

Confidential Financial Analysis

Client: _____

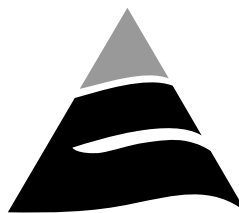
Date: _____

Review: _____

Please Answer Questions Prior To Initial Meeting

Requirements Needed for Financial Report Completion:

- | | |
|---|--|
| <input type="checkbox"/> Payslip / Group Certificate / Tax Assessment | <input type="checkbox"/> Investment Statements |
| <input type="checkbox"/> Superannuation Statements | <input type="checkbox"/> Insurance Statements |
| <input type="checkbox"/> Letter of Offer (If Salary Packaging) | <input type="checkbox"/> Budgeted Expenses |



Australian Financial Services Pty Ltd
ABN 50 116 900 362

Australian Financial Service Licence No. 297239

Peter Stewart, Authorised Representative # 263625

**are Authorised Representatives of Benchmark Pty Ltd,
a corporate representative of Australian Financial Services**

Payment for advice is agreed to prior to proceeding with preparation of advice.

Important Notice to Clients

Your Life Insurance Adviser/Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

Warning

Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

Personal Details - Client & Partner

	Client	Partner
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Surname		
Given Names		
Preferred Name		
Address Home/Postal	Home	Postal
	Suburb	Pcode
Business Address		
	Suburb	Pcode
Phone Home	()	
Phone Business	()	()
Phone Mobile		
Fax Business	()	()
Email Address		
Date of Birth/Age Next Birthday	/ / <small>Age next</small>	/ / <small>Age next</small>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Smoker	<input type="checkbox"/> Smoker <input type="checkbox"/> Non Smoker	<input type="checkbox"/> Smoker <input type="checkbox"/> Non Smoker
Planned Retirement Age or Financial Independence	<input type="checkbox"/> Age 55 <input type="checkbox"/> Age 60 <input type="checkbox"/> Age 65	<input type="checkbox"/> Age 55 <input type="checkbox"/> Age 60 <input type="checkbox"/> Age 65
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Eligible Service Date	/ /	/ /
Tax File Number	- -	- -
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> De-Facto <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> De-Facto <input type="checkbox"/> Married
	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Country and Place of Birth		
State of Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Please provide details of any illness or condition you may have for investment advice, insurance and estate planning consideration purposes.	

Personal Details - Dependants

Name	Date of Birth	Age	Dependent to	Sex M/F	School or Occupation
	/				
	/				
	/				
	/				

Advisers

Adviser	Name	Firm/Address	Phone
Accountant			
Lawyer			
Stock Broker			
Insurance Agent/Broker			
Financial Adviser			

Employment Details

	Client	Partner	
Occupation			
Employer			
Industry			
Address			
	Suburb	Pcode	
Employment status	<input type="checkbox"/> Self employed <input type="checkbox"/> Employee <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner <input type="checkbox"/> Permanent <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor	<input type="checkbox"/> Self employed <input type="checkbox"/> Employee <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner <input type="checkbox"/> Permanent <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor	
	Hours worked per week:	_____	_____
Business Status	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Government <input type="checkbox"/> Trust	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Government <input type="checkbox"/> Trust	
	Do you travel for your work?	Yes / No	Yes / No
	If yes, what mode and frequency		
Type of duties?			
Manual work %			
Underground or Exposives?			
Qualifications/Degree			
Current sick leave entitlements			

Remuneration Packaging – Notes

	Client	Partner
How important is employment security to you in the context of financial planning?		
Comment on job security		
Is Remuneration Packaging available to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Employer tax status	<input type="checkbox"/> PBI <input type="checkbox"/> Full FBT <input type="checkbox"/> Rebateable	<input type="checkbox"/> PBI <input type="checkbox"/> Full FBT <input type="checkbox"/> Rebateable
What items do you want to package	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Education <input type="checkbox"/> Superannuation <input type="checkbox"/> Mortgage <input type="checkbox"/> Novated Lease <input type="checkbox"/> Other	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Education <input type="checkbox"/> Superannuation <input type="checkbox"/> Mortgage <input type="checkbox"/> Novated Lease <input type="checkbox"/> Other

