

# Fact Find

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Client

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Adviser Name

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Date Completed

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Charter Financial Planning Limited ABN 35 002 976 294

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Please answer the questions as openly and as honestly as you can as it will allow us to better understand your needs and concerns. Some useful sources of information are last year's tax return, superannuation member statements, bank and credit card statements.

Please complete as much of this Fact Find as possible and return it to our office prior to your appointment. This will allow us to prepare for our meeting so we can use our time together effectively.

# Personal information

Personal information	Client 1	Client 2
Title		
First name		
Middle name		
Surname		
Other name known by? (If any)		
Preferred name		
Gender		
Date of birth		
Place of birth		
Marital status		
Australian tax resident		
Tax file number		

Political exposed persons	Client 1	Client 2
Do you, an immediate family member or close associate hold a prominent public position in a Federal, State/Territory government body or international organisation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> to above how are you related/associated with the person holding the prominent public position?	<input type="checkbox"/> You hold the prominent public position <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate	<input type="checkbox"/> You hold the prominent public position/role <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate
If <b>Yes</b> please select the correct option about the person with the prominent public position/role.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.

**\*Notes**

Examples of these positions include Head of State, country or government; senior politician or government official; Judge of the High Court, Federal Court or Supreme Court; Governor of a central bank; Senior foreign representative; high-ranking member of the armed forces; board chair, chief executive, or chief financial officer of a state enterprise or international organisation.

A close associate is a person who benefits from a legal entity or arrangement that you have beneficial ownership in.

# Contact information

Contact details	Client 1	Client 2
Home address		
Business address		
Address for correspondence		
Home phone		
Work phone		
Mobile		
Fax		
Email		
Other		
Preferred method of contact		

# Children / dependants

Not applicable

Not disclosed

Name	Relationship	Date of birth	Financially dependant until ...

## Additional information

(eg. special needs, education funding requirements, youth allowance or any other government benefit)

# Employment

Not applicable

Not disclosed

Employment	Client 1	Client 2
Occupation		
Position		
Employment status		
Hours worked per week		
Employer name		
Start date with employer		
Years in current occupation		
Any change planned? If yes, provide details below		
Salary packaging available?		
Leave details (annual, sick, LSL)		
Business structure (if self employed, record details later in fact find)		
Additional occupation (if applicable)		

**Additional information**

(eg. salary packaging details, any expected future changes in occupation, pending leave)

# Income

Not applicable

Not disclosed

Income	Owner	Amount
<b>Total income (per annum)</b>		

# Expenses

Not applicable

Not disclosed

Expense	Owner	Amount
<b>Total expenses (per annum)</b>		

## Other cashflow details

	Client 1	Client 2
Able to save?		
If 'Yes', how much?		
Use of savings over the last year		

### Additional information

(e.g. how expenses will change post retirement, any unusual expenses anticipated in the future)

# Social Security benefits

Not applicable

Not disclosed

Centrelink / DVA detail	Client 1	Client 2
Payment type		
Reference No.		
Centrelink assessed assets	\$ Valuation date:	\$ Valuation date:
Centrelink assessed income	\$ Valuation date:	\$ Valuation date:
Are you renting?		
Gifts in last 5 years		
PBS registered?		
CSHC registered?		
Annual entitlement		

## Additional information

# Aged Care

Not applicable

Not disclosed

Aged care	Client 1	Client 2
Facility type		
Date of entry		
Fees - Entry fee	Type: \$	Type: \$
- Daily care fee	\$	\$
- Income tested fee	\$	\$
Status of former home		
Total annual fees	\$	\$

## Additional information

(This may include Age care facility details, including permission to contact, means category (low, medium, high) and other aged care considerations such as:

- whether there is an intention to sell the family home in order to fund aged care services
- if a property valuation has been done
- what is the estimated value (attach copy of valuation)
- are there any issues that might prevent the sale of the home?
- If retaining, will the former home be resided by a protected person?
- If not selling the family home, how may the client intend to fund aged care?)

# Assets

Not applicable

Not disclosed

Assets – lifestyle	Owner	Amount
<b>Total lifestyle assets</b>		

Assets – investments	Owner	Amount
<b>Total investment assets</b>		

<b>Total assets</b>	
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**Additional information**

# Liabilities

Not applicable

Not disclosed

Liabilities	Owner	Repayments	Repayment type	Interest rate	Deductible	Outstanding Balance
<b>Total liabilities</b>						

## Additional information

(eg. What are the client’s attitudes to managing debt? When does the client want all debt to be paid off?)

