that our recommendations are suitable to your current situation and your goals, we need to fully understand your needs, objectives and current financial situation. The information collected in this questionnaire assists us in doing this. Boston Private Wealth are committed to protecting your privacy, and the information that you provide will be used to issue your financial advice. You can check the information we hold about you at any time. A copy of our Privacy policy can be obtained from your adviser or downloaded from our website <http://www.adviceiqpartners.com.au/PDFDisplay.aspx>.

You are not obligated to provide us with all the information requested in this questionnaire, however it is important to note that incomplete or inaccurate information may result in inappropriate advice. If you are unsure or unable to complete any areas please feel free to leave these blank and complete them together with your adviser.

T (07) 55 77 9711
F (07) 5577 9744

AFSL 332957 ABN 95 134 016 210
E: contact@bostonpw.com.au

YOUR REASONS FOR SEEKING ADVICE

<p>Briefly outline your reasons for seeking financial advice</p>	<p>-----</p> <p>-----</p> <p>-----</p>
<p>What are your expectations of our service?</p>	<p>-----</p> <p>-----</p> <p>-----</p>
<p>Are there any specific issues or requirements that have prompted you to seek advice or are of particular concern?</p>	<p>-----</p> <p>-----</p> <p>-----</p>
<p>Are there any issues that we should take into account that may affect you achieving your goals?</p>	<p>-----</p> <p>-----</p> <p>-----</p>
<p>Have you seen a financial adviser previously? If so, what was your experience?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: -----</p> <p>-----</p> <p>-----</p>
<p>What does retirement look like to you?</p>	<p>-----</p> <p>-----</p> <p>-----</p>
<p>Comments</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>

Your Key Financial Priorities

	Client	Partner
--	--------	---------

What is your planned age for retirement or financial independence? _____

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

After retirement do you intend to work again on either a full time or part-time basis? Yes No Yes No

What amount (in today's dollars) do you require to support your preferred lifestyle? \$ _____ \$ _____

Do you intend to leave an inheritance to your dependants? If Yes, please provide details below Yes No Yes No

Are there any other issues that may affect you achieving your goals? e.g. health, job security, aging parents

Do you require a cash reserve (for emergencies, peace of mind or discretionary spending)? Yes No
If **Yes**, how much do you require? \$ _____

Do you have a preference to ethical investments? Yes No

What is your investment time frame? under 5 years up to 10 years beyond 10 years

In addition to your day-to-day living expenses, please outline the lifestyle activities you wish to pursue in retirement (e.g. travel), and estimate the cost in today's dollars.

Lifestyle Activity	Frequency	Estimated Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Your Short Term Goals (within 2 years)

e.g. Holiday, purchase a car, purchase a house, renovations, repay mortgage, insurance, travel, start a family, change jobs

Goals	Start Date	End Date	Estimated Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Your Medium Term Goals (2 to 5 years)

e.g. Purchase a house, repay mortgage, insurance, boost retirement savings, educate children, travel, replace car

Goals	Start Date	End Date	Estimated Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Your Long Term Goals (more than 5 years away)

e.g. Purchase a business, purchase a holiday home, asset protection, boost retirement savings, be debt free, financial independence, retire

Goals	Start Date	End Date	Estimated Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ABOUT YOU

	CLIENT 1	CLIENT 2
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other: _____
First name		
Middle name		
Surname		
Preferred name		
Date of birth		
Country of birth		
Resident status		
Gender		
Current health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor Details: _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor Details: _____
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. per day: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No No. per day: _____
Private health cover	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name: _____
How did you hear about us?	-----	-----
Comments	----- -----	
Does it matter whose name investments are in?	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----	

Contact Information

	CLIENT 1		CLIENT 2	
Residential address	-----		-----	
Postal address	<input type="checkbox"/> Same as residential -----			
Preferred mail method	<input type="checkbox"/> Email		<input type="checkbox"/> Postal	
Home phone	-----	<input type="checkbox"/> preferred ph.	-----	<input type="checkbox"/> preferred ph.
Work phone	-----	<input type="checkbox"/> preferred ph.	-----	<input type="checkbox"/> preferred ph..
Mobile phone	-----	<input type="checkbox"/> preferred ph.	-----	<input type="checkbox"/> preferred ph..
Work fax	-----	<input type="checkbox"/> preferred FAX.	-----	<input type="checkbox"/> preferred FAX.
Home email	-----	<input type="checkbox"/> preferred Email	-----	<input type="checkbox"/> preferred Email
Work email	-----	<input type="checkbox"/> preferred Email	-----	<input type="checkbox"/> preferred Email
Do you give consent to receive documents from us electronically?	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Are you likely to remain in your current residential address?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments				

Your family

Marital status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other: _____		<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other: _____	
Children & Other Dependants	Name	Relationship	DOB	Financially Dependant
	-----	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age: ____
	-----	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age: ____
	-----	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age: ____
	-----	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age: ____
Do you expect to continue to financially assist your non-dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Details: -----			
Are you planning to grow your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Details: -----			
Do any of your dependants suffer from illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Details: -----			
Do you have grandchildren?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Details (e.g. names, ages and estate planning requirements): -----			

	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
Do any of your dependants receive youth allowance?	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: -----</p>
Are any of your dependants engaged in full time study?	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: -----</p>
Comments	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>

