



Fact Find

Getting to know you better

This document helps us capture your personal and financial information.

We use this information, along with our discussions, to help develop a financial strategy that is suitable for your needs.

Potential strategies and products may be discussed during the information gathering process. These should only be acted upon once formal advice has been provided to you in the appropriate advice document, which you then agree to implement.

We look forward to assisting you to reach your financial goals.

If you have any questions about this please contact us.

Client name:

My contact details

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Section 1 – Client details

This document captures information about your personal details and financial situation. Please answer the questions as openly and honestly as you can. The information you provide us allows us to better understand you, and helps us to formulate a strategy that is tailored to your personal needs. Ensure to also provide us with financial statements for each of your products.

Protecting your privacy

We're committed to protecting your privacy and any personal information we collect from this form to understand your needs, objectives and financial situation will be kept confidential

For further information on:

- Why we need the personal information we collect from you and who we may share it with – refer to our Financial Services and Credit Guide
- How you can access or update your personal information, the countries we may send your personal information to, and how to make a complaint about a breach or potential breach of our privacy obligations – refer to our privacy policy or Financial Services and Credit Guide

Information you provide us in this form will be handled in accordance with our privacy statement in the Client Acknowledgement Form, our Financial Services and Credit Guide (FSCG), and our Privacy Policy. Please contact us if you require a copy of these documents.

*denotes a mandatory field

Date: _____

1.1 Why have you sought advice?*

Take some time to think about and note down what you want to achieve.

1.2 Personal details				
	Client 1		Client 2	
Title*				
Given name*				
Middle name*				
Surname*				
Preferred name*				
Gender*				
Date of birth*				
Age*				
Marital status*				
Home address*			<input type="checkbox"/> Same as Client 1	
	Suburb		Suburb	
	State		State	
	Postcode		Postcode	
Postal address	<input type="checkbox"/> Same as above		<input type="checkbox"/> Same as above	
	Suburb		Suburb	
	State		State	
	Postcode		Postcode	
Contact phone number*	<input type="checkbox"/> Preferred		<input type="checkbox"/> Preferred	
Mobile number	<input type="checkbox"/> Preferred		<input type="checkbox"/> Preferred	
Email address*	<input type="checkbox"/> Preferred		<input type="checkbox"/> Preferred	
Tax residency*	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____		<input type="checkbox"/> Australia <input type="checkbox"/> Other _____	
Country of residence*	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____		<input type="checkbox"/> Australia <input type="checkbox"/> Other _____	
Children / Dependants				
Do you have any dependants?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed		
Are you planning to grow your family?*		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide details of your dependants:					
Full name*	Relationship	Gender	Date of birth*	Age*	Dependant until age*
Health details	Client 1		Client 2		
How would you rate your current health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		
Have you smoked tobacco or any other substance at any time during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Average: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Average: _____	
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Average: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Average: _____	
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provider: _____ Type of cover: <input type="checkbox"/> Ambulance <input type="checkbox"/> Dental <input type="checkbox"/> Extras <input type="checkbox"/> Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provider: _____ Type of cover: <input type="checkbox"/> Ambulance <input type="checkbox"/> Dental <input type="checkbox"/> Extras <input type="checkbox"/> Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Specialist	
Estate planning	Client 1		Client 2		
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last review: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last review: _____	
If yes, is your Will current?	<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	Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____	
Does your Power of Attorney need to be changed or reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last review: _____ Name of attorney: _____ Are there any limitations on the attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of power of Attorney attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last review: _____ Name of attorney: _____ Are there any limitations on the attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of power of Attorney attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold any prepaid funeral expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: _____ Purchase dates: _____ Product provider: _____ Account number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: _____ Purchase dates: _____ Product provider: _____ Account number: _____	

