

Client Questionnaire

Name of Client 1:

Name of Client 2:

This section is completed by your Adviser

Adviser Name:

Adviser Code:

Interview Date:

FSG Version Number Provided:

Adviser Profile Number Provided:

Referral Details:

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Corporate Authorised Representative No 329714

IMPORTANT NOTICE TO CLIENT

This Data Collection Form has been designed to help you describe your own current personal circumstances and financial objectives. It assists your adviser to gain a clear picture of your situation and to understand your attitudes to issues such as risk, security and investment types. To have a complete Statement of Advice prepared for you, you need to provide full details of your financial position. If you require only restricted advice and/or do not wish to provide full financial details, you should strike out any unanswered sections of this form. The Client Acknowledge to be signed by you explains the possible consequences of providing incomplete or inaccurate information. Our privacy statement explains about the collection, use and access to your personal information.

Your Lifestyle Goals and Objectives

Why do you want to see a Financial Adviser?

What are your desired Goals (when or what do you want to achieve?)
 For example: Starting a family in 2 years time and giving up full time work,
 Overseas Holiday in 2 years costing \$8,000, Retire within 10 years and want \$40,000 pa after tax.

Short Term (within the next 2 years)	Time Frame	Estimated Costs
Medium Term (within the next 2 to 5 years)	Time Frame	Estimated Costs
Long Term (more than 5 years away)	Time Frame	Estimated Costs

Your Needs and Objectives : Please choose one or more of the following.

	Client 1	Client 2
Lump sum to invest	<input type="checkbox"/>	<input type="checkbox"/>
Capital growth strategies	<input type="checkbox"/>	<input type="checkbox"/>
Income Strategies	<input type="checkbox"/>	<input type="checkbox"/>
Funding a future expense	<input type="checkbox"/>	<input type="checkbox"/>
Gearing strategies	<input type="checkbox"/>	<input type="checkbox"/>
Rollover superannuation	<input type="checkbox"/>	<input type="checkbox"/>
Consolidation of superannuation	<input type="checkbox"/>	<input type="checkbox"/>
Generate a retirement income	<input type="checkbox"/>	<input type="checkbox"/>
Protection of assets via insurance	<input type="checkbox"/>	<input type="checkbox"/>
Protection of income via insurance	<input type="checkbox"/>	<input type="checkbox"/>
Redundancy planning	<input type="checkbox"/>	<input type="checkbox"/>
Increasing tax efficiency	<input type="checkbox"/>	<input type="checkbox"/>
Maximising Centrelink/DVA benefits (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Establish/update Will/Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Aged care planning	<input type="checkbox"/>	<input type="checkbox"/>
Establish an emergency cash reserve	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please provide further details below if required.

Needs and Objectives	Date or Timeframe

Your Future Capital Spending Requirements

Examples include: planned holidays, purchase of a car, undertaking home renovations, etc.

Description	Likely Date	Amount

Your Emergency Fund Requirements

How much cash would you require for emergencies?	
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Contents

This document is composed of seven sections and we require you to complete the relevant sections to the advice you are seeking from us. Only complete the relevant sections where you require advice. If you are unsure of the answer to any question, please leave it blank until you have discussed it with your adviser.

All Advice	Section A & Section G	Pages 5, 19
Investment Advice	Section A, Section F & Section G	Pages 5, 17 & 19

And one or more of the following sections for specific advice in the following areas.

Risk Insurance Advice	Section B	Page 10
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If you have selected “No” below, you indicate that you do not wish to receive any advice on personal risk insurance or you either have the means to self insure or have sufficient personal insurance to protect your lifestyle, your family’s lifestyle, assets and income. It is important your personal risk insurance are reviewed on a regular basis to ensure they reflect your circumstances, needs and objectives.

Do you require advice on personal insurance?

No Yes – proceed to Section B and ensure you have read the above warning.

Superannuation Advice	Section C	Page 14
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If you have selected “No” below, you indicate that you do not wish to receive any advice on superannuation or you have sufficient superannuation funding or other appropriate means to provide you with the lifestyle in retirement you desire. Please be aware it is important that your superannuation funding is reviewed on a regular basis to ensure your retirement circumstances, needs and objectives are met.

Do you require advice on superannuation?

No Yes – proceed to Section C and ensure you have read the above warning.