Your employment

None
 Not disclosed
 Not in scope
 See attached statements

	CLIENT 1	CLIENT 2
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract <input type="checkbox"/> Home maker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract <input type="checkbox"/> Home maker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____
Industry		
Company name		
Job title		
Commencement date		
Hours per week		
Duties of occupation (e.g. office vs site vs labour % splits)	-----	-----
Salary / Wage	\$	\$
Have you been recently retrenched?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is salary sacrifice available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you degree qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualifications		
Planned changes to employment or income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: -----	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: -----
Have you worked outside of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No Country ----- From: / / to / /	<input type="checkbox"/> Yes <input type="checkbox"/> No Country ----- From: / / to / /
Comments (e.g. do you expect to continue with your current occupation?)	----- ----- -----	----- ----- -----

Social security

None
 Not disclosed
 Not in scope
 See attached statements

	CLIENT 1	CLIENT 2
Are you currently receiving Centrelink benefits?	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Overseas pension benefits <input type="checkbox"/> N/A	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Overseas pension benefits <input type="checkbox"/> N/A
Name / type of payment	-----	-----
Payment amount (fortnightly)	\$	\$
Other payments / entitlements	\$	\$
Reference number		
Have you gifted any assets in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ Date: / / \$ Date: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ Date: / / \$ Date: / /
Do you have a Senior's card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Health Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
Comments:		
Would you like to explore your Centrelink options?		

Notes:

Tax

None
 Not disclosed
 Not in scope
 See attached statements

Tax file number*		
Are you an Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have HECS/HELP debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming the Family Tax Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overseas tax issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving any overseas income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		

Notes:

Estate planning

None
 Not disclosed
 Not in scope
 See attached statements

WILLS	CLIENT 1	CLIENT 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Power of Attorney	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Limited <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Limited <input type="checkbox"/> Other: _____
Date last reviewed	/ /	/ /
Does your Will reflect your current wishes & beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the difference between a Power of Attorney and an Enduring Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there sufficient cash to cover the cost of your funeral	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----
Have you considered all of your assets/liabilities in your Estate Planning arrangements (e.g. shares in businesses, super, debts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----
Would you like to gift a part of your estate to charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- -----

Estate Planning Questionnaire

None
 Not disclosed
 Not in scope
 See attached statements

WILLS	CLIENT 1		CLIENT 2	
Location of original Will				
Do you have provisions for Testamentary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Power of Guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, name:		If yes, name:	
If yes, is it an Enduring Power of Guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date last reviewed				
Do you have an Advanced Health Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Guardianship arrangements in place for your dependant children should you be unable to care for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Details:		Details:	
Executor's name/s	Relationship:		Relationship:	
Do you need to review executors?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BENEFICIARIES	NAME	Relationship	NAME	Relationship

Who is your Power of Attorney	Name: Relationship:	Name: Relationship:
Location of Power of Attorney		
Who is your alternative Attorney?	Name: Relationship:	Name: Relationship:
Enduring Power of Guardianship	Name: Relationship:	Name: Relationship:
Comments:		

PRE-PAID FUNERAL OR FUNERAL BOND

	CLIENT 1	CLIENT 2
Do you have a funeral plan or Funeral Bond	<input type="checkbox"/> Funeral plan <input type="checkbox"/> Funeral bond <input type="checkbox"/> No	<input type="checkbox"/> Funeral plan <input type="checkbox"/> Funeral bond <input type="checkbox"/> No
Name of provider		
Estate planning comments		

OTHER PROFESSIONAL ADVISERS

None
 Not disclosed
 Not in scope
 See attached statements

	CLIENT 1	CLIENT 2
SOLICITOR'S DETAILS		
Name		
Company		
Phone number		
Email	-----	-----
Address	----- -----	----- -----
Authority to contact	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Relationship	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Comments	----- -----	----- -----
ACCOUNTANT'S DETAILS		
Name		
Company		
Phone number		
Email	-----	-----
Address	----- -----	----- -----
Authority to contact	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Relationship	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Are you considering changing any of the above advisers?		
Are you happy with the service you are receiving from these advisers?		

STRUCTURES & ENTITIES

None
 Not disclosed
 Not in scope
 See attached statements

SELF MANAGED SUPERANNUATION FUND	
Name	
Trustees	
TFN	
ABN	
Bank Details	Name of Bank: _____ BSB: _____ Account No. _____ Account Name: _____
Members	
Comments	
Date of establishment	/ /
COMPANY	
Name	
Purpose	
TFN	
ABN	
Bank Details	Name of Bank: _____ BSB: _____ Account No. _____ Account Name: _____
Date of incorporation	
Director/s	
Shareholder/s	
Comments	

PARTNERSHIP	
Name	
Purpose	
Bank Details	Name of Bank: _____ BSB: _____ Account No. _____ Account Name: _____
Partners	
Comments	

TRUST	
Name	
Purpose	
TFN	
Bank Details	Name of Bank: _____ BSB: _____ Account No. _____ Account Name: _____
Trustee Type	<input type="checkbox"/> Corporate <input type="checkbox"/> Individual
Trustee/s	
Beneficiaries	
Comments	