Professional services details		
Accountant details		
Name		
Phone number		
Address		
Solicitor details		
Name		
Phone number		
Address		
1.3 Employment, income and expenses		
Employment	Client 1	Client 2
Are you currently employed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your job title?*		
Occupation status*	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not working (due to ill health) <input type="checkbox"/> Contractor <input type="checkbox"/> Home duties <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not working (due to ill health) <input type="checkbox"/> Contractor <input type="checkbox"/> Home duties <input type="checkbox"/> Other: _____
If you are self-employed, what is your business structure?	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Partnership
Are you employed by your own company and paid a wage and SG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment hours (per week)		
Employer*		
Years with employer		
Do you expect your employment situation to change in the next 5 years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:		
Have you worked outside of Australia?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide details of when and where:		
Is salary sacrifice available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently making salary sacrifice contributions?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide amount under 1.3 Expenses		
Does your employer pay higher than minimum SG obligation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide percentage amount (%)		
Do you have a HECS/HELP debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current unused leave balance (in days)	Annual leave	Annual leave
	Long service leave	Long service leave
	Sick leave	Sick leave
Are you planning to use any of this leave in the near future?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have associations with other entities?*(e.g. Company, Trust, Partnership, SMSF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:		
Are you seeking advice for this entity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement planning	Client 1	Client 2
Have you retired?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did you retire?		
At what age do you intend to retire?*		
How much income do you think you need at retirement?*		
If unsure of what income is required, what type of lifestyle would you like achieve in retirement?*	<input type="checkbox"/> Basic <input type="checkbox"/> Comfortable <input type="checkbox"/> Luxury	<input type="checkbox"/> Basic <input type="checkbox"/> Comfortable <input type="checkbox"/> Luxury
Do you think your current savings will provide you with the retirement lifestyle you want?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What sources of income to you expect to rely on in retirement?*	<input type="checkbox"/> Own Funds <input type="checkbox"/> Casual Work <input type="checkbox"/> Centrelink <input type="checkbox"/> Other: _____	<input type="checkbox"/> Own Funds <input type="checkbox"/> Casual Work <input type="checkbox"/> Centrelink <input type="checkbox"/> Other: _____

1.3 Employment, income and expenses (continued)		
Income (\$ p.a.)	Client 1	Client 2
Base salary or wages*	\$	\$
Bonus/allowance	\$	\$
Rental income	\$	\$
Social security payments	\$	\$
Retirement income stream	\$	\$
Other income (please specify if applicable)		
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
Non-taxable income		
a.	\$	\$
b.	\$	\$
Total annual income*	\$	\$
Expenses (\$ p.a.)	Client 1	Client 2
Essential expenses#	\$	\$
Lifestyle expenses#	\$	\$
Loan repayments	\$	\$
Total annual expenses*	\$	\$
# Essential expenses include mortgage, rates, groceries. Lifestyle expenses include entertainment and memberships.		
Superannuation (\$ p.a.)	Client 1	Client 2
Salary sacrifice	\$	\$
How much do you or your household save each year?*	\$	\$
Do you expect changes to your current savings/expenditure?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details, including timeframe and amount, of any substantial changes in the next 12 months:		
Is your income likely to change in 12 months?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:		

Are you expecting any future income other than your salary?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:		
Taxation*	Client 1	Client 2
Do you claim Private Health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an application to vary PAYG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax payments outstanding	\$	\$
Capital losses carried forward	\$	\$
Social security*	Client 1	Client 2
Are you currently receiving any social security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of payments:	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Disability support <input type="checkbox"/> JobSeeker payment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Disability support <input type="checkbox"/> JobSeeker payment <input type="checkbox"/> Other: _____
What date did you start receiving benefits?		
Have you been in continuous receipt of these benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a concession card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of card:	<input type="checkbox"/> Commonwealth Seniors Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> Low Income Health Card <input type="checkbox"/> Medicare Card <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> State Concession Card <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commonwealth Seniors Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> Low Income Health Card <input type="checkbox"/> Medicare Card <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> State Concession Card <input type="checkbox"/> Other: _____
Have you gifted any assets in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much and when?	\$ _____ Date: _____	\$ _____ Date: _____

Notes

1.4 Existing assets and liabilities

When completing your asset details, use the liabilities row to document any debt that may be linked to that particular asset. Where an asset does not have a debt attached, leave the liabilities row blank. Do the same for liabilities that have no asset attached.