Income Streams Advice	Section D	Page 15
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If you have selected “No” below, you indicate that you do not wish to receive any advice on income stream products or you have sufficient retirement funding or other appropriate means to provide you with the lifestyle in retirement you desire. Please be aware it is important that your retirement planning is reviewed on a regular basis to ensure your retirement circumstances, needs and objectives are continued to be met.

Do you require advice on Income Stream Investment?

No Yes – proceed to Section D and ensure you have read the above warning.

Estate Planning	Section E	Page 16
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If you have selected “No” below, you indicate that you do not wish to receive any advice on estate planning or you have sufficient estate planning or other appropriate means to provide you with your desire estate planning requirements. Please be aware it is important that your estate planning is reviewed on a regular basis to ensure your wishes, needs and objectives are met.

Do you require advice on Estate Planning?

No Yes – proceed to Section E and ensure you have read the above warning.

SECTION A – Financial Details

Personal Details		
	Client 1	Client 2
Surname		
Given Names		
Preferred Names		
Mr / Mrs / Miss / Ms / Dr / Other		
Marital Status	Married / Defacto / Single	Married / Defacto / Single
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth		
Address		
City/Suburb		
State and Postcode		
Home Telephone		
Business Telephone		
Mobile Number		
Email		
Postal Address		
Preferred Contact Method	Home / Work / Mobile Email / Mail	Home / Work / Mobile Email / Mail

Children / Grandchildren / Dependants							
Name	DOB	Financial Dependant		Primary/Secondary School		Tertiary School	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annual Fees	Years	Annual Fees	Years
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		\$	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		\$	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		\$	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		\$	

Costs should be in today's dollars.

Please advise if you have been previously married or have children to a previous relationship.

Employment Details		
	Client 1	Client 2
Occupation:		
Industry:		
Tertiary or Trade Qualification:		
Employment Status (part time, full time, casual):		
Employer's Business Name:		
Employment Commencement Date:		
Salary / Wages (gross):		
Brief List of General Duties:		
Are you able to salary package?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there likely to be a change in employment status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details		

Additional Employment Details – Self Employed						
Business Name	Structure – sole trader, partnership company	% Ownership		Length of time of business established	Number of Employees	
		Client 1	Client 2		Full Time	Part Time

Other Professional Advisers			
Client 1			
Service	Name	Company	Contact Details
Accountant			
Solicitor			
Permission to contact		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Client 2			
Service	Name	Company	Contact Details
Accountant			
Solicitor			
Permission to contact		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Assets						
Personal assets	Owned by			Present value	Retain?	
Principal Residence				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Contents				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Car(s)				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Holiday Home				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total				\$		
Liabilities						
Please complete or provide copies of latest statements. Include here personal loan, hire purchase lease, credit cards, geared investments, etc.						
Non-Deductible:	Owed by	Original amount	Amount owing	Payments how much & how often	Fixed (F) or Variable (V) - if fixed when too	Interest Rate (p.a.)
Principle Residence		\$	\$			%
Car Loans		\$	\$			%
Personal Loans		\$	\$			%
Credit Cards		\$	\$			%
Other		\$	\$			%
Total		\$	\$			
Deductible:						
Line of Credit		\$	\$			%
Investment Loan		\$	\$			%
Other		\$	\$			
Total		\$	\$			
Do you expect any liabilities in the future?						
Have you even been a Guarantor for anyone?						

Investments	Please complete or provide copies of latest statements. Include here all investments such as cash, term deposits, investment properties, shares, unit trusts, insurance bonds.
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Investment Name/type	Owner	Original date invested	Amount invested	Current value	Income pa	Retain?
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate if any of these investments are used for security on any loans. Please insert (S) against the investment.

