



PELICAN FINANCIAL SERVICES PTY LTD

CLIENT INFORMATION QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

PREPARED FOR:

CLIENT NAME/S: _____

DATE: ____ / ____ / ____

PREPARED BY:

ADVISER NAME: _____



Authorised Representative of Capstone Financial Planning Pty Ltd

ABN 24 093 733 969 AFSL No. 223135

Level 14, 461 Bourke Street, Melbourne VIC 3000.

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IMPORTANT INFORMATION

FSG VERSION

ADVISER PROFILE VERSION

PRIVACY POLICY VERSION

DATE ISSUED TO CLIENT

/ /

The Corporations Act 2001 requires that an Adviser making financial recommendations must have reasonable grounds for making those recommendations. This means that an Adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. When completing the questionnaire, please enter as much as possible to the best of your ability and where possible note down any sections where you need assistance and we will be happy to help.

The information requested in this questionnaire will allow us to provide recommendations based on your current situation and future goals and will be used solely for that purpose.

YOUR PERSONAL DETAILS

This section asks you about your personal, contact information, children and dependants, health and employment details.

	CLIENT 1	CLIENT 2
TITLE	_____	_____
SURNAME	_____	_____
GIVEN NAMES	_____	_____
PREFERRED NAME	_____	_____
DATE OF BIRTH	____ / ____ / ____	____ / ____ / ____
PLACE OF BIRTH	_____	_____
MARITAL STATUS	_____	_____
TAX FILE NUMBER	_____	_____

CONTACT DETAILS

DETAILS
HOME ADDRESS
POSTAL ADDRESS (IF NOT SAME AS HOME)
HOME PHONE NO.

	CLIENT 1	CLIENT 2
WORK PHONE NO.	_____	_____
FACSIMILE NO.	_____	_____
MOBILE NO.	_____	_____
EMAIL TO BE USED FOR CORRESPONDENCE	_____	_____
PREFERRED FORM OF CORRESPONDENCE	_____	_____

CHILDREN & DEPENDANTS

This section is not applicable
 Clients have chosen to not complete this section

NAME	RELATIONSHIP	D.O.B	FINANCIALLY DEPENDENT	SEX	DEPENDENT UNTIL AGE	FUTURE NEEDS
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

HEALTH DETAILS

This section is not applicable
Clients have chosen to not complete this section

	CLIENT 1	CLIENT 2
SMOKER STATUS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRIVATE HEALTH INSURANCE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
GENERAL HEALTH STATUS	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
HEALTH ISSUES	_____	_____
HAVE YOU EVER BEEN REJECTED FROM AN INSURANCE APPLICATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
REFUSAL DETAILS	_____	_____

ESTATE PLANNING

This section is not applicable
Clients have chosen to not complete this section

	CLIENT 1	CLIENT 2
DO YOU HAVE A WILL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF WILL	____/____/____	____/____/____
IS THE WILL CURRENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES YOUR WILL INCORPORATE A TESTAMENTARY TRUST	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHO IS THE EXECUTOR(S) OF YOUR WILL?	_____	_____
WHERE IS YOUR WILL LOCATED?	_____	_____
DO YOU HAVE A POWER OF ATTORNEY	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
IF YES, PLEASE NOTE WHO		
DO YOU HAVE AN ENDURING POWER OF ATTORNEY	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
IF YES, PLEASE NOTE WHO		
DO YOU HAVE A MEDICAL POWER OF ATTORNEY/ENDURING GUARDIANSHIP	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
IF YES, PLEASE NOTE WHO		
DO YOU HAVE A FUNERAL PLAN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FUNERAL PLAN NAME AND MATURITY	_____	_____
AMOUNT PAID	\$ _____	\$ _____

EMPLOYMENT DETAILS

This section is not applicable
 Clients have chosen to not complete this section

	CLIENT 1	CLIENT 2
OCCUPATION	_____	_____
JOB TITLE	_____	_____
EMPLOYER	_____	_____
STATUS	_____	_____
HOURS WORKED PER WEEK	_____	_____
START DATE	____ / ____ / ____	____ / ____ / ____
END DATE	____ / ____ / ____	____ / ____ / ____
DATE OF NEXT SALARY REVIEW	____ / ____ / ____	____ / ____ / ____
COMMENT	_____	_____
EMPLOYER CONTACTS	_____	_____
PHONE	_____	_____
ADDRESS	_____	_____

RETIREMENT PLANNING

This section is not applicable
 Clients have chosen to not complete this section

	CLIENT 1	CLIENT 2
YEARS TILL RETIREMENT (DATE OF RETIREMENT)	____ year(s) ____ / ____ / ____	____ year(s) ____ / ____ / ____
HOW MUCH INCOME PER YEAR DO YOU THINK YOU WILL NEED IN RETIREMENT	\$ _____	\$ _____
LARGE EXPENSES IN RETIREMENT (BOAT, CAR, HOLIDAYS, RENOVATIONS)	\$ _____	\$ _____
ARE YOU EXPECTING ANY LUMP SUM PAYMENTS (INHERITANCE)	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