Lifestyle assets		Existing liabilities	
<input type="checkbox"/> Refer to below <input type="checkbox"/> Refer to attachment <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed		<input type="checkbox"/> Refer to below <input type="checkbox"/> Refer to attachment <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed	
Please complete your details	Complete with your adviser	Please complete your details	Complete with your adviser
Description*	Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*	Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Current value*		Lender*	
		Current debt*	
Description*	Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*	Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Current value*		Lender*	
		Current debt*	
Description*	Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*	Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Current value*		Lender*	
		Current debt*	

1.4 Existing assets and liabilities (continued)

Lifestyle assets (continued)		Existing liabilities (continued)					
Please complete your details		Complete with your adviser		Please complete your details		Complete with your adviser	
Description*		Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*		Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint		
Current value*			Lender*				
			Current debt*				
Description*		Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*		Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint		
Current value*			Lender*				
			Current debt*				
Description*		Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*		Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint		
Current value*			Lender*				
			Current debt*				
Description*		Purchase amount*: _____ Purchase date*: _____ Asset tested*: <input type="checkbox"/> Yes <input type="checkbox"/> No Centrelink value*: _____ Security for Loan*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	Description*		Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint		
Current value*			Lender*				
			Current debt*				

1.4 Existing assets and liabilities (continued)

Have you recently sold a home, and has it settled?

If yes, please provide details:

Financial assets – Cash/Fixed interest/Managed funds/Shares/Property

Refer to below Refer to attachment No Not Disclosed

Please complete your details

Complete with your adviser

Description*

Purchase amount*: _____
 Purchase date*: _____
 Income pa (\$/%)*: _____
 Current units: _____
 Used as loan security*: Yes No
 Reinvest income*: Yes No
 Owner*: Client 1 Client 2 Joint

Current value*

Description*

Purchase amount*: _____
 Purchase date*: _____
 Income pa (\$/%)*: _____
 Current units: _____
 Used as loan security*: Yes No
 Reinvest income*: Yes No
 Owner*: Client 1 Client 2 Joint

Current value*

Description*

Purchase amount*: _____
 Purchase date*: _____
 Income pa (\$/%)*: _____
 Current units: _____
 Used as loan security*: Yes No
 Reinvest income*: Yes No
 Owner*: Client 1 Client 2 Joint

Current value*

Existing liabilities (continued)

Refer to below Refer to attachment No Not Disclosed

Please complete your details

Complete with your adviser

Description*

Interest rate*: _____
 Interest tax deductible*: Yes No
 Repayments and frequency*: _____
 Repayments*: P&I I only
 Owner*: Client 1 Client 2 Joint

Lender*

Current debt*

Description*

Interest rate*: _____
 Interest tax deductible*: Yes No
 Repayments and frequency*: _____
 Repayments*: P&I I only
 Owner*: Client 1 Client 2 Joint

Lender*

Current debt*

Description*

Interest rate*: _____
 Interest tax deductible*: Yes No
 Repayments and frequency*: _____
 Repayments*: P&I I only
 Owner*: Client 1 Client 2 Joint

Lender*

Current debt*

1.4 Existing assets and liabilities (continued)

Financial assets – Cash/Fixed interest/Managed funds/Shares/Property (continued)		Existing liabilities (continued)	
Please complete your details		Complete with your adviser	
Description*		Purchase amount*: _____ Purchase date*: _____ Income pa (\$/%)*: _____ Current units: _____ Used as loan security*: <input type="checkbox"/> Yes <input type="checkbox"/> No Reinvest income*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
Current value*			
Description*		Purchase amount*: _____ Purchase date*: _____ Income pa (\$/%)*: _____ Current units: _____ Used as loan security*: <input type="checkbox"/> Yes <input type="checkbox"/> No Reinvest income*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
Current value*			
Description*		Purchase amount*: _____ Purchase date*: _____ Income pa (\$/%)*: _____ Current units: _____ Used as loan security*: <input type="checkbox"/> Yes <input type="checkbox"/> No Reinvest income*: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
Current value*			
Description*			Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
		Lender*	
		Current debt*	
Description*			Interest rate*: _____ Interest tax deductible*: <input type="checkbox"/> Yes <input type="checkbox"/> No Repayments and frequency*: _____ Repayments*: <input type="checkbox"/> P&I <input type="checkbox"/> I only Owner*: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
		Lender*	
		Current debt*	
Notes			

1.4 Existing assets and liabilities (continued)

Superannuation

Refer to below Refer to attachment No Not Disclosed

Fund name	Member number	Current value	Receives employer and/or personal contributions	Owner
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

Have you made any personal contributions to any Australian superannuation fund (including closed funds) in the past 3 financial years?