CASHFLOW

None
 Not disclosed
 Not in scope
 See attached statements

INCOME SUMMARY			
SOURCE OF INCOME	CLIENT 1	CLIENT 2	JOINT
Ordinary Wages	\$		
TOTAL	\$	\$	\$
EXPENDITURE DETAILS			
What is your annual cost of living?	\$		
What is your annual savings?	\$		
PLANNED FUTURE SIGNIFICANT EXPENDITURE (E.G. NEW CAR, RENOVATIONS)	WHAT	AMOUNT	WHEN
	CLIENT 1		CLIENT 2
Do you anticipate any significant changes to your income or expenses in the next 12 months?	Details: <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you expecting to receive any lump-sum payments in the next 12 months (e.g. inheritance, sale of assets, etc)?	Details: <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much money would you like to set aside in a readily accessible investment to meet emergencies and unplanned expenses?			
Comments			

ASSETS & LIABILITIES

Lifestyle

None Not disclosed Not in scope See attached statements

DESCRIPTION	OWNER	CURRENT VALUE	PURCHASE PRICE	CENTRELINK VALUE	PURCHASE DATE	LINKED TO LOAN	DO YOU WISH TO RETAIN?
Life Style / Artwork			\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Style / Motor Vehicle			\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL LIFESTYLE ASSETS							
Comments:							

Investment assets

None Not disclosed Not in scope See attached statements

CASH & TERM DEPOSITS (INCLUDING BANK ACCOUNTS)						
DESCRIPTION & ACCOUNT NUMBER	OWNER	CURRENT VALUE	INTEREST RATE	PURCHASE DATE	MATURITY DATE	DO YOU WISH TO RETAIN?
Liquid Assets / Cash on Hand		\$	%			<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL in Cash & Term Deposits		\$				
Do you think you have the correct amount of money held in Cash (including your bank account) and term deposits? Would you be happy to move it to areas that are more growth orientated?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:						

DESCRIPTION	OWNER	CURRENT VALUE	PURCHASE PRICE	PURCHASE DATE	RENTAL INCOME	ANNUAL EXPENSE	LINKED TO DEBT	DO YOU WISH TO RETAIN?	
		\$	\$	/ /	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	\$	/ /	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	\$	/ /	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL in Investment Properties		\$							
Comments:									
How do you feel your investment properties are performing?									
Are you considering selling these in the near to medium term future?									
Loan	Amount		Who With		Interest Rate		Interest Only or P & I		Repayments
	\$				-----%				\$
	\$				-----%				\$
	\$				-----%				\$
	\$				-----%				\$

PORTFOLIO INVESTMENTS							
DESCRIPTION	OWNER	CURRENT VALUE	PURCHASE PRICE	PURCHASE DATE	INCOME RECEIVED	LINKED TO DEBT	DO YOU WISH TO RETAIN?
		\$	\$	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	/ /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	/ /	\$	<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
		\$	\$	/ /	\$	<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
		\$	\$	/ /	\$	<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
TOTAL		\$					
If there was a way to recycle these shares through your mortgage would you be interested in doing so to lower your personal tax?							

Retirement assets

None
 Not disclosed
 Not in scope
 See attached statements

FUND NAME	POLICY NUMBER	OWNER	FUND TYPE	BALANCE
SUPERANNUATION				
Notes:				

	CLIENT 1	CLIENT 2
Total contributions made this financial year	\$	\$
Total non-concessional contributions in the past 3 financial years	\$	\$
Are you comfortable with your super or pension structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you having any problems with the existing funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:		

Liabilities

None
 Not disclosed
 Not in scope
 See attached statements

TYPE	BORROWER	INSTITUTION	START DATE	BALANCE	RATE	FIXED / VARIABLE	MONTHLY REPAYMENT	PRINCIPAL / INTEREST ONLY	INTEREST TAX DEDUCTIBLE
Credit Card Balances			/ /	\$			\$	<input type="checkbox"/> Principal <input type="checkbox"/> Interest Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Loans			/ /	\$			\$	<input type="checkbox"/> Principal <input type="checkbox"/> Interest Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outstanding Payment			/ /	\$			\$	<input type="checkbox"/> Principal <input type="checkbox"/> Interest Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Property			/ /	\$			\$	<input type="checkbox"/> Principal <input type="checkbox"/> Interest Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage			/ /	\$			\$	<input type="checkbox"/> Principal <input type="checkbox"/> Interest Only	
Margin Loan			/ /						<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL Liabilities									
Comments:									
Are you willing to restructure loans to increase cashflow?									
Do you, or have you previously, used a broker, banker or anybody for your loans?									