Notes:

Annual Income		
	Client 1	Client 2
PERSONAL INCOME		
Salary	\$	\$
Family Trust Distribution	\$	\$
Interest Income	\$	\$
Dividend Income	\$	\$
Rental Income	\$	\$
CentreLink Age Pension Income	\$	\$
Privately Funded Pension Income	\$	\$
Government Assistance Payment 1	\$	\$
Total Personal Income	\$	\$
BUSINESS INCOME		
Income Drawings from Business	\$	\$
Director Fees	\$	\$
Dividends	\$	\$
Franking Level	\$	\$
Share of Business Profits	\$	\$
Other Income	\$	\$
Fringe Benefit Amount	\$	\$
Total Business Income	\$	\$
Centrelink/DVA Entitlements		
Entitlement Type:	Client 1	Client 2
Fortnightly Payment	\$	\$
Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensioner Concession Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commonwealth Seniors Health Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gifted Assets in the last 5 years	\$	\$
Claiming Family Tax Benefit through Centrelink or tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an interest in a Family Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you registered for the Age Pension Bonus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Expenditure

Domestic & living	Client 1	Client 2	Combined
Housing-Rates, rent, repairs gas and electricity, phone	\$	\$	\$
Motor Vehicles-Registration, repairs, maintenance, petrol	\$	\$	\$
Health-Chemist, doctor, dentist, optical	\$	\$	\$
Education-Fees, Books	\$	\$	\$
Living-Food, clothing, newspapers, books, tobacco, liquor	\$	\$	\$
Personal -Entertainment, holidays, gifts	\$	\$	\$
Public Transport Fares-Bus, train, taxi	\$	\$	\$
Child Care	\$	\$	\$
Donations	\$	\$	\$
Furnishings/Appliances	\$	\$	\$
Financial/Legal services	\$	\$	\$
Mortgage Payments	\$	\$	\$
Investment Property Expenses	\$	\$	\$
Personal Loan repayments	\$	\$	\$
Superannuation contributions	\$	\$	\$
Insurance premiums	\$	\$	\$
Total <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	\$

General Insurance

	House	Contents	Car (1)	Car (2)	(Other)
Sum insured			(make)	(make)	
			(model) yr	(model) yr	
Company					
Renewal date					
Annual premium					

Health Insurance

	Client 1	Client 2
Do you have cover (Y/N)		
Provider Name		
Full or Partial Cover		

SECTION B - Personal Insurance

Only Complete Where you Require Advice on Personal Risk Insurance.

Do you require advice on personal insurance?

Yes No – proceed to Section C and ensure you have read the warning on page 4.

Existing Personal Insurance Schedule

Policy Type:				
Insurance Company:				
Policy Owner:				
Life Insured:				
Beneficiary:				
Policy Number:				
Policy Type:				
Date Commenced:	/ /	/ /	/ /	/ /
Renewal Date:	/ /	/ /	/ /	/ /
Policy Status	Underwriting/In Force/Lapsed	Underwriting/In Force/Lapsed	Underwriting/In Force/Lapsed	Underwriting/In Force/Lapsed
Payment Frequency:				
Premium:	\$	\$	\$	\$
Exclusions / Loadings:				
Payment Type:	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Level of Death Cover:	\$	\$	\$	\$
Level of TPD	\$	\$	\$	\$
Level of Trauma:	\$	\$	\$	\$
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuation Option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retain Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Within Super?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments				

*Where Insurance is included in Super, please provide further details within the Super section below.

Permanent Disability		
	Client 1	Client 2
Maintain current income levels as far as possible.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide your partner with the option of not having to work.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retain your own home and existing lifestyle.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repay debts, especially the mortgage on your family home.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ensure there is sufficient capital to pay for ongoing medical costs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide for your children's future education needs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Trauma		
	Client 1	Client 2
Repay debts, especially the mortgage on your family home.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ensure there is enough capital to cover medical costs (beyond health insurance cover)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retain your own family home and existing lifestyle.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide your partner with the option of not having to work.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ensure that capital and income needs are taken care of for a period of time to allow a recovery period.	Recovery Time Period	Recovery Time Period
Reduce the need to sell assets to cover medical expenses.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other comments / objectives not captured above:

Income Protection (temporary disablement)

Income	Client 1	Client 2
Annual income required to maintain own / family lifestyle (refer income and Expenses)	\$	\$
How long can your family afford to last without your regular income?	for days (e.g. 14, 30, 90, 180)	for days (e.g. 14, 30, 90, 180)
How long should replacement income continue for?	for years (e.g. 2yrs, 5yrs to 60, age 65)	for years (e.g. 2yrs, 5yrs to 60, age 65)

Income Replacement Table: Lump Sum Insurance required

Assumes: 7.5% pa investment earnings (after fees before tax) and 3% pa inflation rate
 Therefore 4.5% pa net rate of return (after fees before tax)
 Annual income amount required is before income tax and is in future dollar terms.