Yes No Client 1 Client 2

If yes, provide details:

Retirement Income Stream

Refer to below Refer to attachment No Not Disclosed

Fund name	Member number	Current value	Income (incl. frequency)	Owner
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

1.5 Insurance	
Do you hold any existing personal insurance (inclusive of any cover held in superannuation)?	<input type="checkbox"/> Refer to below <input type="checkbox"/> Refer to attachment <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed
If self-employed, do you own any business insurances? If yes, provide details, including the type, insured amount and premiums:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed
Insurance type*	Details*
<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection	Person insured*
	Policy name*
	Policy number*
	Policy owner*
	Sum insured*
	Premium*
<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection	Person insured*
	Policy name*
	Policy number*
	Policy owner*
	Sum insured*
	Premium*
<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection	Person insured*
	Policy name*
	Policy number*
	Policy owner*
	Sum insured*
	Premium*
<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection	Person insured*
	Policy name*
	Policy number*
	Policy owner*
	Sum insured*
	Premium*

<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection	Person insured*	
	Policy name*	
	Policy number*	
	Policy owner*	
	Sum insured*	
	Premium*	
<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection	Person insured*	
	Policy name*	
	Policy number*	
	Policy owner*	
	Sum insured*	
	Premium*	
Insurance (continued)	Client 1	Client 2
What was the original purpose for the cover or covers?		
Are you aware of any existing loadings and/or exclusions to your current policies?		
If you were without income how many weeks do you think you could maintain your current standard of living?		
Have you had an application for personal insurance rejected for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming or have you ever claimed an insurance benefit from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any reason or impediment to you obtaining personal insurance cover from an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 – Goal development and advice scope

This document captures information relating to your client's goals and objectives, and the scope of your advice. It is important that you thoroughly document all discussions had with your client in this section as the information you document here will demonstrate the link between the client's goal and the scope of the advice you provide.

*denotes a mandatory field

Date: _____

2.1 Capturing your client discussions*

In *Section 1 Client details*, your client outlined why they have sought advice. In this section, document the discussions you had with your client that led to the creation of their measurable goals. This may include trade-offs and priority conflicts. You should draw out, discuss and document any other explicit and/or implicit advice areas that should be considered based on your client's circumstances and the goals to be achieved.

To help develop each goal ask your client:

- WHY is this important?
- WHAT do you hope to achieve?
- WHEN do you want to achieve this by?
- HOW do you plan to achieve this?

Refer to file note for evidence of this discussion

2.2 Client goals

Use the above discussion with your client to refine the goals. They should be clearly defined, measurable and able to be easily articulated to the client. Include any additional needs you have identified and discussed with your client, as documented in 2.3 Needs addressed with the client.

Goal 1		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 2		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 3		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 4		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 5		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 6		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint

Goal 7		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 8		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 9		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Goal 10		
	Timeframe*	
	Estimated costs*	
	Priority*	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint

2.3 Needs addressed with the client*	
Work through any additional needs you have identified to be relevant for your client based on their personal circumstance and what they want to achieve.	
Need 1	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
What is the individual identified need discussed?	
Does the client want this addressed in the advice? If no, explain why:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, record identified need as a goal under 2.2 <i>Client goals</i> above
If need will not be addressed in this advice, complete the below.	
Outline the risks discussed with your client by not addressing this need	
To be addressed in the future (include timeframes)	
Reason it is appropriate to not address the above need in the advice	
Need 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
What is the individual identified need discussed?	
Does the client want this addressed in the advice? If no, explain why:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, record identified need as a goal under 2.2 <i>Client goals</i> above
If need will not be addressed in this advice, complete the below.	
Outline the risks discussed with your client by not addressing this need	
To be addressed in the future (include timeframes)	
Reason it is appropriate to not address the above need in this advice	

2.4 Conflicts of client goals and objectives (when a conflict is identified)*

Conflicts between a client’s needs, goals, objectives and financial circumstances should be resolved before providing advice. If a conflict cannot be resolved, ensure you have a trade-off discussion and consider if providing advice is in the client’s best interest. Or you need to prioritise one need or goal.