Centrelink/DVA Benefits

Type of Centrelink/DVA Benefit	Client Amount Received	Partner Amount Received
Aged Pension	\$	\$
New Start Allowance	\$	\$
Carers Benefit	\$	\$
Family Tax Benefit A →	A – \$	A – \$
Family Tax Benefit B →	B – \$	B – \$
Other Allowances/Benefits	Name of Benefit – \$	Name of Benefit – \$
Have you applied for Pension Bonus Scheme	<input type="checkbox"/> Yes Date.../.../... <input type="checkbox"/> No	<input type="checkbox"/> Yes Date.../.../... <input type="checkbox"/> No

Income

	Client	Partner
Employees: Salary/Wages (Gross)		
Self Employed : Assessable Business Income		
Rental Income:		
Dividends from Shares or Private Company:		
Interest from Cash & Fixed Interest Investments:		
Other Income:		
Centrelink Income:		
GROSS TAXABLE INCOME (pre tax)		
COMBINED GROSS TAXABLE INCOME (pre tax)	\$	

Expenditure

		Packaged	Monthly	Quarterly	Annual
HOUSING	Residential Mortgage/Rent				
	Investment Property Loan(s)				
	Insurance				
	Rates				
	Maintenance				
	Utilities (Gas, Phone, Electric, etc)				
	Other				
TRANSPORT	Registration				
	Repair & Maintenance				
	Fuel & Oil				
	Insurance				
	Fares				
	Loan/lease repayments				
	Other				
PERSONAL	Food/groceries				
	Alcohol/Tobacco				
	Clothing/Footwear				
	Medical/Health (incl private cover)				
	Recreation				
	Personal Care				
	Post & Books/Magazines				
	Internet				
	Donations				
	Gifts				
	Tithe				
	Lunches				
	Other				
GENERAL	Superannuation				
	Life Insurance				
	Other Loans				
	Savings				
CHILDREN	Food/Liquids				
	Clothing/Footwear				
	Education				
	Other				
TOTAL EXPENDITURE					

*Please note regular debits from your account will need to be considered as part of your expenditure cashflow requirements.

Assets & Liabilities

	Description / Address	Date Acquired	Owner C J P T S	Purchase Price	Current Value	Debt	Type of Loan (P&I, LOC, Int.	Interest Rate	Income Received (\$)
REAL ESTATE									
Private Residence									
Rental Property									
Land									
Other									
Other									
PERSONAL PROPERTY									
Home Contents									
Motor Vehicle									
Motor Vehicle									
Caravan									
Other									
Other									
LIQUID ASSETS									
Bank Cash									
Building Society									
Credit Union									
Term Deposit									
Other									
OTHER ASSETS (and Debts)									
Business Assets/Liabilities									
Personal Loans									
Credit Cards									
Other									

TOTALS
NET WORTH

Notes Relating to Income Expenditure Assets & Liabilities:	
Do you expect to receive an Inheritance?:	
Client: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes Relating to Debt (Rate, term, residual, lease, HP)	

Investments

	Description / Address	Date Acquired	Owner C J P T S	Purchase Price	Number of Units	Debt	Interest Rate	Dividend Reinvestment %	Re-allocate \$
DIRECT SHARES									
MANAGED UNIT TRUSTS									
PROPERTY TRUSTS									
INSURANCE BONDS									
OTHER									
					TOTALS				
					NET WORTH				

**Please attach you most recent statements of complete a third party authority letter(s) to enable us to obtain further information regarding your investments if they are to form part of our recommendations.*

Notes Relating to Investments:	

Superannuation

FUND ONE	
Owner	
Amount (\$)	
Name of Fund	
Membership Number	
Eligible Service Date	/ /
Regular Contribution	<input type="checkbox"/> Yes, Amount: \$ <input type="checkbox"/> No
Employer Fund	YES / NO
Other Information	
TO BE REALLOCATED	YES / NO

FUND TWO	
Owner	
Amount (\$)	
Name of Fund	
Membership Number	
Eligible Service Date	/ /
Regular Contribution	<input type="checkbox"/> Yes, Amount: \$ <input type="checkbox"/> No
Employer Fund	YES / NO
Other Information	
TO BE REALLOCATED	YES / NO

FUND THREE	
Owner	
Amount (\$)	
Name of Fund	
Membership Number	
Eligible Service Date	/ /
Regular Contribution	<input type="checkbox"/> Yes, Amount: \$ <input type="checkbox"/> No
Employer Fund	YES / NO
Other Information	
TO BE REALLOCATED	YES / NO

FUND FOUR	
Owner	
Amount (\$)	
Name of Fund	
Membership Number	
Eligible Service Date	/ /
Regular Contribution	<input type="checkbox"/> Yes, Amount: \$ <input type="checkbox"/> No
Employer Fund	YES / NO
Other Information	
TO BE REALLOCATED	YES / NO