# Superannuation fund details

Not applicable

Not disclosed

Superannuation				
Owner				
Fund name:				
Type				
Total fund balance as at:				
Policy number				
Employer contributions (pa)				
Salary Sacrifice contributions (pa)				
Personal deductible contributions (pa)				
Non-Deductible contributions (pa)				
Tax-free component:				
Taxable component (taxed):				
Taxable component (untaxed):				
Eligible start date:				
Unrestricted non-preserved:				
Death cover				
TPD cover				
Salary continuance				
Beneficiary/Type				

## Additional information

# Employment termination payments (ETP)

Not applicable

Not disclosed

Termination payment details				
Owner				
Employment start date				
Expected termination date				
Tax-free redundancy amount				
ETP amount				
Unused annual leave				
Unused long service leave				
Other:				

Super and ETP payment history				
Owner				
Payee				
Source				
Date of payment				
<b>Total</b>				

# Pension and Annuity details

Not applicable Not disclosed 

Pension				
Owner				
Provider name/Product name				
Account number				
Type				
TTR?				
Current value				
Purchase price				
Purchase date				
Term at purchase				
Tax free %				
Reversionary				
Gross Income				
Tax deductible %				
Centrelink deductible amount				
Beneficiary				

Annuity				
Owner				
Provider name/Product name				
Purchased date				
Initial investment				
Deductible amount*				
Purchase type				
Guarantee term				
Income (Frequency)				
Recommended value				

\* This is determined as a % of your pension payment, where the % is the proportion of tax exempt component at purchase to the total purchase price. This % is fixed and is the proportion of each pension payment that is treated as tax exempt.

## Additional information



# Source of wealth and funds

## Source of wealth

What is the main source of your overall wealth?

- Business income
- Employment income
- Investment income
- Sale of assets
- Redundancy
- Inheritance
- Matured investments
- Windfall
- Other:

## Source of funds

What are the source of funds under advice?

- Business income
- Employment income
- Investment income
- Sale of assets
- Redundancy
- Inheritance
- Matured investments
- Windfall
- Other:



# General insurance

Not applicable

Not disclosed

General Insurer	Type	Details	Owner	Sum insured	Premium

# Health insurance

Not applicable

Not disclosed

Health Insurer/Product	Type	Owner	Insured	Premium

## Additional information

## Health details

Not applicable

Not disclosed

	Client 1	Client 2
Health status		
Health insurance?		
Are there any health conditions that may impact financial decisions or investment timeframes?		
Family history (eg health issues and longevity of parents)		

## Professional advisers

Not applicable

Not disclosed

Description	Name/Company	Contact details
Solicitor		
Accountant		

## Referrer details

Not applicable

Not disclosed

Description	Name/Company	Contact details

# Estate planning

Not applicable Not disclosed 

Estate planning	Client 1	Client 2
Existing Will?		
Date of original Will		
Date last reviewed		
Name of appointed guardian		
Location of Will		
Have circumstances changed since last review?		
Testamentary trust?		
If 'yes', who are the beneficiaries?		
Powers of attorney?		
If 'yes', what types/who?		
Funeral plan?		
State in which documents prepared?		
Any previous relationships that may impact on estate planning arrangements?		
Any bequests?		
Any other special estate planning issues? (e.g. likelihood of receiving an inheritance, de-facto relationship, children from previous relationships)		
Any potential beneficiaries in a vulnerable situation? (e.g. financial trouble, relationship problems, disabilities)		

Executors	Owner	Notes

Beneficiaries	Owner	Age of entitlement	Notes

Powers of Attorney	Owner	Type	Notes

Bequest Name	Owner	Asset

**Additional information**

(eg. For business owners, are buy/sell agreements and relevant insurance policies in place? Complete the separate Business Fact Find where appropriate.)

# Scope of our advice

## Why has the client sought advice?

Document what the client wanted to achieved.

### Why has the client sought advice?

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- 
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## Agreed scope of advice

Once you have completed further investigations and discussions with your client, record the agreed scope of advice. Has the advice been 'scaled'? If so, include details that support your judgement to scale your advice. Please note that once the scope of advice has been agreed, you may need to make further enquiries to be in a position to provide appropriate advice (record any additional information in the relevant section of the Fact Find).

### Agreed scope of advice

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- 
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## Advice limitations

Clearly outline the aspects that the client has taken out of scope. Examples: (i) you may identify an issue with the client's cashflow position but the client declines advice in those advice areas, (ii) the client may wish to retain/purchase/sell a component within their investment portfolio without your advice.

### Scope limitations

You have asked us to limit our advice to the areas listed above. It is important you know we have not provided advice on the following:

- 

Due to the reduced scope of our advice:

- 

### Information limitations

We have not been able to get information on:

-

## Goals and objectives

Record the goals and objectives you and the client have agreed will be addressed. Aim to be specific when stating the client’s objectives (eg. include a purpose, amount and timeframe where appropriate). You may wish to prioritise each goal/objective and include details about how the client wishes them to be funded.

Owner	Description	Target Date	Target Amount	Priority/ Status

**Planning priorities and preferences\***

\* Include any client concerns and preferences that the client wants you to consider when formulating your advice.

# Personal risk needs analysis

Not applicable

Not disclosed

## Lump sum insurance (Client 1)

Requirements	Death	TPD	Trauma
Reduce/clear home loan			
Reduce/clear other loans			
Final expenses			
Medical costs (initial)			
Rehab/recovery/ongoing care			
Children			
Other needs *			
Annual income replacement \$.....pa for .....years Assumed net rate of return .....%			
Other income needs \$.....pa for .....years Assumed net rate of return.....%			
<b>Total capital required</b>			
Less assets available to sell			
Less retained insurances			
<b>Cover required</b>			
Agreed/nominated sum insured			

\* Examples: lump sum to fund home improvements, time off work, top-up the 75% IP cover, fund an early retirement, tax provision, cash bequests.