Description of conflict and how it arose	
Has the conflict been discussed with the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of the discussion	
Can you still give advice in the client’s best interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If goal will no longer be addressed in this advice, complete the below.	
Outline the reasons why this goal will not be addressed	
Outline the risks discussed with your client by not addressing this goal	
To be addressed in the future (include timeframes)	
Reason it is appropriate to not address the above goal in this advice	

2.5 What are we providing advice on?*

You must consider whether you have the required accreditation and expertise to provide advice for the confirmed goals. If you are not accredited to provide advice in relevant advice areas then you should refer your client.

Confirm the goals that will be addressed in this advice	<input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 6 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 7 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 8 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 9 <input type="checkbox"/> Goal 5 <input type="checkbox"/> Goal 10
Confirm the goals that will <i>not</i> be addressed in this advice	<input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 6 <input type="checkbox"/> Need 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 7 <input type="checkbox"/> Need 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 8 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 9 <input type="checkbox"/> Goal 5 <input type="checkbox"/> Goal 10

Section 3 – Risk profiling and insurance needs

Date: _____

3.1 Determining your risk tolerance				
Answer the following questions about investing to help us determine a suitable investment strategy for your goals.				
Question 1: Which of the following best describes your own experience level as an investor?				
	Client 1	Client 2	Joint	Score
I have had virtually no experience in investing money apart from using bank accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
I have had limited experience in investing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
I have had a reasonable level of investment experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
I would consider myself an experienced investor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 2: Which of the following best describes your level of knowledge and understanding of financial markets and investing?				
	Client 1	Client 2	Joint	Score
Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Solid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 3: Thinking about the risk you have taken with your past investment choices, how would you describe the level of risk?				
	Client 1	Client 2	Joint	Score
High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Not applicable as my past experience is limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Question 4: In the context of investing, what best describes your attitude to risk?				
	Client 1	Client 2	Joint	Score
It is something to be avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
It is a source of uncertainty and needs to be limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
It can create the opportunity for improved returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
It is something to be embraced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 5: If asked to make your own investment decisions how would you feel?				
	Client 1	Client 2	Joint	Score
Not confident at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Somewhat hesitant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Reasonably confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3

Very comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 6: If you held a sizable investment that regularly went up and down in value, which would you be likely to do?				
	Client 1	Client 2	Joint	Score
Watch its progress daily or weekly as I'm likely to be anxious about investment performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Watch its progress monthly out of concern over investment performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Watch its progress regularly, not out of concern, but just for general interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Only check its progress once or twice a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 7: How would you feel if 70% of your investment portfolio was invested in the share market?				
	Client 1	Client 2	Joint	Score
Very comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Reasonably comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
A little hesitant but willing to consider it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Not comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Question 8: In order to earn a return above the level of bank interest rates you may need to hold investments that go up and down in value (i.e. have volatility). How important is it to you to protect your investment and minimise the prospect of any fall in the value?				
	Client 1	Client 2	Joint	Score
Very important. Protecting my existing investment is my main objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Important, but I'm comfortable for at least a small part of my portfolio to have volatility in order to improve returns over the longer term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Somewhat important but I'm prepared to take on a reasonable amount of volatility in order to increase my chance of higher returns over the longer term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Not particularly important as I'm comfortable that having exposure to volatility increases the likelihoods for returns to be maximised over the longer term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 9: If you owned a large amount of shares and the stock market fell quickly by 20%, what do you believe your natural reaction would be?				
	Client 1	Client 2	Joint	Score
To sell all the shares as soon as possible to avoid any further falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
To sell the some of the shares to reduce exposure to future falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
To hold the shares and wait for a recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
To look for ways to buy more shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Question 10: Investments that go up and down in value in the short-term (i.e. have volatility) are more likely to produce higher returns than investments that remain steady. Are you prepared to experience volatility in your investments in order to increase the chance of higher returns?				
	Client 1	Client 2	Joint	Score
No, not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Yes, but only for some of my investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Yes, for a significant part of my investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Yes, definitely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4