FUND FIVE	
Owner	
Amount (\$)	
Name of Fund	
Membership Number	
Eligible Service Date	/ /
Regular Contribution	<input type="checkbox"/> Yes, Amount: \$ <input type="checkbox"/> No
Employer Fund	YES / NO
Other Information	
TO BE REALLOCATED	YES / NO

FUND SIX	
Owner	
Amount (\$)	
Name of Fund	
Membership Number	
Eligible Service Date	/ /
Regular Contribution	<input type="checkbox"/> Yes, Amount: \$ <input type="checkbox"/> No
Employer Fund	YES / NO
Other Information	
TO BE REALLOCATED	YES / NO

****Please attach a copy of your most recent statements or complete a third party authority letter(s) to enable us to obtain further information regarding your superannuation.***

Estate Planning

	Client		Partner	
Do you have a Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last reviewed (approximate)				
Who prepared your last will?				
Name of Executor/Trustee				
Name of Guardian				
Where is your will kept				
Do you have a Family Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enduring Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Attorney				
Further Advice on Estate Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance: Death & Permanent Disablement (include cover in Super funds)

Life insured	Policy Owner	Company	Policy No.	Type of Policy	Benefit Amount	Annual premium
Client						
Partner						

Insurance: Trauma Benefits

Life insured	Policy Owner	Company	Policy No.	Type of Policy	Benefit Amount	Annual premium
Client						
Partner						

Insurance: Income Replacement (include cover in super funds)

Life insured	Policy Owner	Company	Policy No.	Type of Policy	Benefit Amount	Annual premium
Client						
Partner						

Insurance: General Home & Contents etc

Type of Policy	Policy Owner	Company	Policy No.	Benefit Amount	Annual premium
Home Building					
Home Contents					
Personal Valuables					
Motor Vehicle (1)					
Motor Vehicle (2)					

Insurance: Medical/Health

Do you have private Hospital Cover? **Yes / No** If yes, were the premiums included in the Expenditure on page 4? **Yes / No**

Life insured	Policy Owner	Company	Policy No.	Type of Policy	Amt insured	Yearly premium
					\$	\$
					\$	\$

Company Details (Where Client is a Company)

	Client	
Company Name	NOTES:	
Director		
Director/Secretary		
Registered Address		
	Suburb	Pcode
Phone	()	
Facsimile	()	
Date of Incorporation		
ACN Number		
Tax File Number		

Trust Details (Where Client is a Trust)

	Client	
Trust Name	NOTES:	
Trustee		
Trustee		
Registered Address		
	Suburb	Pcode
Phone		
Fax		
Date of Establishment		
Tax File Number		
Name of Settlor		
Name of Appointor		
Type of Trust	<input type="checkbox"/> Discretionary <input type="checkbox"/> Unit <input type="checkbox"/> Testamentary	

Superannuation Fund Details (Where Client is a Superannuation Fund)

	Client	
Fund Name		
Trustee Details	<input type="checkbox"/> Individual (Enter details in other part of form) <input type="checkbox"/> Corporate (Enter details in Company above)	
Trustee		
Trustee		
Registered Address	NOTES:	
	Suburb	PCode
Phone		
Fax		
Date of Establishment		
SFN Number		
Tax File Number		
Members		

Fee Structure

<input type="checkbox"/> Fee for Financial Plan Preparation	\$
Notes:	

Ongoing Service

Financial Planning Reviews	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly
Valuation Reports	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Next Review Required	/	/

Main Reasons for Appointment

<input type="checkbox"/> Analysis of existing Superannuation	<input type="checkbox"/> Self Managed Superannuation advice	<input type="checkbox"/> Investing a new Rollover
<input type="checkbox"/> Remuneration Packaging	<input type="checkbox"/> Small Business Advice	<input type="checkbox"/> Mortgage/Debt analysis
<input type="checkbox"/> Savings short term	<input type="checkbox"/> Savings medium term	<input type="checkbox"/> Savings long term
<input type="checkbox"/> Lump Sum to invest	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Children's Education
<input type="checkbox"/> Life Insurance analysis	<input type="checkbox"/> Trauma Insurance analysis	<input type="checkbox"/> Income Protection Analysis
<input type="checkbox"/> Taxation concerns	<input type="checkbox"/> Borrowing for investment	<input type="checkbox"/> Centrelink/DVA analysis
<input type="checkbox"/> Direct Share Investments	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Other _____

