

Client Meeting Questionnaire

Name of Client 1:
Name of Client 2:
Meeting Date:

This is designed to help you prepare for your meeting, and identifies the type of information we will need if you decide to proceed.

FINANCIAL AND LIFE GOALS

(Please write a few sentences detailing how you would like us to help you).

MADISON FINANCIAL GROUP PTY LTD
Northpoint, Level 14/100 Miller Street North Sydney NSW 2060
PO Box 2129, North Sydney NSW 2059
Telephone: (02) 9930 8888 Fax (02) 9954 4599
ABN 36 002 459 001
Australian Financial Services Licence No. 246679

ANU WEALTH SERVICES PTY LTD
8/361 Bronte Road, Bronte NSW 2024
PO Box 514 Waverley NSW 2024
Telephone: (02) 8005 2776 Fax: (02) 8078 0110
ABN 14 132 253 377
Corporate Authorised Representative No 329714

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Now please complete the next 3 pages as best you can.

PERSONAL DETAILS	INVESTOR 1		INVESTOR 2	
Surname				
First Name				
Preferred Name				
Address				
Phone Number (H)				
(W)				
Mobile				
e-mail address				
Date of Birth				
Tax File Number				
Marital Status				
Occupation				
Employer				
Employment Status (F/T, Part-Time, Casual, Self Employed)				
Have you smoked in the last 12 months?	Yes	No	Yes	No
Do you participate in any sports or hazardous pursuits? (If yes please give brief details).	Yes	No	Yes	No
Please note, this is to enable us to help determine your wealth protection needs.	
	
	
	

Dependant children? (Please give names and dates of birth).	Yes	No	Yes	No
	
	
	
	
FINANCIAL POSITION	INVESTOR 1		INVESTOR 2	
Employment Income				
Annual Expenditure				
Private Assets	(Please estimate value)			
– Home	\$			
– Holiday Home	\$			
– Caravan/Boat	\$			
– Vehicle(s)	\$			
	\$			
– Other	\$			
	\$			
Private Liabilities	Balance		Interest Rate	
– Mortgage	\$		%	
– Personal Loans/Hire Purchase	\$		%	
	\$		%	
– Credit Card(s)	\$		%	
	\$		%	
– Other	\$		%	
	\$		%	
Investment Assets				
Bank Accounts – Type of account	Balance	Interest rate	Balance	Interest rate
	\$	%	\$	%
	\$	%	\$	%
	\$	%	\$	%

Do you own?				
Private superannuation/Rollovers	Yes	No	Yes	No
Employer Super	Yes	No	Yes	No
Managed Funds	Yes	No	Yes	No
Allocated Pensions/Annuities	Yes	No	Yes	No
Shares	Yes	No	Yes	No
Other	Yes	No	Yes	No
Please bring latest statements for any 'yes' answers				
Do you own any investment property?	Yes	No	Yes	No
If 'yes', please bring full details or copy of last tax return.				
Investment Liabilities	Balance		Interest Rate	
Loan Purpose	\$		%	
	\$		%	
	\$		%	
FAMILY PROTECTION	INVESTOR 1		INVESTOR 2	
Do you have a Will?	Yes	No	Yes	No
Does anyone hold Power of Attorney for you?	Yes	No	Yes	No
Do you hold any of the following insurances?				
Life Cover	Yes	No	Yes	No
Total/Permanent Disability	Yes	No	Yes	No
Trauma	Yes	No	Yes	No
Income Protection	Yes	No	Yes	No
Please bring latest renewal statements for any "yes" answers.				
How much employer sick leave do you have accumulated?				

Anything else you think we should know about?

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/...../.....