Assessment		Client 1	Client 2	Joint
Please complete the assessment and continue to 3.2 <i>Documenting your risk profile discussions</i> .				
Total score				
Identified risk profile				
Agreed risk profile				
Expected investment timeframe				
Score	Investment profile			
0 – 9	<p>0% growth assets Protection of capital and/or certainty of income is your only objective. You do not wish to attain higher returns if your capital is at risk. This portfolio only has 'Cash' assets. Cash assets are income focused, normally linked to interest rates, and historically have rewarded the investor with no down-side volatility; albeit with relatively low medium to long-term returns.</p>			
10 – 17	<p>30% growth assets Definite need for a very secure income. Little fluctuations in capital value. Will not accept much downside risk. Minimum suggested timeframe is 3 years.</p>			
18 - 26	<p>50% growth assets Requires a stable income. Can withdraw capital to supplement income if necessary. Expect small fluctuations in income to gain modest capital growth. Requires minimisation of downside risk. Minimum suggested timeframe is 5 years.</p>			
27 – 32	<p>70% growth assets Desires a reasonably stable income stream, but also desires a steady growth in capital value. Prepared for fluctuations to achieve reasonable capital growth over the medium term. Sufficient capital available to draw down to supplement income needs. Minimum suggested timeframe is 7 years.</p>			
33 – 36	<p>85% growth assets Little or no need for an ongoing current income from investments. Investment focus is on achieving capital growth with no need to access capital in the medium term. Prepared to accept fluctuations in capital value to achieve longer term wealth accumulation. Minimum suggested timeframe is 8.5 years.</p>			
37 - 40	<p>100% growth assets No ongoing income needed from investments. Investment focus is on high levels of capital growth with no need to access capital for the long term. Prepared to accept wide fluctuations in capital value and may be prepared to invest additional sums during downsize periods. Minimum suggested timeframe is 10 years.</p>			

3.1 Determining your risk tolerance (continued)

Growth profiles

Investment profile	0%	30%	50%	70%	85%	100%
Portfolio make up						
Cash	100%	27%	12%	7%	6%	0%
Australian fixed interest	0%	26%	23%	14%	5%	0%
International fixed interest	0%	17%	15%	9%	4%	0%
Property / Global Infrastructure	0%	5%	7%	10%	13%	15%
Australian shares	0%	9%	15%	22%	26%	32%
International shares	0%	12%	22%	31%	40%	47%
Other – Alternatives	0%	4%	6%	7%	6%	6%
Return information ¹						
Projection return per annum (historical)	1.60%	3.31%	4.34%	5.36%	6.14%	6.94%
Extreme return range	0% to 6.9%	-9.3% to 16.0%	-13.9% to 22.6%	-19.0% to 29.7%	-23.3% to 35.6%	-27.5% to 41.4%
Normal return range	0% to 3.4%	-0.9% to 7.5%	-1.7% to 10.4%	-2.8% to 13.5%	-3.7% to 16.0%	-4.5% to 18.4%
Probability of a positive return (over one year)	100%	78.39%	76.22%	74.51%	73.44%	72.72%
Minimum suggested investment timeframe	N/A	3 years	5 years	7 years	8.5 years	10 years
Investment objective over investment timeframe	RBA Cash Rate	CPI + 0.25%	CPI + 1.00%	CPI + 1.75%	CPI + 2.50%	CPI + 3.25%
Probability of meeting investment objective ²	100%^	62.28%	64.91%	66.48%	65.49%	64.86%
Investor characteristics ³						
Suitable for short term goals	✓	✓	✓			
Suitable for long term goals				✓	✓	✓
Willing to incur loss of capital value	Not willing	Less willing	Willing	Willing	Willing	Willing
Portfolio diversification	Very limited, invested entirely in defensive assets	Limited	Well-diversified	Some diversification	Limited	Very limited, invested entirely in growth assets
Capital security vs Capital growth	Security	Security	Balanced	Growth	Growth	Growth

¹ This information was obtained from AMP Capital and considered to be reliable, however we do not guarantee it is accurate or complete. The information in this publication is current as at October 2019 and may change over time. Past performance is not a reliable indicator of future performance.

² The probability of meeting the objective in the 0% growth profile of RBA cash rate assumes investment in a very liquid asset such as Call Deposit 11 AM account and assumes no fees.

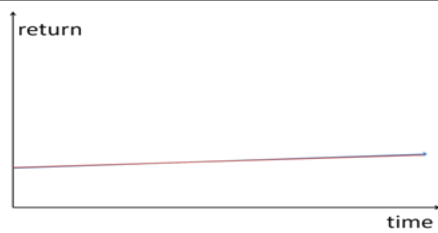
³ This table contains information that is general in nature. It does not take into account the objectives, financial situation or needs of any particular person. You need to consider your financial situation and needs before making any decisions based on this information.