## Income protection insurance (Client 1)

Requirements	Client 1
Eligible for IP cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum cover available	\$..... pm (.....%)
Agreed cover	\$..... pm (.....%)
Include super continuation option? (include contribution details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long could expenses be met without their regular income? (waiting period)	..... weeks
In the event of a long term illness/accident resulting in being unable to work again, how long would the client like benefits to continue? (benefit period)?	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 60 <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 70

## Lump sum insurance (Client 2)

Requirements	Death	TPD	Trauma
Reduce/clear home loan			
Reduce/clear other loans			
Final expenses			
Medical costs (initial)			
Rehab/recovery/ongoing care			
Children			
Other needs *			
Annual income replacement \$.....pa for .....years Assumed net rate of return .....%			
Other income needs \$.....pa for .....years Assumed net rate of return .....%			
<b>Total capital required</b>			
Less assets available to sell			
Less retained insurances			
<b>Cover required</b>			
Agreed/nominated sum insured			

\* Examples: lump sum to fund home improvements, time off work, top-up the 75% IP cover, fund an early retirement, tax provision, cash bequests.

## Income protection insurance (Client 2)

Requirements	Client 2
Eligible for IP cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum cover available	\$..... pm (.....%)
Agreed cover	\$..... pm (.....%)
Include super continuation option? (include contribution details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long could expenses be met without their regular income? (waiting period)	..... weeks
In the event of a long term illness/accident resulting in being unable to work again, how long would the client like benefits to continue? (benefit period)?	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 60 <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 70

## Additional underwriting details

Not applicable

Not disclosed

Underwriting details	Client 1	Client 2
Height (cm)		
Weight (kg)		
Smoker? If 'No', when ceased? If 'Yes', number/day		
Key duties of occupation (include details of heights/ underground work etc)		
Administrative %		
Manual %		
Supervisory %		
Travel %		
Taking or been on any prescribed medication?		
Previous insurance claims?		
Previous insurance declined, loaded or exclusions applied?		
<b>Hazardous pursuits</b>		
Any special interests (eg abseiling, car racing, scuba diving)?		

### Additional information

Provide additional details on the information in the above needs analysis and underwriting tables. Explain the reasons why the 'Agreed cover' is less than the 'Cover required' (if applicable).

# Investment experience and attitude to risk

Outline your discussions with your client about their investment knowledge, education and experience, their motivation for investing and their attitude to risk. Have they used other advisers previously? Is the agreed risk profile consistent with the outcome of the questionnaire? Is the profile appropriate? Would another adviser recommend the same profile? If not, explain why.

Not applicable       Not disclosed

<b>Question 1: Which of the following best describes your own experience level as an investor?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>Question 2: Which of the following best describes your level of knowledge and understanding of financial markets and investing?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>Question 3: Thinking about the risk you have taken with your past investment choices, how would you describe the level of risk?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>Question 4: In the context of investing, what best describes your attitude to risk?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>Question 5: If asked to make your own investment decisions how would you feel?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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

<b>Question 6: If you held a sizable investment that regularly went up and down in value, which would you be likely to do?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>Question 7: How would you feel if 70% of your investment portfolio was invested in the share market?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>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?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
<b>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?</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Score</b>
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
Total score			
Identified risk profile			
Agreed risk profile			

Score	Risk profile
10	<p><b>0% growth assets</b>                      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.                      Minimum suggested timeframe is 1 year.</p>
11 – 17	<p><b>30% growth assets</b>                      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><b>50% growth assets</b>                      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><b>70% growth assets</b>                      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><b>85% growth assets</b>                      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><b>100% growth assets</b>                      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 downside periods.                      Minimum suggested timeframe is 10 years.</p>

Risk profile	0%	30%	50%	70%	85%	100%
<b>Portfolio make up</b>						
Cash	100%	22%	11%	5%	4%	0%
Australian fixed interest	0%	26%	21%	14%	7%	0%
International fixed interest	0%	22%	18%	11%	4%	0%
Australian property	0%	0%	0%	2%	2%	3%
International property	0%	2%	3%	3%	4%	4%
Australian shares	0%	12%	20%	29%	33%	39%
International shares <sup>5</sup>	0%	13%	24%	33%	43%	51%
Other – Alternatives	0%	3%	3%	3%	3%	3%
<b>Return information <sup>1</sup></b>						
Projection return per annum <sub>2</sub>	3.00%	4.92%	5.70%	6.45%	6.92%	7.45%
Extreme return range	1.50% to 4.50%	-8.30% to 18.20%	-14.30% to 25.70%	-20.50% to 33.40%	-25.20% to 39.00%	-30.00% to 44.90%
Normal return range	2.30% to 3.80%	-1.70% to 11.50%	-4.30% to 15.7%	-7.00% to 19.90%	-9.10% to 23.00%	-11.30% to 26.20%
Probability of a negative return (over one year)	0.00%	13.30%	19.60%	23.60%	25.90%	27.50%
Minimum suggested investment timeframe	1 year	3 years	5 years	7 years	8.5 years	10 years
Investment objective over investment timeframe (return above CPI)	0.50%	0.75%	1.50%	2.50%	3.25%	3.75%
Probability of meeting investment objective (of CPI + investment objective)	84.10% <sup>3</sup>	76.10%	75.50%	72.50%	69.30%	71.00%
<b>Investor characteristics <sup>4</sup></b>						
Suitable for short term goals	Yes	Yes	Yes	No	No	No
Suitable for long term goals	No	No	No	Yes	Yes	Yes
Willing to incur loss of capital value	Not willing	Less willing	Willing	Willing	Willing	Willing
Portfolio diversification	Very limited, invested in defensive assets	Some diversification	Well-diversified	Well-diversified	Well-diversified	Well-diversified

Capital security vs Capital growth	Security	Security	Balanced	Balanced	Growth	Growth
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<sup>1</sup> This information was obtained from AMP Investments and considered to be reliable, however we do not guarantee it is accurate or complete. The direct property and Cash rate were provided by AMP Investments. The information in this publication is current as at April 2024 and may change over time. Past performance is not a reliable indicator of future performance.