Income Replacement (Years)	Annual Income Required (before tax)					
	\$20,000	\$30,000	\$40,000	\$60,000	\$80,000	\$100,000
5	\$88,000	\$132,000	\$175,000	\$263,000	\$351,000	\$439,000
10	\$158,000	\$237,000	\$317,000	\$475,000	\$633,000	\$791,000
15	\$215,000	\$322,000	\$430,000	\$644,000	\$859,000	\$1,074,000
20	\$260,000	\$390,000	\$520,000	\$780,000	\$1,041,000	\$1,301,000
25	\$297,000	\$445,000	\$593,000	\$890,000	\$1,186,000	\$1,483,000
30	\$326,000	\$487,000	\$652,000	\$977,000	\$1,303,000	\$1,629,000
35	\$349,000	\$524,000	\$698,000	\$1,048,000	\$1,397,000	\$1,746,000
40	\$368,000	\$552,000	\$736,000	\$1,104,000	\$1,472,000	\$1,840,000

Lifestyle / Education Expenses

- To provide funds for investment to maintain your family's lifestyle expenses of \$_____ p.a. (after tax) *OR* to provide an income of \$_____ p.a. (before tax) on Death or Permanent Disability of the main income earner.
- To provide \$_____ p.a. per child to age ____ to meet education costs.
- To clear ____% of debt on the family home on Death or Permanent Disability of the main income earner
- To clear ____% of investment debt on Death or Permanent Disability of the main income earner
- To clear ____% of debt on the family home on Death or Permanent Disability of your spouse
- To clear ____% of investment debt on Death or Permanent Disability of your spouse
- To clear ____% of debt on the family home upon the main income earner experiencing a Medical Trauma
- To clear ____% of investment debt upon the main income earner experiencing a Medical Trauma
- To clear ____% of debt on the family home upon the spouse experiencing a Medical Trauma
- To clear ____% of investment debt upon the spouse experiencing a Medical Trauma

Retirement Funding

- To provide funds for investment to generate a retirement income of \$_____ p.a. from the main income earner's intended retirement age of _____
- To provide funds for investment to generate a retirement income of \$_____ p.a. from your spouse's intended retirement age of _____

Income Replacement

- To protect ____% of income in the event of an illness or accident resulting in temporary disability

SECTION C - Superannuation

Only Complete Where you Require Advice on Superannuation.

Do you require advice on superannuation?

Yes No – proceed to Section D and ensure you have read the warning on page 4.

Superannuation	Please complete or provide copies of latest statements.			
Personal Super	Plan 1	Plan 2	Plan 3	Plan 4
Owner				
Fund Name				
Is it a self managed super fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value	\$	\$	\$	\$
Non Concessional				
Personal	\$ pa	\$ pa	\$ pa	\$ pa
Spouse	\$ pa	\$ pa	\$ pa	\$ pa
Concessional				
Super Guarantee	<input type="checkbox"/> 9% <input type="checkbox"/> Other: _____	<input type="checkbox"/> 9% <input type="checkbox"/> Other: _____	<input type="checkbox"/> 9% <input type="checkbox"/> Other: _____	<input type="checkbox"/> 9% <input type="checkbox"/> Other: _____
Employer (Salary Sacrifice)	\$ pa	\$ pa	\$ pa	\$ pa
Deductible	\$ pa	\$ pa	\$ pa	\$ pa
Tax Free Component	\$	\$	\$	\$
Taxable (Taxed Amt)	\$	\$	\$	\$
Taxable (Untaxed Amt)	\$	\$	\$	\$
Fees Payable				
Exit Fee	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Death Benefit	\$	\$	\$	\$
Disability Benefit	\$	\$	\$	\$
Continuance Option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficiary	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated
Client wishes to retain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contributions to continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made withdrawals from super in the past?			Client 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Client 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received an ETP from an employer in the past?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D – Income Stream Investments

Only Complete Where you Require Advice on Income Stream Investments.

Do you require advice on Income Stream Investment?

Yes No – proceed to Section E and ensure you have read the warning on page 4.