3.1 Determining your risk tolerance (continued)

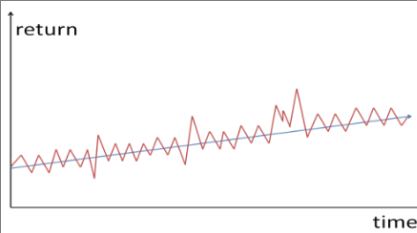
Growth profiles (continued)

Return over time graphs

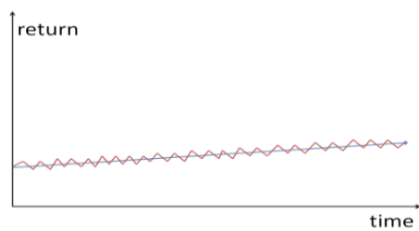
0% growth profile



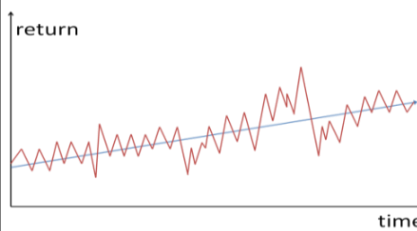
70% growth profile



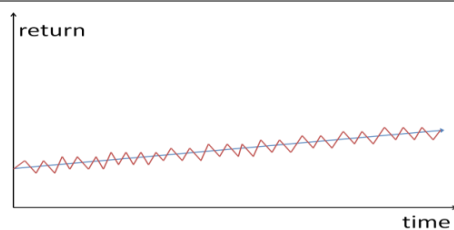
30% growth profile



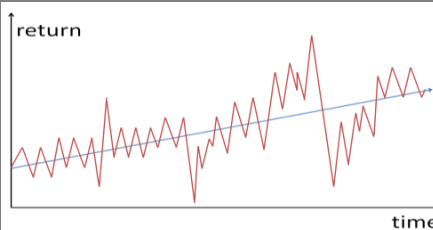
85% growth profile



50% growth profile



100% growth profile



Notes

3.2 Documenting your risk profile discussions

Refer to below Refer to file note - ensure file note includes the relevant context (as outlined below)

Once you have determined your client's risk profile, document the discussion you had with the client including how your client feels about the identified risk profile. This should be recorded in their own words, including any questions asked – it is not sufficient to solely document the outcome of this discussion. Be sure to explain to your client the return information and investor characteristics of the identified risk profile and document this discussion.

If you did not complete the questionnaire, ensure you outline how you determined your client's risk profile and the identified investment profile.

Discuss with your client their tolerance to risk with respect to achieving their goals. Be sure to discuss the differences between the identified tolerance to risk and the investment strategy required to achieve their goal – Is your client comfortable with taking more risk to achieve their goals or do the goals need to be reviewed considering your client's risk tolerance? Please also consider if the client could take on a reduced risk tolerance to achieve their goals. Document any change to the goals or investment strategy to be applied to those goals.

Document how you assessed your client's investment literacy and investment experience. To illustrate how this was tested, it is important to include any responses provided by the client and/or questions asked.

Document how you educated your client on financial market behaviour and the fundamentals of investing, such as performance, volatility, inflation, and liquidity. To illustrate client understanding, it is important to include any responses provided by the client and/or questions asked.

Date: _____

3.3 Documenting any identified conflicts

Conflicts identified in the risk profile questionnaire (e.g. conflicting priorities in responses), risk profile/tolerance and goals should be addressed and resolved before providing advice. If a conflict cannot be resolved, consider if providing advice is in the client's best interest.

Refer to below Refer to file note - ensure file note includes the relevant context (as outlined below)

Description of the conflict and how it arose:

--

Has the conflict been discussed with the client?

Yes No - If no, provide details below

--

If yes, explain the trade-off and priorities determined.

--

What was the outcome of the discussion?

--

Can you still give advice in the client's best interest? Please explain:

--

Notes

Section 3 – Risk profiling and insurance needs

This document captures information relating to your client's insurance needs.

It is important that you thoroughly document all discussions had with your client in this section, including any details and/or matters influencing the discussed insurance needs.