<sup>2</sup> The projected returns shown in the table above assumes the investment is taxed as a pension and includes franking credits. These returns are before any costs.

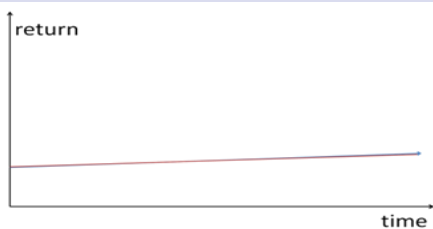
<sup>3</sup> The probability of meeting the objective in the 0% growth profile assumes investment in a very liquid asset such as Call Deposit 11 AM account and assumes no fees.

<sup>4</sup> 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 you financial situation and needs before making any decisions based on this information.

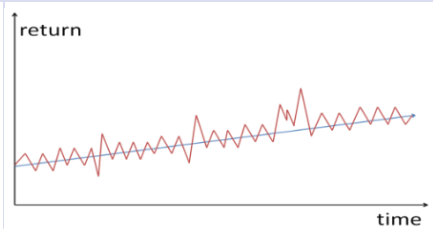
<sup>5</sup> International shares includes an allocation to Global Listed Infrastructure.

**Return over time graphs**

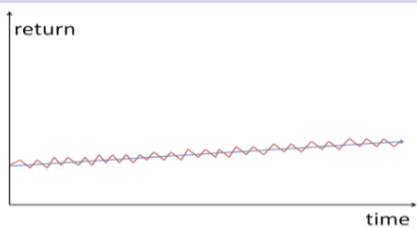
**0% growth profile**



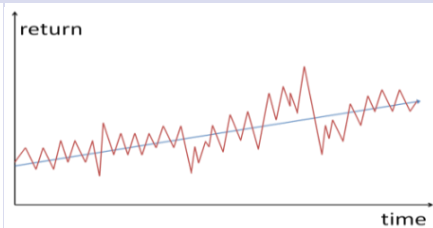
**70% growth profile**



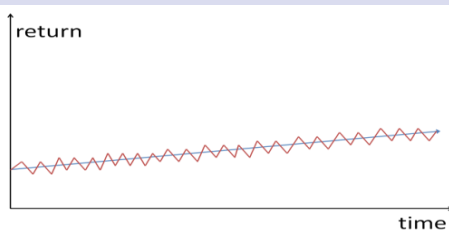
**30% growth profile**



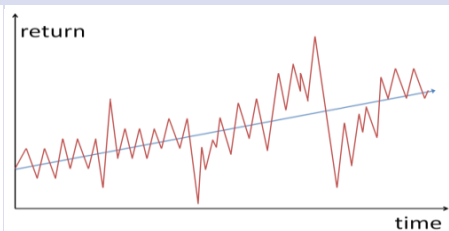
**85% growth profile**



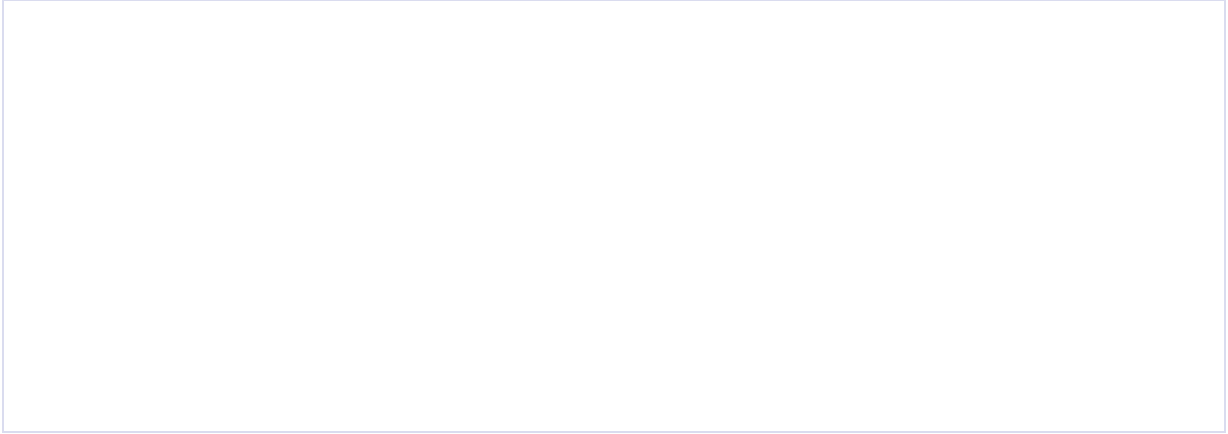
**50% growth profile**



**100% growth profile**



**Additional information**



## Adviser notes (including Know your client (KYC))

**What is the collection source of the KYC information (e.g. Name, DOB, address) you collected?**

[Verbally from client; insert other]