Income Stream Investments	Please attach copies of latest statements.		
	Investment 1	Investment 2	Investment 3
Investment Name			
Owner			
Current Value	\$	\$	\$
Product Type	<input type="checkbox"/> A/c Based Pension <input type="checkbox"/> Allocated Pension <input type="checkbox"/> TAP <input type="checkbox"/> Lifetime Annuity <input type="checkbox"/> Fixed Term Annuity <input type="checkbox"/> Super Pension	<input type="checkbox"/> A/c Based Pension <input type="checkbox"/> Allocated Pension <input type="checkbox"/> TAP <input type="checkbox"/> Lifetime Annuity <input type="checkbox"/> Fixed Term Annuity <input type="checkbox"/> Super Pension	<input type="checkbox"/> A/c Based Pension <input type="checkbox"/> Allocated Pension <input type="checkbox"/> TAP <input type="checkbox"/> Lifetime Annuity <input type="checkbox"/> Fixed Term Annuity <input type="checkbox"/> Super Pension
Complying	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Super/Ordinary	<input type="checkbox"/> Super <input type="checkbox"/> Ordinary	<input type="checkbox"/> Super <input type="checkbox"/> Ordinary	<input type="checkbox"/> Super <input type="checkbox"/> Ordinary
Purchase Price	\$	\$	\$
Date Purchased			
Relevant Number/Term			
Undeducted Purchase Price	\$	\$	\$
Reversionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Income	\$ pa	\$ pa	\$ pa
Deductible Amount	\$ pa	\$ pa	\$ pa
Tax Rebate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
RCV	\$	\$	\$
Tax Free Component	\$	\$	\$
Taxable Component	\$	\$	\$
Fees Payable			
Exit Fee	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Beneficiary	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated	<input type="checkbox"/> None <input type="checkbox"/> Binding <input type="checkbox"/> Nominated
Client wishes to retain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E – Estate Planning

Only Complete Where you Require Advice on Estate Planning.

Do you require advice on Estate Planning?

Yes No – proceed to Section F and ensure you have read the warning on page 4.

Estate Planning

Client 1		Client 2	
Do you have a will	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of will	/ /	Date of will	/ /
Last reviewed	/ /	Last reviewed	/ /
Will location		Will location	
Executor Name		Executor Name	
Relationship to Executor		Relationship to Executor	
Enduring Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enduring Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of PoA		Name of PoA	
Expiry Date of PoA		Expiry Date of PoA	
Testamentary trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	Testamentary trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of solicitor		Name of solicitor	
Funeral plan/bond	<input type="checkbox"/> Yes <input type="checkbox"/> No	Funeral plan/bond	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount paid	\$	Amount paid	\$

Do you have any specific requirements regarding the distribution of your estate? I.e. do you intend to leave any substantial assets behind to particular people?

Do you intend to donate any assets to a charity through your estate?

SECTION F – Investment Advice

Only Complete Where you Require Advice on Investment Advice.

Do you require advice on Investment Advice?

Yes No – proceed to the Client Acknowledge Section.

Investment & Financial Concerns

We need to be able to understand your attitude to risk in relation to potential returns in order to make appropriate recommendations. Put simply, risk is the extent to which you are willing to expose your initial investment to possible losses for the advantage of greater possible gains.

Generally speaking, the higher the potential return, the higher the potential risk. For example, shares and property give you a potentially higher return over a longer period, but have higher risk. Investments which pay you interest only have a low risk, but usually a lower return over a longer period. Having a mixture of these investments should give you a medium risk and return over the long term. **In order to determine the type of portfolio that will best suit your needs, we have provided you with a separate risk profile questionnaire to determine your personal risk profile.**

Risk profile based on the questionnaire provided is:

Client 1 Profile:.....

Client 2 Profile:.....

Client 1 Signature:

Client 1 Signature:

Are there any particular products or financial institutions that you prefer? Yes No

If yes, provide details

Are there any particular products of financial institutions that you do not wish to support? Yes No

If yes, provide details

Are you prepared to split assets to increase your tax effectiveness? Yes No

Have you ever previously borrowed funds for investments purposes? Yes No

If yes, provide details

Are you comfortable with the concept of borrowing money to invest in order to build long term growth? Yes No

Do you have a preference to invest in environmental, social or ethical investments? Yes No

If yes, provide details

Investment and Financial Priorities

How important to you are the following? A higher number indicates greater concern.