Net worth

Total assets	
Less total liabilities	
Net worth	

ABOUT YOUR FINANCIAL POSITION

	CLIENT 1	CLIENT 2
At what age would you like to retire?		
What is your desired retirement income (p.a.)?		
What are your past experiences with investing, if any?		
Are there any types of investments you would like to include or avoid in your portfolio (e.g. for ethical reasons)?		
How long before you think you will need to access your investments (not including emergencies)?	<input type="checkbox"/> Less than 2 years <input type="checkbox"/> Between 2 & 5 years <input type="checkbox"/> Between 5 & 7 years <input type="checkbox"/> greater than 7 years	
Is cost more important than quality or features (within reason)?	<input type="checkbox"/> Cost <input type="checkbox"/> Quality of features	
How do you think you will fund your retirement (you can select more than one)?	<input type="checkbox"/> Accumulated super <input type="checkbox"/> Rental income <input type="checkbox"/> Centrelink pensions <input type="checkbox"/> Investment dividends <input type="checkbox"/> Part-time employment	
If you were unable to fulfil your retirement goals, please preference the following options	<input type="checkbox"/> Work longer <input type="checkbox"/> Reduce my income <input type="checkbox"/> Draw down on assets <input type="checkbox"/> Change my risk profile	<input type="checkbox"/> Work longer <input type="checkbox"/> Reduce my income <input type="checkbox"/> Draw down on assets <input type="checkbox"/> Change my risk profile

YOUR PERSONAL INSURANCE

None
 Not disclosed
 Not in scope
 See attached statements

LIFE, TPD & TRAUMA								
INSURER & PROVIDER	POLICY NUMBER	OWNER	SUPER/ NON-SUPER	LIFE INSURED	COVER DETAILS			ANNUAL PREMIUM
					TYPE	AMOUNT	BENEFIT PERIOD	
INCOME PROTECTION								
INSURER & PROVIDER	POLICY NUMBER	OWNER	SUPER / NON-SUPER	LIFE INSURED	COVER DETAILS			ANNUAL PREMIUM
					MONTHLY BENEFIT	WAITING PERIOD	BENEFIT PERIOD	
Have you had or do you understand what a term life insurance policy is?								

What areas of your life would you like to protect with insurance?	
Are you finding this affordable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Considering cancelling / decreasing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your general insurance

(E.g. home, car, health)

None Not disclosed Not in scope See attached statements

INSURER & PROVIDER	POLICY NUMBER	OWNER	COVER		PREMIUM
			TYPE	LEVEL	
Does the cover amount reflect the true cost of these assets?					

INSURANCE QUESTIONNAIRE

YOUR HOBBIES & LIFESTYLE PURSUITS				
	CLIENT 1		CLIENT 2	
	ACTIVITY	FREQUENCY	ACTIVITY	FREQUENCY
Lifestyle activities				
Any accidents, injuries or incidents relating to the above activities?	Details: <input type="checkbox"/> Yes <input type="checkbox"/> No		Details: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Health questionnaire

	CLIENT 1	CLIENT 2
Do you drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. per day:	<input type="checkbox"/> Yes <input type="checkbox"/> No No. per day:
Do you have any medical history (or family medical history) that may cause concern?		
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height	____cm	____cm
Weight	____kg	____kg
Do you regularly exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you suffer from any of the following conditions or have you ever:	<input type="checkbox"/> High blood pressure <input type="checkbox"/> Chest pain <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart condition <input type="checkbox"/> Stroke <input type="checkbox"/> Asthma or other respiratory <input type="checkbox"/> Any kidney, bladder or stomach disorders	<input type="checkbox"/> High blood pressure <input type="checkbox"/> Chest pain <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart condition <input type="checkbox"/> Stroke <input type="checkbox"/> Asthma or other respiratory <input type="checkbox"/> Any kidney, bladder or stomach disorders

	<input type="checkbox"/> Diabetes – Type 1 / Type 2 <input type="checkbox"/> Hepatitis – A/B/C <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cancer, lump or growth of any kind <input type="checkbox"/> Musculoskeletal disorder <input type="checkbox"/> Arthritis <input type="checkbox"/> Other back, neck or joint pain <input type="checkbox"/> Blood disorder (haemophilia, haemochromatosis) <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> RSI <input type="checkbox"/> Depression, anxiety, stress or other mental illness <input type="checkbox"/> Alcohol or drug abuse <input type="checkbox"/> Any illness, disease or disorder that you are currently taking medication for	<input type="checkbox"/> Diabetes – Type 1 / Type 2 <input type="checkbox"/> Hepatitis – A/B/C <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cancer, lump or growth of any kind <input type="checkbox"/> Musculoskeletal disorder <input type="checkbox"/> Arthritis <input type="checkbox"/> Other back, neck or joint pain <input type="checkbox"/> Blood disorder (haemophilia, haemochromatosis) <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> RSI <input type="checkbox"/> Depression, anxiety, stress or other mental illness <input type="checkbox"/> Alcohol or drug abuse <input type="checkbox"/> Any illness, disease or disorder that you are currently taking medication for
Comments		

SCOPE OF ADVICE

Scope of advice	<input type="checkbox"/> Comprehensive (i.e. all areas of financial advice) <input type="checkbox"/> Specific advice <input type="checkbox"/> Retirement planning (superannuation, transition to retirement, pension) <input type="checkbox"/> Wealth creation <input type="checkbox"/> Gearing <input type="checkbox"/> Self managed superannuation <input type="checkbox"/> Personal insurance <input type="checkbox"/> Estate planning <input type="checkbox"/> Business planning
What our advice will not include	<input type="checkbox"/> Wealth creation <input type="checkbox"/> Gearing <input type="checkbox"/> Estate planning <input type="checkbox"/> Business planning
	Reasons: ----- ----- -----

YOUR GOALS & OBJECTIVES

Your objectives should be:

S – Specific **M** – Measurable **A** – Attainable **R** – Realistic **T** – Time bound

Include as much information as you can to assist in developing a solution tailored to your specific objectives. Consider the priority and an estimated amount required to obtain the objective.