YOUR GOALS

This section asks you details about your financial and lifestyle goals. To complete this section, select the area of advice relating to your specific goals by ticking the corresponding box. In the following columns please provide a detailed description of your goal, set targets (i.e. projected retirement balance or investment balance, retirement income, desired level of cover etc...), timeframe and priority and try link your goal to why you are seeking advice. Please try to be specific as possible as this will help us develop a solution tailored to your specific needs. Note: Priority 1 (high importance) to 5 (lower importance).

SCOPE OF GOALS	DESCRIPTION	PRIORITY (1,2,3...)	TIMEFRAME
<input type="checkbox"/> SUPERANNUATION	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/>	<hr/>
<input type="checkbox"/> RETIREMENT PLANNING	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/>	<hr/>
<input type="checkbox"/> PERSONAL AND BUSINESS INSURANCE	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/>	<hr/>
<input type="checkbox"/> INVESTMENT	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/>	<hr/>
<input type="checkbox"/> BORROWING TO INVEST (GEARING)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/>	<hr/>

SCOPE OF GOALS	DESCRIPTION	PRIORITY (1,2,3...)	TIMEFRAME
<input type="checkbox"/> CENTRELINK	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<input type="checkbox"/> SAVING AND BUDGETING	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<input type="checkbox"/> ESTATE PLANNING	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<input type="checkbox"/> FINANCIAL STRUCTURES (FAMILY TRUST, PARTNERSHIPS. COMPANIES)	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<input type="checkbox"/> OTHER	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<input type="checkbox"/> OTHER	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

INVESTMENT PREFERENCES

Investment preference(s) you

would like to apply to your portfolio

- Easy To Manage
- Socially Responsible
- Transparent
- Growth Orientated
- Tax Effective
- Flexible
- Income Producing
- Other _____

CASH FLOW DETAILS

This section asks you about your annual income and expenses.

This
Clients have chosen to

ANNUAL INCOME

ITEM	SUB TYPE	CLIENT 1	CLIENT 2	TOTAL AMOUNT
GROSS SALARY / WAGES		\$ _____	\$ _____	\$ _____
COMMISSIONS		\$ _____	\$ _____	\$ _____
BONUSES		\$ _____	\$ _____	\$ _____
BUSINESS INCOME / PROFIT		\$ _____	\$ _____	\$ _____
SUPERANNUATION PENSION		\$ _____	\$ _____	\$ _____
ANNUITY INCOME		\$ _____	\$ _____	\$ _____
ROYALTIES		\$ _____	\$ _____	\$ _____
INVESTMENT INCOME	INTEREST	\$ _____	\$ _____	\$ _____
	DIVIDENDS	\$ _____	\$ _____	\$ _____
	RENT	\$ _____	\$ _____	\$ _____
	OTHER	\$ _____	\$ _____	\$ _____
	PLEASE PROVIDE DETAILS	_____	_____	_____
OTHER INCOME	DEP. OF VETERAN AFFAIRS	\$ _____	\$ _____	\$ _____
	CENTRELINK	\$ _____	\$ _____	\$ _____
	OTHER INCOME	\$ _____	\$ _____	\$ _____
	PLEASE PROVIDE DETAILS	_____	_____	_____
TOTAL INCOME				\$ _____

	CLIENT 1	CLIENT 2
WILL YOUR INCOME CHANGE IN THE SHORT TERM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF SO, PLEASE STATE HOW	_____	_____
	_____	_____
	_____	_____

ESTIMATED INCOME TAX

	CLIENT 1	CLIENT 2
TOTAL ESTIMATED INCOME TAX	\$ _____	\$ _____

ANNUAL EXPENSES

This
Clients have chosen to n

ITEM	OWNER	AMOUNT
LONG TERM DEBT (MORTGAGE/RENTAL/CAR LOAN/PERSONAL LOANS/ DEDUCTIBLE MORTGAGE/INVEST. LOANS/OTHER)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
SHORT TERM DEBT (CREDIT CARDS/OTHER)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
HOUSING (SAVINGS/COUNCIL RATES/MAINTENANCE)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
UTILITIES (GAS/WATER/ELECTRICITY/PHONE/MOBILE/TELEVISION)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
CAR (PETROL/REPAIRS/MAINTENANCE/REGISTRATION/PUBLIC)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
FOOD (GROCERIES/DINING OUT)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
INSURANCE (LIFE/DISABILITY/HOME/HEALTH/CAR)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
HEALTH CARE (DOCTOR/DENTAL/OPTICAL/PHARMACEUTICAL/HOSPITAL)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
PERSONAL CARE (CLOTHING/DRY CLEANING/HAIR DRESSING/COSMETICS)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
ENTERTAINMENT (MEMBERSHIP/HOLIDAYS/SPORTS/HOBBIES)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
OTHERS _____ (BIRTHDAYS/PRESENTS/SCHOOL FEES)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
TOTAL EXPENSES		\$ _____