1. Not concerned 2. Slightly concerned 3. Concerned 4. Very concerned 5. Extremely concerned

	Client 1	Client 2
Having ready access to your investment capital	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Having a portfolio that is easy to understand and manage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Securing reasonable tax advantages	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Maximising Centrelink benefits (where applicable)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Regarding your income needs, do you wish to

Live off income, preserve capital Yes No

Live off income & Capital, no need to preserve assets for estate Yes No

Live off income & capital, but would like to have some assets left to estate Yes No

Not live off income or capital Yes No

Not applicable at this time Yes No

Knowledge of financial matters

	Client 1	Client 2
Experience with financial products and in particular managed investments	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Unfamiliar
Your ability to understand financial terms and to express your preference	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Unfamiliar

Your Retirement Needs

	Client 1	Client 2
Desired retirement age/date?		
What level of income will you require (today's dollars)?	\$ pa	\$ pa
At what age would you accept a reduction of income?		
What would be the new level of income from this stage?	\$ pa	\$ pa
How long do you require your income to last?		
Would you be prepared to access the equity in your home to fund your retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION G - Client Acknowledgment

Privacy Disclosure Declaration

In order to comply with the requirements of the Privacy Act, we are required to advise you that this firm holds personal information about you. The information has been and will continue to be collected by us for the purpose of providing you with financial services including:

- preparation of your financial plan;
- provision of financial planning advice to you;
- making securities and investment recommendations;
- reviewing your financial plan, securities and investment recommendations ;

We are required, pursuant to the Corporations Act, certain regulations issued by the Australian Securities and Investments Commission and the Rules of Professional Conduct of the Financial Planning Association, of which this organisation is a member, to collect information about you for the purpose of providing you with the services referred to above. If you do not provide us with the information requested by us, we may not be able to provide you with the services you require of us.

We will from time to time disclose information about you to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above. In the event we consider it necessary to use or disclose information about you for purposes other than those detailed above or related purposes, we will seek your consent.

Limited Advice Declaration

Madison Financial Group and its representatives have a responsibility under Corporations Act to provide advice based on an individual's needs and circumstances. In certain situations, Madison Financial Group is able to provide advice of a more limited nature, however in doing so, it is necessary for you to understand the limitations of this advice.

By declining to provide full personal information to your Adviser, your Adviser is not able to comprehensively assess your financial and personal circumstances, needs and objectives, before making recommendations. As a result, the recommendations made may not be appropriate to your circumstances. Therefore you should carefully assess the recommendations in light of your personal situation before proceeding with implementation.

Client Acknowledgment

I/We give permission for my/our tax file number(s) provided to you, to be retained on file by my adviser.

I/We give permission for my adviser to provide this information to financial institutions as requested or as necessary.

I/We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge.

I/We give permission for the information contained in this form to be used in the preparation of my/our financial plan.

I/We confirm that I/We have received a copy of Madison's Financial Services Guide and Adviser Profile.

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

Client Name: Signed: Client (1) Date/...../.....

Client Name: Signed: Client (2) Date/...../.....

Adviser Acknowledgment

I acknowledge that the information contained in this form is an accurate and complete record of the information obtained from the above named client.

Adviser Name: Signed: Date/...../.....

Letter of Authority to Seek Information

Date / /

Client Name

Address
.....
.....

Dear Sir/Madam,

Investment Name:

SRN / HIN / Account No.:

Please be advised I hereby authorise the following Financial Adviser to make enquiries on my behalf in relation to my personal financial information.

.....
of

An authorised representative of Madison Financial Group Pty Ltd

.....
.....

Phone:

Fax:

Adviser Number:.....

Madison Financial Group Number:

Should you have any further queries, please contact my adviser on the details mentioned above.

Yours sincerely,

Name:

Signature:

Identification Record

ID Record	Document 1		Document 2	
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Copy of ID Document	<input type="checkbox"/> Attached	<input type="checkbox"/> AML Form Completed	<input type="checkbox"/> Attached	<input type="checkbox"/> AML Form Completed
Date Verified				
Adviser Name				

Outstanding Information

Information still to be supplied:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

ADVISER NOTES