Source of Business

Source of Business	<input type="checkbox"/> Existing Client	<input type="checkbox"/> Salary Packaging	<input type="checkbox"/> Marketing	<input type="checkbox"/> Accountant
	<input type="checkbox"/> Fund Manager	<input type="checkbox"/> Solicitor	<input type="checkbox"/> Referral	<input type="checkbox"/> Yellow Pages
	<input type="checkbox"/> Sunshine Radio	<input type="checkbox"/> Personal Contact	<input type="checkbox"/> Seminar	<input type="checkbox"/> FPA
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Christian Business Directory		<input type="checkbox"/> Local Directory
	<input type="checkbox"/> Other Please Specify:			
Name of Referrer				

Get To Know You Better - Questions

What Are Your:	Client	Partner
Interests		
Life passions		
Hobbies		
Club memberships		
Organisations involved with		
Church member of		
Favourite holiday destination		
Favourite music		
Favourite leisure activity		
What are you particular about?		
What is your most important life goal?		

Client Investment Attitudes, Priorities & Goals

Some of Your Investment Preferences	
What are the best Investments you have ever made?	
Are there any investments you would prefer? Why?	
What are the worst Investments you have ever made?	
Are there any investments you rather avoid? Why?	
Are you pleased with the progress of your investments and your financial planning strategies over the past two to five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your best estimate of Inflation for the future:	<input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> Other ___%

Short Term Goals (0 - 5 Years)	Date	\$	Medium Term Goals (5 - 10 Years)	Date	\$
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

What is your desired retirement year and what level of income and capital value would you like to achieve?	Year - _____ Income (p.a.) - _____ Capital: \$ _____
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Client Investment Attitudes, Priorities & Goals

Please tick the box accordingly.

How concerned are you in relation to each of the following concepts:	Not	Slightly	Average	Very
Your investment would keep pace with inflation				
Legal, logical appropriate tax relief (Tax Effective)				
Easy access to your cash				
Your investment produce income each year to fund your lifestyle needs				
An investment program that is easy to manage				
The importance of protecting Income against sickness or accident (Income Protection)				
The importance of protecting family and assets in the event of your death				
The importance of providing against serious illness and trauma (Trauma Benefit)				
Plan for Retirement (Superannuation) and other investments				
Saving for Short Term (One, Two or Three years eg: deposit for home, holiday)				
Saving for the Medium Term (eg: Mortgage payout, Children Education)				
Negative gearing (Managed Investments or Equity in home)				
Mortgage/Debt refinancing				

Notes

Client Acknowledgment & Authorisation

- a) I/we advise that the information provided in this document is complete and accurate to the best of my/our knowledge;
- b) I/we acknowledge that by not providing complete and accurate information on my personal and financial position that this may lead my adviser to provide inappropriate advice;
- c) I/we understand that in respect of insurance recommendations that by not providing complete and accurate information that an insurance policy purchased which differs from those recommended may not be appropriate to my/our needs;
- d) I/we advise that I/we have read and understood the Financial Services Guide before any investment advisory services were provided;
- e) I/we acknowledge receipt of the Privacy Disclosure Statement referred to in 1c) above; and
- f) I/we understand that my adviser may forward direct marketing material to me in relation to financial services. I/we also understand that my adviser will cease to send this material on receipt of written instructions.

Tax File Number Authorisation

A tax file number (TFN) is not required to be disclosed and you are entitled to refuse/decline to state your tax file number or to allow your adviser to hold your tax file number. If your tax file number is not disclosed all investment returns, may be taxed at the top marginal rate plus Medicare levy. Superannuation contributions may be taxed at a level of 46.5%.

- g) I/we give permission for my/our tax file number to be stored in a secure format by my adviser in accordance with legislative requirements;
- h) I/we give permission for my/our tax file number to be forwarded to financial institutions as required.

Client	Partner
Name	Name
Signature	Signature
Date	Date

Adviser Declaration

The preparation of your Statement of Advice will be based on the above information and any other documented correspondence entered into. I have provided a copy of the Financial Services Guide to you before any investment advisory services were provided. Australian Financial Services Limited (AFSL#297239) is committed to ensuring the privacy and security of your personal information. As required under the Privacy Act, we have provided a copy of our Privacy Disclosure Statement. More details concerning our information management practices can be obtained on our web site at www.austfinservices.com.au or by contacting our Professional Standards Manager on (03) 8320 1599.

AFS Authorised Representative	
Name	Peter Stewart
Signature	
Date	