**Does the KYC information you collected (Name, DOB, address) differ to the identification? If so, provide details of the explanation provided by the client.**

## Structures

Partnerships	Partnership 1	Partnership 2
Name		
ABN		
TFN		
Partner details (incl ownership) (if companies, give details above)		
Purpose		
Trading name		
Business activities		

Political exposed persons	Partner 1	Partner 2
Do you, an immediate family member or close associate hold a prominent public position in a Federal, State/Territory government body or international organisation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> to above how are you related/associated with the person holding the prominent public position?	<input type="checkbox"/> You hold the prominent public position <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate	<input type="checkbox"/> You hold the prominent public position/role <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate
If <b>Yes</b> please select the correct option about the person with the prominent public position/role.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.

Political exposed persons	Partner 1	Partner 2
Companies	Company 1	Company 2
Company name		
ABN/ACN		
TFN		
Date of incorporation		
Directors		
Shareholders/Ownership		
Purpose	<input type="checkbox"/> Business <input type="checkbox"/> Trustee of SMSF <input type="checkbox"/> Trustee of Family Trust <input type="checkbox"/> Other: .....	<input type="checkbox"/> Business <input type="checkbox"/> Trustee of SMSF <input type="checkbox"/> Trustee of Family Trust <input type="checkbox"/> Other: .....
Trading name		
Business activities		
Business value		
Key people		
Number of staff		

Political exposed persons	Director 1	Director 2
Do you, an immediate family member or close associate hold a prominent public position in a Federal, State/Territory government body or international organisation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> to above how are you related/associated with the person holding the prominent public position?	<input type="checkbox"/> You hold the prominent public position <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate	<input type="checkbox"/> You hold the prominent public position/role <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate
If <b>Yes</b> please select the correct option about the person with	Holds this position in:	Holds this position in:

Political exposed persons	Director 1	Director 2
the prominent public position/role.	<input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.	<input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.

Trusts (excluding SMSFs)	Trust 1	Trust 2
Trust name		
Trust type		
ABN		
TFN		
Date of deed		
Location of deed		
Purpose		
Trustee		
Beneficiaries		
Appointer		
Trading name (if any)		
Business activities (if any)		
Business value		
Number of staff		

Political exposed persons	Trustee 1	Trustee 2
Do you, an immediate family member or close associate hold a prominent public position in a Federal, State/Territory	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Political exposed persons	Trustee 1	Trustee 2
government body or international organisation?*		
If <b>Yes</b> to above how are you related/associated with the person holding the prominent public position?	<input type="checkbox"/> You hold the prominent public position <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate	<input type="checkbox"/> You hold the prominent public position/role <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate
If <b>Yes</b> please select the correct option about the person with the prominent public position/role.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.

SMSFs	SMSF 1	SMSF 2
SMSF name		
ABN		
TFN		
SFN		
Trustee(s)		
Member(s)		
Date of deed		
Location of deed		
Complying	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Political exposed persons	Trustee 1	Trustee 2
Do you, an immediate family member or close associate hold a prominent public position in a Federal, State/Territory	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Political exposed persons	Trustee 1	Trustee 2
government body or international organisation?*		
If <b>Yes</b> to above how are you related/associated with the person holding the prominent public position?	<input type="checkbox"/> You hold the prominent public position <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate	<input type="checkbox"/> You hold the prominent public position/role <input type="checkbox"/> You are an immediate family member <input type="checkbox"/> You are a close associate
If <b>Yes</b> please select the correct option about the person with the prominent public position/role.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.	Holds this position in:  <input type="checkbox"/> an Australian government body <input type="checkbox"/> a government body in a country other than Australia <input type="checkbox"/> an international organisation, such as the United Nations, the World Trade Organisation or the North Atlantic Treaty Organisation.

**Additional information (eg. entity diagram)**

# Existing personal insurances policies - structures

Not applicable

Not disclosed

Insurer/Product/ Policy number	Policy owner	Life insured	Type of cover	Level of cover	Waiting Period	Benefit Period		Premium	Additional details
						Accident	Sickness		

**Additional information**

# General insurance - structures

Not applicable

Not disclosed

General Insurer	Type	Details	Owner	Sum insured	Premium

# Business Expenses Insurance

Not applicable

Not disclosed

	Estimated annual amount
Rent	\$
Loan principal repayments	\$
Interest payments	\$
Property rates and taxes	\$
Equipment lease costs	\$
Vehicle lease costs	\$
Electricity, heating, gas, telephone, water, etc	\$
Cleaning and laundry costs	\$
Repairs and maintenance	\$
Depreciation of office equipment and premises	\$
Employee salaries and other costs (non revenue generating employees)	\$
Accounting and audit fees	\$
Professional membership fees	\$
Business insurance premiums	\$
Other:	\$
Other:	\$
<b>Total</b>	<b>\$</b>
Share allocated to Principal 1:	\$
Share allocated to Principal 2:	\$

**Additional information**

# Scope of our advice - structures

## Why has the client sought advice?

Document what the client wanted to achieve.