PRIORITY	OBJECTIVE e.g: preservation of capital or you wish to retire at age (x)	DETAILS e.g: you should be entitled to Centrelink benefits of \$ [amount] in the first year	TIME FRAME	AMOUNT REQUIRED
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
How much money would you like to set aside to be readily available for emergencies & unplanned expenses?				\$

Comments:

Superannuation details

None Not disclosed Not in scope See attached statements

CLIENT 1	FUND 1	FUND 2	FUND 3	FUND 4
Fund name				
Member number				
Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit <input type="checkbox"/> Account Based Pension	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit <input type="checkbox"/> Account Based Pension	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit <input type="checkbox"/> Account Based Pension	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit <input type="checkbox"/> Account Based Pension
If defined benefit: Super salary Multiple Retirement age	\$	\$	\$	\$
Balance Taxed: Untaxed: Tax free:	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Date of balance	/ /	/ /	/ /	/ /
Date fund commenced	/ /	/ /	/ /	/ /
Eligible service date	/ /	/ /	/ /	/ /
Death nomination in place	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None
Super Contribution Guarantee amount	\$	\$	\$	\$
Other concessional contributions	\$	\$	\$	\$
Non-concessional contributions	\$	\$	\$	\$
Insurance cover Life: TPD IP	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Insurance premiums:	\$	\$	\$	\$
Fees payable:	\$	\$	\$	\$

Management Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$

CLIENT 2	FUND 1	FUND 2	FUND 3	FUND 4
Fund name				
Member number				
Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit
If defined benefit: Super salary Multiple Retirement age	\$	\$	\$	\$
Balance Taxed: Untaxed: Tax free:	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Date of balance	/ /	/ /	/ /	/ /
Date fund commenced	/ /	/ /	/ /	/ /
Eligible service date	/ /	/ /	/ /	/ /
Death nomination in place	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None
Super Contribution Guarantee amount	\$	\$	\$	\$
Other concessional contributions	\$	\$	\$	\$
Non-concessional contributions	\$	\$	\$	\$
Insurance cover Life: TPD IP	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$

Insurance premiums:	\$	\$	\$	\$
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$

Pension details

None
 Not disclosed
 Not in scope
 See attached statements

CLIENT 1	FUND 1	FUND 2	FUND 3	FUND 4
Fund name				
Member number				
Owner				
Type	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR
Balance				
Taxed	\$	\$	\$	\$
Untaxed	\$	\$	\$	\$
Tax free	\$	\$	\$	\$
Income payment	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount
Payment frequency				
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$
CLIENT 2	FUND 1	FUND 2	FUND 3	FUND 4
Fund name				
Member number				
Owner				
Type	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR
Balance				
Taxed	\$	\$	\$	\$
Untaxed	\$	\$	\$	\$
Tax free	\$	\$	\$	\$

Income payment	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	\$ <input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount
Payment frequency				
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$

Risk & Return Discussion Tools

Having an understanding of what you want your investments to achieve is an important part of the financial planning process.

You must be rational and ensure that your investments assist you in achieving

Portfolio Classification	% Growth Assets	Minimum Timeframe	One Year Highs	Average Returns	One Year Lows
Very conservative portfolio	0%	12 months	11.8%	6.3%	0.9%
Conservative portfolio	20%	2 - 3 years	17.9%	7.4%	-2.9%
Low growth diversified	40%	3 - 4 years	23.9%	8.1%	-7.0%
High growth diversified	60%	4 - 5 years	30.1%	8.7%	-11.6%
Very high growth diversified	80%	6 - 7 years	37.0%	9.3%	-16.8%
All growth portfolio	100%	7 - 8 years	43.8%	9.7%	-22.0%
All Australian equities (only)	100%	10-11 years	46.8%	9.6%	-24.8%

Note: Returns are before fees and tax

Volatility of Asset Class Returns from 1993 - 2014 (22) Years

Calendar Year	CPI	Cash	Australian Fixed Interest	Global Fixed Interest	Listed Property	Direct Property	Australian Equities	International Equities
1993	1.8%	5.4%	16.3%	14.7	30.1%	-1.8%	45.4%	23.8%
1994	1.9%	5.4%	-4.7%	-2.6%	-5.6%	9.9%	-8.7%	-8.1%
1995	4.6%	8.1%	18.6%	20.1	12.7%	9.6%	20.2%	26.0%
1996	2.6%	7.6%	11.9%	10.7	14.5%	8.2%	14.6%	6.2%
1997	0.3%	5.6%	12.2%	10.4	20.3%	10.1%	12.2%	41.6%
1998	0.9%	5.1%	9.5%	10.4	18.0%	9.6%	11.6%	32.3%
1999	1.5%	5.0%	-1.2%	0.9%	-5.0%	9.0%	16.1%	17.2%
2000	4.5%	6.3%	12.1%	10.1	17.9%	12.3%	4.8%	2.2%
2001	4.4%	5.2%	5.4%	7.4%	15.0%	9.5%	10.5%	-10.0%
2002	3.0%	4.8%	8.8%	11.2	11.8%	10.6%	-8.6%	-27.4%
2003	2.8%	4.9%	3.0%	5.6%	8.8%	11.6%	15.0%	-0.8%
2004	2.3%	5.6%	7.0%	9.0%	32.2%	11.8%	27.9%	9.9%
2005	2.7%	5.7%	5.0%	7.5%	12.7%	15.3%	22.5%	16.8%
2006	3.6%	6.0%	3.1%	3.9%	34.1%	21.5%	24.5%	11.5%
2007	2.4%	6.7%	3.5%	7.0%	-8.4%	24.9%	16.2%	-2.6%
2008	3.7%	7.6%	14.9%	6.4%	-54.0%	-1.3%	-38.4%	-24.6%
2009	1.8%	3.5%	1.7%	-4.6%	9.6%	-8.9%	37.0%	-0.7%
2010	2.8%	4.7%	6.0%	6.3%	-0.7%	10.7%	1.6%	-1.5%
2011	3.4%	5.0%	11.4%	5.7%	-1.6%	9.7%	-10.5%	-4.8%
2012	2.2%	3.8%	8.9%	10.6%	25.2%	8.5%	15.4%	14.4%
2013	2.4%	2.8%	4.5%	3.6%	5.8%	9.6%	21.7%	23.9%
2014	2.5%	2.5%	5.7%	4.3%	7.5%	9.9%	17.4%	17.3%