Only include assets in the 'Less realisable assets' section where the client is prepared for these assets to be sold in the event of their death or illness. When discussing with your client the values to include in the needs analysis, be sure to take into consideration any private health insurance they may hold. The level of private health insurance (basic or comprehensive) may impact the amount your client will need to cover things like medical expenses. Use the checkbox where the value for Client 2 is the same as Client 1.

3.4 Personal insurance needs analysis						
<input type="checkbox"/> Refer to below <input type="checkbox"/> Refer to attachment <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed						
Needs (\$)	Client 1			Client 2		
	Life	TPD	Trauma	Life	TPD	Trauma
Mortgage (outstanding)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle loan				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card debt				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral expenses				<input type="checkbox"/>		
Legal expenses				<input type="checkbox"/>		
Subtotal						
Income						
Spouse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years required				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years required				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children education				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years required				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future earning rate	4%	4%	4%	4%	4%	4%
Subtotal						

3.4 Personal insurance needs analysis (continued)

	Client 1			Client 2		
Needs (\$)	Life	TPD	Trauma	Life	TPD	Trauma
Medical costs						
Immediate					<input type="checkbox"/>	<input type="checkbox"/>
Ongoing					<input type="checkbox"/>	<input type="checkbox"/>
Years required					<input type="checkbox"/>	<input type="checkbox"/>
Carer needs					<input type="checkbox"/>	<input type="checkbox"/>
Home improvement cost					<input type="checkbox"/>	<input type="checkbox"/>
Subtotal						
Other needs						
a.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total needs						
Notes						

3.4 Personal insurance needs analysis (continued)

	Client 1			Client 2		
Less realisable assets (\$)	Life	TPD	Trauma	Life	TPD	Trauma
Cash				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment property				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation balance				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal						
Other realisable assets						
a.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total realisable assets						
Less existing cover (\$)						
Existing insurance cover						
Identified insurance cover need						
Gross insurance cover						
Tax gross up						

Notes

3.4 Personal insurance needs analysis (continued)

Client 1 (continued)			Client 2 (continued)		
Income Protection			Income Protection		
Option 1	Income (\$) <i>How much income would your client need if they were to suffer an injury or illness?</i>		Income (\$) <i>How much income would your client need if they were to suffer an injury or illness?</i>		
	Less existing insurance cover or continuing sources of income (\$)		Less existing insurance cover or continuing sources of income (\$)		
	Identified insurance cover need (\$)		Identified insurance cover need (\$)		
Option 2	Cost of living (\$)		Cost of living (\$)		
	Other expenses (\$)		Other expenses (\$)		
	Less existing insurance cover or continuing sources of income (\$)		Less existing insurance cover or continuing sources of income (\$)		
	Identified insurance cover need (\$)		Identified insurance cover need (\$)		
Terms	Waiting period		Waiting period		
	Benefit period		Benefit period		
Note: Annual & sick leave balances are detailed in <i>Section 1: Client details (1.3 Employment, income and expenses)</i> .					

Notes

3.4 Business expenses insurance needs analysis

	Client 1	Client 2
Needs (\$)		
Property rates and taxes		<input type="checkbox"/>
Rent		<input type="checkbox"/>
Mortgage/Loan payments		<input type="checkbox"/>
Utilities		<input type="checkbox"/>
General insurance premiums		<input type="checkbox"/>
Cleaning		<input type="checkbox"/>
Laundry		<input type="checkbox"/>
Telephone		<input type="checkbox"/>
Leasing of equipment		<input type="checkbox"/>
Leasing of motor vehicles		<input type="checkbox"/>
Salaries and Super of employees		<input type="checkbox"/>
Medical locum		<input type="checkbox"/>
Other needs		
a.		<input type="checkbox"/>
b.		<input type="checkbox"/>
c.		<input type="checkbox"/>
d.		<input type="checkbox"/>
e.		<input type="checkbox"/>
f.		<input type="checkbox"/>
Total needs		

Notes

3.4 Documenting your insurance discussions

Be sure to document any discussions you had with your client that determined the specific values used within the needs analysis. Consider your client's goals and personal circumstances, and how these fit into their overall insurance requirements.

Life insurance	TPD insurance
Trauma insurance	Income protection insurance
Business expenses insurance	Other Notes