### Why has the client sought advice?

- 
- 
- 

## Agreed scope of advice

Once you have completed further investigations and discussions with your client, record the agreed scope of advice. Has the advice been 'scaled'? If so, include details that support your judgement to scale your advice. Please note that once the scope of advice has been agreed, you may need to make further enquiries to be in a position to provide appropriate advice (record any additional information in the relevant section of the Fact Find).

### Agreed scope of advice

- 
- 
-

## Advice limitations

Clearly outline the aspects that the client has taken out of scope. Examples: (i) you may identify an issue with the client's cashflow position but the client declines advice in those advice areas, (ii) the client may wish to retain/purchase/sell a component within their investment portfolio without your advice.

### Scope limitations

You have asked us to limit our advice to the areas listed above. It is important you know we have not provided advice on the following:

- 

Due to the reduced scope of our advice:

- 

### Information limitations

We have not been able to get information on:

- 

## Goals and objectives

Record the goals and objectives you and the client have agreed will be addressed. Aim to be specific when stating the client's objectives (eg. include a purpose, amount and timeframe where appropriate). You may wish to prioritise each goal/objective and include details about how the client wishes them to be funded.

Owner	Description	Target Date	Target Amount	Priority/ Status

**Planning priorities and preferences\***

\* Include any client concerns and preferences that the client wants you to consider when formulating your advice.

## Income - structures

Not applicable

Not disclosed

Income	Owner	Amount
<b>Total income (per annum)</b>		

## Expenses - structures

Not applicable

Not disclosed

Expense	Owner	Amount
<b>Total expenses (per annum)</b>		

# Assets - structures

Not applicable       Not disclosed

Assets – investments	Owner	Amount
<b>Total investment assets</b>		

<b>Total assets</b>	
---------------------	--

**Additional information**

# Liabilities - structures

Not applicable

Not disclosed

Liabilities	Owner	Loan Limit	Outstanding Balance
<b>Total liabilities</b>			

**Additional information**

(eg. What are the client’s attitudes to managing debt? When does the client want all debt to be paid off?)

## Investment experience and attitude to risk - structures

Outline your discussions with your client about their investment knowledge, education and experience, their motivation for investing and their attitude to risk. Have they used other advisers previously? Is the agreed risk profile consistent with the outcome of the questionnaire? Is the profile appropriate? Would another adviser recommend the same profile? If not, explain why.

Not applicable

Not disclosed

<b>Question 1: Which of the following best describes your own experience level as an investor?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>Question 2: Which of the following best describes your level of knowledge and understanding of financial markets and investing?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>Question 3: Thinking about the risk you have taken with your past investment choices, how would you describe the level of risk?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>Question 4: In the context of investing, what best describes your attitude to risk?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>Question 5: If asked to make your own investment decisions how would you feel?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>

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

<b>Question 6: If you held a sizable investment that regularly went up and down in value, which would you be likely to do?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>Question 7: How would you feel if 70% of your investment portfolio was invested in the share market?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>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?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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
<b>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?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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

<b>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?</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>	<b>Score</b>
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

<b>Assessment</b>	<b>Company</b>	<b>Trust</b>	<b>SMSF</b>
Total score			
Identified risk profile			
Agreed risk profile			

**Additional information**

## Investment strategy - SMSF

<b>Does the fund have an existing investment strategy?</b>  <b>Does the investment strategy need updating? If yes, provide detail:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Pooled <input type="checkbox"/> Segregated <input type="checkbox"/> Single asset <input type="checkbox"/> Copies attached	<input type="checkbox"/> No	<input type="checkbox"/> An investment strategy needs to be implemented ASAP
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### Investment strategy 1

<b>Account name</b>	
<b>Account value</b>	
<b>Purpose</b>	

Defensive asset sub classes	Asset allocation 1		
	Investment strategy range (%)	Strategic asset allocation range (%)	Target (%)
Domestic cash	% – %	% – %	%
International cash	% – %	% – %	%
Australian fixed interest	% – %	% – %	%
International fixed interest	% – %	% – %	%
Growth asset sub classes	Investment strategy range (%)	Strategic asset allocation range (%)	Target (%)
Australian equities	% – %	% – %	%
International equities	% – %	% – %	%
Australian property	% – %	% – %	%
International property	% – %	% – %	%
Other – Alternative	% – %	% – %	%
<b>Total defensive assets</b>			<b>%</b>
<b>Total growth assets</b>			<b>%</b>

## Adviser notes (including Know your client (KYC))

**What is the collection source of the KYC information (e.g. Name, DOB, address) you collected?**

[Verbally from client; insert other]

**Does the KYC information you collected (Name, DOB, address) differ to the identification? If so, provide details of the explanation provided by the client.**

## Fee and FSCG details

### Fee details

Details	
Advice fee (preparation of SOA)	
Payment method	

### Communication preferences

Communications	Details
Preferred means of communication of advice documents, PDS, FSCG etc	
If email, confirm preferred email address	

### Privacy and FSCG details

FSG/FSCG details	Details
Privacy discussed?	
FSG/FSCG version number	
Date FSG/FSCG provided	

# Self-managed superannuation fund trustee responsibilities

There are a number of important considerations that must be discussed with the client before they decide to establish or continue with an SMSF. The table below provides a framework for this discussion. Please tick off each of the below considerations to confirm that you understand your trustee responsibilities.