	CPI	CASH	AFI	GFI	LP	DP	AE	IE
Best Year	4.6% 1995	8.1% 1995	18.6% 1995	20.1% 1995	34.1% 2006	24.9% 2006	45.4% 1993	41.6% 1997
Worst Year	0.3% 1997	2.5% 2014	-4.7% 1994	-4.5% 2009	-54% 2008	-8.9% 2009	-38.4% 2008	-27.4 2002
Average	2.64%	5.34%	7.48%	7.19%	9.13%	9.55%	12.2%	7.39%

Indices used

S&P/ASX 300 Accumulation Index (All Ords before 1/4/2000)
 MSCI World ex Australia NET WHT
 S&P/ASX 300 Property Trusts Accumulation Index
 UBSA Composite Bond All Maturities Index
 UBSA 90 Day Bank Bill
 Citigroup World Government Bond Index Hedged AUD

Source: Mercer, Australian Super

* Illustrative purposes only. It is important to note that past performance is no indication of future performance.

Investor Profile

We will guide you through this section as part of our face-to-face consultation.

This demonstrates the benchmark Defensive/Growth asset mix for each investor profile. Defensive assets, such as cash and fixed interest are expected to grow at a slower rate over the longer term but are expected to experience less volatility. Growth assets, such as property and shares have historically grown at a rate greater than inflation over time and usually produce higher returns than defensive assets but can also demonstrate greater volatility in the short term.

Benchmark Asset Mix **

Conservative "Cash/Fixed Interest"

May be suitable for investors with a short-term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.

100% Defensive

Moderately Conservative "Capital Stable"

May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.

70% Defensive
30% Growth

Moderate "Conservative Growth"

May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well-diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.

50% Defensive
50% Growth

Assertive "Balanced"

May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what an equities fund would likely generate.

30% Defensive
70% Growth

Moderately Aggressive "Growth"

May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.

15% Defensive
85% Growth

Aggressive "Share"

May be suitable for investors with an investment horizon of at least 7 years and high tolerance to volatility, comfortable with a portfolio dominated by Australian and international equities

100% Growth

What would your reaction be if six months after placing your investments you discovered that because of market conditions your portfolio had decreased in value by 10%?

- Horror – Security of your capital is critical and you do not intend to take risks.
- You would cut your losses and transfer your funds to more secure investment sectors.
- You would be concerned, but would wait to see if the investments improve.
- This was a risk you understood – you would leave your investments in place expecting performance to improve.
- You would invest more funds to take advantage of the lower unit/share prices expecting future growth.

What negative return would you feel comfortable with over a 1 year period if you were confident it would recover over the medium term?

- 0%
- 5%
- 10%
- 15%
- 20%
- 25%

Which of the following best describes your purpose for investing?

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use growth investments to provide income.
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long-term wealth from a balanced portfolio.
- You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available.
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement.
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds.
- You want to provide a regular income and/or totally protect the value of your investment capital.

Your Score assists in determining your Investor Risk Profile. An explanation of the profile in relation to your score is detailed over page and will also be referred to as part of your written recommendation.

We also address the volatility you may be able to expect from a statistical and historical perspective on Page 39.

Determining Your Investment Risk Profile

When investing it is important for you to consider the level of volatility as well as the return on an investment in view of your circumstances and investment goals. Risk means different things to different investors. For some, investment risk means the likelihood of a loss of capital, while for others it is the level of volatility of an investment, or the risk of an asset not producing enough to live on.

This questionnaire has been designed to assist you in making an investment decision. It asks some questions regarding your goals, time frames and comfort with investments to provide a guide to your investor profile. Your investor profile then determines a benchmark asset allocation for your investments. Please complete the questions below by choosing the answer, which most closely describes you.

For how long would you expect most of your money to be invested before you would need to access it, spend it, or give it away?

- Sooner than 12 months Between 1 and 3 years Between 3 and 5 years
 Between 5 and 7 years Longer than 7 years

In your opinion, what long term after tax and inflation return per annum would you be satisfied with over a 10 year period?

