



# Super Personal Questionnaire

**Name of Client:**

This section is completed by your Adviser

<b>Adviser Name:</b>
<b>Adviser Code:</b>
<b>Interview Date:</b>
<b>FSG Version Number Provided:</b>
<b>Adviser Profile Number Provided:</b>
<b>Referral Details:</b>

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ABN 14 132 253 377  
**Corporate Authorised Representative No 329714**

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

Review investment options under employer superannuation	<input type="checkbox"/>
Review insurance options under employer superannuation	<input type="checkbox"/>
Rebalance investments under employer superannuation	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Needs and Objectives	Date or Timeframe

**Current Situation and Needs**

<b>Personal Details</b>	
Mr / Mrs / Miss / Ms / Dr / Other	
Surname	
Given names	
Date of birth	
Marital Status	Married / Defacto / Single

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Telephone	
Business Telephone	
Mobile Number	
Email	
Facsimile	
Address	
City/Suburb	
State and Postcode	
Postal Address	
Preferred Contact Method	Home / Work / Mobile Email / Mail
Expected Retirement Age	
Rating of own health	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Employment Details

Occupation	
Employer	
Employment status (part time / full time)	
Gross salary	

<b>Superannuation</b>	<b>Please complete or provide copies of latest statements.</b>			
<b>Personal Super</b>	<b>Employer</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>
Owner				
Fund Name				
Current value	\$	\$	\$	\$
<b>Non Concessional</b>				
Personal	\$ pa	\$ pa	\$ pa	\$ pa
Spouse	\$ pa	\$ pa	\$ pa	\$ pa
<b>Concessional</b>				
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: _____
Insurance 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
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
Beneficiary Names				
1. _____	_____ %	_____ %	_____ %	_____ %
2. _____	_____ %	_____ %	_____ %	_____ %
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
Investment Option 1				
Investment Option 2				
Investment Option 3				
Investment Option 4				

Name Children and Other Dependants	Date of Birth	Financially Dependent?

**Comments**

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**Insurance Information**

You have the ability to incorporate insurance within your superannuation fund. This insurance has been designed to allow you access to basic insurance (death, total & permanent disability cover and salary continuance if applicable). This cover is competitive and convenient and can sometimes provide cover without individual underwriting.

Please complete this section if you would like to provide information that will help us determine the most appropriate insurance cover available for you within this superannuation fund.

***Please be aware that the scope of the advice able to be provided within these documents limited to what you are able to incorporate within your employer superannuation fund. It is not appropriate to use this document if your concern is to address the most appropriate means of ensuring that you have the right amount and the right type of insurance suitable to meet all your needs. For a comprehensive review please contact your adviser.***

Financial Assets	Current Value	% Ownership	Asset to be sold in event of Death or Disability
Home		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contents		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicles		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caravan/Boat		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holiday home		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investments		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash at Bank		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No

Liabilities / Loans	Current Debt	% Ownership	Target Repayment
Mortgage		_____ %	
Personal		_____ %	
Vehicle		_____ %	
Credit card		_____ %	
Business		_____ %	
Other		_____ %	

Existing Life Insurance	Policy 1	Policy 2	Policy 3	Policy 4
Life insured				
Type of insurance (e.g. life, trauma, income protection)				
Insured benefit	\$ _____	\$ _____	\$ _____	\$ _____
Insurance provider				
Loadings				
Exclusions				
Annual premium	\$ _____	\$ _____	\$ _____	\$ _____
Waiting period				
Benefit period				

### Additional Insurance Information

In determining the most appropriate level of insurance, it is important that we understand what you would like to achieve in the event of death and disability (both temporary and permanent). Please take a moment to complete this section below.

Death	
Repay debts, especially the mortgage on your family home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide for funeral expenses, legal costs and any outstanding medical costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide funds to assist with the financial costs of education expenses for your children	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide your spouse with a pension to generate an income stream.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependants with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Temporary Disability

Maintain current income levels as far as possible  
(salary continuance will be limited to a maximum of 75% of current salary)

Yes  No

### Permanent Disability

Maintain current income levels as far as possible

Yes  No

Repay debts, especially the mortgage on your family home

Yes  No

Ensure there is sufficient capital to pay for ongoing medical costs

Yes  No

Provide for your children's future education needs

Yes  No

### Estate Planning Checklist

Do you have a Will?

Yes  No

Date Will was last reviewed

Name of Executor

Have you nominated a beneficiary within your superannuation fund?

Yes  No

If a binding nomination were available, would you prefer to have the certainty of action that this provides?

Yes  No

Do you have an Enduring Power of Attorney (EPOA)

Yes  No

Name of Attorney

In which state of Australia was the EPOA prepared?

In which state of Australia is the EPOA registered?

## 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 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

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
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
Securing reasonable tax advantages	<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

## 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

Experience with financial products and in particular managed investments	<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

## Your Retirement Needs

Desired retirement age/date?	
What level of income will you require (today's dollars)?	\$                      pa
At what age would you accept a reduction of income?	
What would be the new level of income from this stage?	\$                      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

## 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