Does the client understand that operating an SMSF means they're responsible for the superannuation fund and not the adviser, accountant or any other investment professional?	<input type="checkbox"/>
Is the client prepared to commit the time and skill to make appropriate investment decisions and maintain their record-keeping obligations?	<input type="checkbox"/>
Is the client confident and knowledgeable enough to invest the SMSF's money appropriately?	<input type="checkbox"/>
Will the SMSF have sufficient assets for it to be comparatively cost effective?	<input type="checkbox"/>
Is the client willing to accept the fees associated with establishing an SMSF? Costs may include: <ul style="list-style-type: none"> <li>• Establishing a trust deed</li> <li>• Establishing an investment strategy</li> </ul>	<input type="checkbox"/>
Is the client willing to accept the costs of running an SMSF? Costs may include: <ul style="list-style-type: none"> <li>• Auditing fees</li> <li>• Accounting fees</li> <li>• Actuarial fees</li> <li>• Annual supervisory levy</li> </ul>	<input type="checkbox"/>
Does the client understand that the SMSF may be deemed non-complying if the relevant legislative requirements are not satisfied?	<input type="checkbox"/>
Does the client understand the penalties associated with the SMSF being made non-compliant? These include: <ul style="list-style-type: none"> <li>• The SMSF being deemed non-compliant and losing tax concessions</li> <li>• Getting disqualified as trustee</li> <li>• Prosecution</li> <li>• Administration penalties</li> <li>• Enforceable undertakings</li> <li>• Civil, criminal penalties and tax consequences</li> </ul> <p>However, this list is not exhaustive. Refer the client to <a href="#">Penalties</a> section on the ATO website for further details.</p>	<input type="checkbox"/>
Does the client understand that they are legally required to consider insurances for the members and evidence this consideration?	<input type="checkbox"/>
Does the client understand that the law surrounding SMSFs is complex and that some education is likely to be required?	<input type="checkbox"/>

<p>Does the client understand the rules that apply to SMSFs? These include:</p> <ul style="list-style-type: none"> <li>• Acting honestly in all matters concerning the fund</li> <li>• Exercising skill and diligence in managing your fund</li> <li>• Acting in the best interest of all members</li> <li>• Keeping the money and assets of your fund separate from other money (e.g. your personal assets).</li> <li>• Retaining control over your fund.</li> <li>• Developing and implementing an investment strategy</li> <li>• Avoiding entering into contracts or behaving in a way that hinders you from performing your duties.</li> <li>• Restricting member access to funds early, in line with superannuation law.</li> </ul>	<input type="checkbox"/>
<p>Has the client been referred to the <a href="#">SMSF</a> section on the ATO website.</p>	<input type="checkbox"/>
<p>Does the client understand that they won't be eligible for compensation under superannuation law if the SMSF suffers from fraudulent conduct or theft?</p>	<input type="checkbox"/>
<p>Does the client understand that if they decide to wind-up the SMSF in the future, there will be costs involved such as accounting, actuarial, auditing and transfer costs to move assets out of the fund (e.g. stamp duty, brokerage and/or buy/sell costs)?</p>	<input type="checkbox"/>
<p>Does the client understand the differences in the complaints process for SMSF trustees versus being a member of an APRA-regulated superannuation fund? SMSF trustees (and members) may be required to resolve their own complaints.</p> <p>Access to the Australian Financial Complaints Authority (a no-cost external dispute resolution service) is only available to SMSF investors in certain circumstances e.g. the client received advice from an adviser and the complaint relates to the financial advice about the suitability of an SMSF, SMSF investments or insurance products.</p>	<input type="checkbox"/>
<p>Has the client considered having an SMSF exit/wind up plan to prepare for unexpected events.</p> <p>Refer the client to the <a href="#">SMSF winding up</a> section on the ATO website for further details.</p>	<input type="checkbox"/>

# Client Acknowledgement Form

Please ensure you read and understand each of the items below before ticking the relevant boxes and signing at the end of this form.

## Current FSG / FSCG

I confirm that I have been provided with the Financial Services Guide (FSG) / Financial Services and Credit Guide (FSCG) including the Privacy Collection Statement. I also confirm that the contents of this document have been explained to me, and I have had the opportunity to ask questions to my adviser.

**Version received:**

## Protecting your privacy

I consent to my personal, sensitive and health information being collected; and I understand the information will be collected, used, stored, disclosed, secured and de-identified or destroyed in line with the Group Privacy Policy, which is available on request or online at [amp.com.au/privacy](http://amp.com.au/privacy), and in accordance with the Privacy Collection Statement, which sets out in more detail how my information is collected and the ways in which that information may be used or disclosed.

**Please note:** this policy also provides details of how you can contact us to access, update or correct your information or to make a complaint about any breach of the Australian Privacy Principles.

## Digital delivery

Where applicable I agree to receive any document digitally. This includes, without limitation, any document provided as part of receiving my services. Digital receipt may be via an email, an email with hyperlink, a secure online portal or site, or by being shown where and how documents can be accessed on the internet or a secure site.

I agree to use digital means to provide instructions, acknowledgements, and agreements, from time to time.

Emails/text messages sent from the below email address/mobile number can be taken as my instruction, acknowledgement or agreement.