- 2% 3% 4% 5% 6% 7% 8%

Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in? (Assuming the poor performance was mainly due to market influences)

- You would cash it in if there was any loss in value Less than 1 year Up to 3 years
 Up to 5 years Up to 7 years Up to 10 years

How familiar are you with investment markets?

- Very little understanding or interest
- Not very familiar
- Have had enough experience to understand the importance of diversification
- Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics
- Experienced with all investment classes and understand the various factors that may influence performance

There is generally a greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?

- Preferably guaranteed returns, ahead of tax-savings
- Stable, reliable returns with minimal tax savings
- Some variability in returns, some tax savings
- Moderate variability in returns, reasonable tax savings
- Higher variability but potentially higher returns, maximising tax savings

Financial Priorities

How concerned are you about the following?
A higher number indicates greater concern. Range 1 to 5.

- | | |
|---------------------------|---|
| Inflation | <p>How concerned are you about having your portfolio keep pace with inflation? Are you comfortable drawing on capital to supplement income as a strategy, or are you more concerned with maintaining the real value of your capital?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |
| Tax Advantages | <p>To what extent are you concerned and getting legitimate tax relief?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |
| Security | <p>To what extent are you concerned about preservation of your capital? Do you wish to preserve the dollar value of your capital at all costs?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |
| Liquidity/
Flexibility | <p>How concerned are you that cash be available to meet emergencies or investment opportunities (i.e. new floats)?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |
| Current Income | <p>How concerned are you about generating maximum income to meet living expenses from your portfolio as opposed to achieving capital growth?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |
| Ease of Management | <p>To what extent are you concerned that your investment portfolio be reasonably easy for you or your family to manage?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |
| Estate | <p>To what extent are you concerned about maximizing the value of your estate and ensuring the most tax effective distribution of your estate upon yours and/or your partner's death?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</p> |

Do you have any preferences for the types of investments you would like to hold within your portfolio? For example, specific industry sectors, limits in any single asset class, income requirements?

Do you need to generate a current income from your investments?

Yes No

If Yes: How much? \$ _____ How often? _____

Do you consider yourself an active or passive investor?

Active Passive

Ongoing Service

What level of ongoing financial service and advice would most suit you?

- | | |
|--|--|
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Portfolio |
| <input type="checkbox"/> Six-monthly | <input type="checkbox"/> Six-monthly |
| <input type="checkbox"/> Annually | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Ad-hoc (initiated by you) | <input type="checkbox"/> Ad-hoc (initiated by you) |
| <input type="checkbox"/> Other preferred arrangements: | |

Client Declaration

- We acknowledge that we have been given a Financial Services Guide and Adviser Profile by the adviser who will prepare our Statement of Advice.
- We hereby declare that the information contained in this form is true and correct to the best of our knowledge. My financial adviser has explained to me the information necessary to assess my circumstances and provide advice in respect to my objectives. We are not aware of any other information that we have failed to disclose to the person to whom this form has been given which would be relevant to the preparing of our Statement of Advice.
- We give our permission for this information to be used for the preparation of my financial plan and we understand that the investment recommendations will be based solely on the information supplied in this form and any supporting documents provided.
- We understand that if the information contained in this form relating to our relevant circumstances is, or becomes incomplete or inaccurate, then the advice contained in the Statement of Advice may not be appropriate for us, and that, before acting on the advice, we need to consider the appropriateness of the advice, taking into account our objectives, financial situation and needs.
- We understand that our Tax File Number(s) is/are collected as they may be requested by financial institutions for purposes related to our superannuation and/or investments. If we have provided our Tax File Number(s), we authorise my financial adviser or another representative of Boston Private Wealth to provide, acting on our behalf, our Tax File Number when requested for these purposes (unless I have notified my financial adviser in writing otherwise, either in relation to a particular instance or generally).

Client 1 _____
 Name Signed Date

Client 2 _____
 Name Signed Date

Adviser _____
 Name Signed Date

Adviser Appointment and Authority to Collect Information form

____ / ____ / ____

To Whom It May Concern

We hereby appoint Neil Heriot (Authorised Representative No. 275757) of Boston Private Wealth (Corporate Authorised Representative No. 345059), an authorised representative of AdvicelQ Partners Pty Ltd (AFS License No. 332957), as our financial adviser for the following policies/accounts:

CLIENT NAME	FUND MANAGER/INSURER	POLICY/ACCOUNT NUMBER

We authorise Boston Private Wealth, or the designated staff members (as listed below) of Boston Private Wealth, to request such information regarding our financial affairs as they believe necessary, including all entities in which We have an interest. Please provide such information upon request by them.

We give permission for Boston Private Wealth Pty. Ltd. to hold whatever personal information they determine is needed for them to assist with my financial affairs.

From the date of this appointment, any remuneration payable to Boston Private Wealth Pty Ltd in respect of our investments should be paid to Boston Private Wealth Pty. Ltd. with our authority. Please accept a photocopy or facsimile copy of this letter as evidence of this authority, as the original letter is to remain on our file at Boston Private Wealth Pty. Ltd.