**Please note:**

- paper version of the documents may no longer be given.
- digital communications must be regularly checked for documents; and
- you may change your mind at any time and return to receiving paper documents. Should you wish to opt out of your preferred digital delivery method, please contact us.
- We do not take any responsibility for the security or confidentiality of email, text messages or other digital communications sent to or through your nominated email/mobile phone, nor for any delays in transmission due to network or other transmission errors. Neither can we guarantee that emails/text messages will be free of viruses.
- You should ensure the email accounts and mobile numbers you nominate are secure and can only be accessed by you.
- There are some documents that can only be acted upon if physically signed in ink. These may include application forms, forms to confirm your identity, and other forms as required by third parties.

Email address 1: \_\_\_\_\_

Phone number 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

Phone number 2: \_\_\_\_\_

## TFN / Exemption code

I provide my consent for my financial planner and the financial planning licensee to collect and handle my Tax File Number (TFN) when acting on my behalf in relation to my financial affairs.

### Please note:

If you agree for your TFN to be collected and handled by us and the financial planning licensee when acting on your behalf in relation to your financial affairs, you should note that in accordance with the Privacy (Tax File Number) Rule 2015 set out in the Privacy Act 1988 (Cth), we:

- can only collect your TFN where it is necessary for a lawful purpose, such as applying for an investment product, and that is the basis on which your TFN is collected;
- may disclose your TFN to the Australian Taxation Office for the purposes of searching the Lost Members Register (LMR) records, provide other relevant information for the purposes of searching LMR records and receive the results of this LMR search;
- will retain your TFN on file for as long as it is needed in connection with the provision of financial services by us, the financial planning licensee or another Entireti adviser; and
- may provide this information to financial advisers, brokers and those who are authorised by the financial planning licensee to review customers' needs and circumstances from time to time.

It is not an offence to not quote your TFN. If you choose not to quote your TFN in relation to your investments, or you claim an exemption, tax may be taken out of your investment returns. The consequences of you not quoting your TFN may change due to future legislative changes.

My TFN / Exemption code is:

## Disclosure of information

I consent to my information being disclosed to referral partners, who I may be referred to for the purposes of providing me, or offering me their services, such as accounting, legal or tax. Information will be limited to what is needed for the referral. This consent will remain valid unless or until I withdraw it.

**Please note:** Your information will only be disclosed to those third parties who we have referral arrangements with, as noted in the FSG / FSCG or otherwise disclosed to you.

## Disclosure to spouse / partner

I consent to my personal, sensitive and health information being released to my spouse or partner, unless and until my consent is withdrawn in writing.

## Electronic verification

I give my express consent to the following, for the purpose of electronic identity verification via greenID:

- Information from my identity documents being submitted to the Australian Government's Document Verification Service (**DVS**) and checked against records held by the Issuer or Record Holder of the documents. DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about DVS is available from their website [www.dvs.gov.au](http://www.dvs.gov.au).
- My name, residential address and date of birth being disclosed to a Credit Reporting Body (**CRB**) to provide an assessment on whether that information matches information held by the CRB. Information disclosed to the CRB will be used for customer identification and verification purposes only. We will not have access to or be provided with credit ranking or assessment information as part of this process.

My consent will remain valid for future electronic verification, unless or until I withdraw it by informing you in person, in writing or by phone.

**Please note:** We are required to implement client identification processes, including the collection and verification of your identity information, under Anti-Money-Laundering and Counter-Terrorism Financing laws for the prevention and detection of fraud or crime. If you do not consent to the above, we will arrange for an alternative way to verify your identity.

By signing below, I provide my acknowledgement, consent, agreement and/or authorisation in relation to each of the items that has been ticked above, to the financial planning licensee (including its employees, directors, representatives (as this term is defined in the Corporations Act) and agents).

The authorities I provide to you in this document apply to any capacity in which I act. For example, if I am a director of a company or trustee of a trust, I provide these authorisations both in my personal capacity and in my capacity as a director or trustee.

**Individual**

<b>Name:</b> <input checked="" type="checkbox"/>	/	/
<b>Name:</b> <input checked="" type="checkbox"/>	/	/
<b>PoA details (complete where applicable)</b> <b>PoA Name:</b> <b>As Power of Attorney for</b> <b>Client Name:</b> <input checked="" type="checkbox"/> _____	/	/

**SMSF trustees**

<b>Name:</b> <input checked="" type="checkbox"/>	/	/
<b>Name:</b> <input checked="" type="checkbox"/>	/	/
<b>PoA details (complete where applicable)</b> <b>PoA Name:</b> <b>As Power of Attorney for</b> <b>Client Name:</b> <input checked="" type="checkbox"/> _____	/	/

**Company directors**

<b>Name:</b> <input checked="" type="checkbox"/>	/	/
<b>Name:</b> <input checked="" type="checkbox"/>	/	/
<b>PoA details (complete where applicable)</b> <b>PoA Name:</b> <b>As Power of Attorney for</b> <b>Client Name:</b> <input checked="" type="checkbox"/> _____	/	/

**Trust trustees**

<b>Name:</b> <span style="float: right;">x</span>	/      /
<b>Name:</b> <span style="float: right;">x</span>	/      /
<b>PoA details (complete where applicable)</b> <b>PoA Name:</b> <b>As Power of Attorney for</b> <b>Client Name:</b> x _____	/      /