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

Designated Staff Members	Email Address
Chris Murphy	cmurphy@bostonpw.com.au
Bruce Cameron	bcameron@bostonpw.com.au
Jim Horsley	jhorsley@bostonpw.com.au
John Pearson	jpearson@bostonpw.com.au

Client 1: _____

Client 2: _____

Signature: _____

Signature: _____

DOB: _____

DOB: _____

Address: _____

The Adviser accepts the appointment made, and authority given, under this letter

Adviser Name: _____

Signature: _____

Date: ____ / ____ / ____

Professional Adviser Authority Form

To:
 Provider name: _____

Client 1 name: _____ Date of birth: _____

Client 2 name: _____ Date of birth: _____

Address: _____

To whom it may concern, we authorise you to provide representatives of the business named below with any information and documentation they require regarding our financial affairs as they believe necessary, and for the business to hold whatever personal information they determine is needed for them to assist with our financial affairs.

Likewise we also authorise the representatives of the business below to provide you with any information they deem relevant and which may impact on any decisions you make regarding our financial affairs, including but not limited to, our insurance, superannuation and investments and tax affairs.

For the purposes of the Privacy Act 1988 (Cth), we consent to the disclosures contemplated in this letter.

This authority shall remain in force until such time as it is revoked by us.

We are aware of the provisions of the Privacy Act and release both you and the business below and each of your representatives from those provisions in respect of information provided and exchanged between you. Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the address shown below.

Yours faithfully,

NAME	SIGNATURE(S)	DATE
_____	_____	_____
_____	_____	_____

Adviser name: _____

Business name: Boston Private Wealth Pty. Ltd.

Phone: (07) 5577 9711

FAX: (07) 5577 9744

Email: clientservice@bostonpw.com.au

Business address: Suite 46B Masthead Way, Marine Village, Sanctuary Cove QLD 4212

Supplementary Budget Planner

Do you know what you need to live on and what is this amount per month?				
Do you know what surplus income you have and what is this amount per month?				
	WEEKLY	MONTHLY	QUARTERLY	YEARLY TOTAL
Living expenses				
Food	\$	\$	\$	\$
Clothing	\$	\$	\$	\$
Medical/Dental/Pharmacy	\$	\$	\$	\$
Alcohol/Cigarettes	\$	\$	\$	\$
Public Transport/Taxi Fares	\$	\$	\$	\$
Other Personal Spending - Client 1	\$	\$	\$	\$
- Client 2	\$	\$	\$	\$
Total Living Expenses	\$	\$	\$	\$
Entertainment Expenses				
Travel and holidays	\$	\$	\$	\$
Dining Out	\$	\$	\$	\$
Sport/Recreation/Hobbies	\$	\$	\$	\$
Club memberships/Sporting fees etc	\$	\$	\$	\$
Books/Magazines/Newspapers	\$	\$	\$	\$
Other entertainment	\$	\$	\$	\$
Total Entertainment Expenses	\$	\$	\$	\$
Housing Expenses				
Mortgage/Rent	\$	\$	\$	\$
Council/Shire/Body Corporate/Water Rates	\$	\$	\$	\$
Electricity/Gas/Telephone etc	\$	\$	\$	\$

House and Contents Insurance	\$	\$	\$	\$
Sub Total	\$	\$	\$	\$

	WEEKLY	MONTHLY	QUARTERLY	YEARLY TOTAL
Home maintenance	\$	\$	\$	\$
Furnishings/Appliances	\$	\$	\$	\$
Total Housing Expenses	\$	\$	\$	\$
Motor Vehicle Expenses				
Loan/Lease Repayments	\$	\$	\$	\$
Registration and Third party	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Petrol and other running costs	\$	\$	\$	\$
Maintenance/Service/Repairs	\$	\$	\$	\$
Licence fees/Fines/Parking/Road assistance	\$	\$	\$	\$
Total Motor Vehicle Expenses	\$	\$	\$	\$
Insurances				
Medical/Health	\$	\$	\$	\$
Life and TPD	\$	\$	\$	\$
Income Protection	\$	\$	\$	\$
Via superannuation contributions	\$	\$	\$	\$
Trauma Cover	\$	\$	\$	\$
Total Insurances	\$	\$	\$	\$
Miscellaneous Expenses				
Professional Services (e.g. Accountant fees)	\$	\$	\$	\$
Professional Memberships	\$	\$	\$	\$
Work Related Expenses (e.g. Uniforms, Travel)	\$	\$	\$	\$
Gifts and donations	\$	\$	\$	\$
Education expenses	\$	\$	\$	\$
Sub Total	\$	\$	\$	\$

Child care	\$	\$	\$	\$
Pet/Vet Fees	\$	\$	\$	\$
Savings Plans (Existing Investments)	\$	\$	\$	\$
Capital expenses to investment properties	\$	\$	\$	\$
Other vehicle expenses (boat, caravan etc)	\$	\$	\$	\$
Investment Loans	\$	\$	\$	\$
Credit Cards	\$	\$	\$	\$
Other Loans	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Miscellaneous Expenses	\$	\$	\$	\$
Total Expenses	\$	\$	\$	\$

Please also provide the following:

- Copy of your passport, drivers licence (back and front) and Medicare card;
- Copy of your Superannuation Fund Trust Deed
- Copy of your Family Trust Deed
- Latest valuation (of each entity if available)
- A recent example of your Australian Share distribution statements - I will need to gather a little information from them such as Holder Identification Numbers.
One recent example per entity is enough – e.g. one recent statement for each share, such as BHP per entity.