SURPLUS / DEFICIT (TOTAL GROSS INCOME – ESTIMATED TAX – EXPENSES)	\$ _____
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GOVERNMENT INCOME SUPPORT

This section is not applicable
Clients have chosen to not complete this section

	CLIENT 1	CLIENT 2
GOVERNMENT BENEFIT	_____	_____
RELATIONSHIP NUMBER	_____	_____
NOTES	_____	_____
ARE YOU REGISTERED FOR THE PENSION BONUS SCHEME	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU GIFTED ASSETS IN THE LAST 5 YEARS	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
ARE YOU REGISTERED FOR THE COMMONWEALTH SENIORS HEALTH CARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSET VALUE AND LIABILITIES

This section asks you about your assets and liabilities.

PERSONAL ASSETS

This section is not applicable
 Clients have chosen to not complete this section

ASSETS	OWNER	ASSET VALUE
PRINCIPAL RESIDENCE	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
PERSONAL PROPERTY / CONTENTS	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
MOTOR VEHICLE(S)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
HOLIDAY HOME	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
COLLECTABLES	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
BOAT / CARAVAN	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
OTHER _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
OTHER _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$ _____
TOTAL PERSONAL ASSETS		\$ _____

LIABILITIES

This section is not applicable
 Clients have chosen to not complete this section

LIABILITIES	OWNER	INTEREST RATE	LENDER	REPAYMENT TYPE	REPAYMENTS	AMOUNT OWING
PRINCIPAL RESIDENCE MORTGAGE	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
HOLIDAY HOME MORTGAGE	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
MOTOR VEHICLES LOAN	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
CREDIT CARD	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
CREDIT CARD	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
INVESTMENT LOAN	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
MARGIN LOAN	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
INVESTMENT PROPERTY LOAN	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
OTHER _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
OTHER _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	_____ %	_____	<input type="checkbox"/> Int. Only <input type="checkbox"/> P & I	\$ _____	\$ _____
TOTAL LIABILITIES					\$ _____	\$ _____

INVESTMENT ASSETS

This section is not applicable
 Clients have chosen to not complete this section

CASH AND TERM DEPOSITS	OWNER	DATE OF PURCHASE	MATURITY DATE	CURRENT ASSET VALUE
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	/ /	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	/ /	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	/ /	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	/ /	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	/ /	\$
TOTAL CASH AND TERM DEPOSITS				\$

PROPERTY ASSETS	OWNER	DATE OF PURCHASE	PURCHASE PRICE	CURRENT ASSET VALUE
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	\$	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	\$	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	\$	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /	\$	\$
TOTAL PROPERTY ASSETS				\$

SHARES / MANAGED FUNDS / OTHER	OWNER	DATE OF PURCHASE	UNITS OR PURCHASE \$	CURRENT ASSET VALUE
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	/ /		\$
TOTAL SHARES / MANAGED FUNDS / OTHER				\$

SUPERANNUATION AND PENSION DETAILS

This section asks you about your superannuation and pension account details. Information can be found in your member/investor statement. If you feel that you are having difficulty in finding the correct information please leave the field blank and highlight as we are able to assist you in sourcing the appropriate information from your statement.

This section is not applicable
 Clients have chosen to not complete this section

SUPERANNUATION FUND DETAILS

FUND	FUND 1	FUND 2	FUND 3	FUND 4
INVESTOR/ MEMBER	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
CURRENT BALANCE	\$ _____	\$ _____	\$ _____	\$ _____
PRODUCT NAME / PROVIDER	_____	_____	_____	_____
BENEFIT TYPE	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit
MEMBER NUMBER	_____	_____	_____	_____
BENEFICIARY	_____	_____	_____	_____
TYPE OF NOMINATION	_____	_____	_____	_____
COMPONENTS				
ELIGIBLE SERVICE PERIOD	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
TOTAL TAXED ELEMENT	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL UNTAXED ELEMENT	\$ _____	\$ _____	\$ _____	\$ _____
TAX FREE	\$ _____	\$ _____	\$ _____	\$ _____
PRESERVED AMOUNT	\$ _____	\$ _____	\$ _____	\$ _____
RESTRICTED NON-PRESERVED	\$ _____	\$ _____	\$ _____	\$ _____
UNRESTRICTED NON-PRESERVED	\$ _____	\$ _____	\$ _____	\$ _____
INSURANCE COVER				
LIFE COVER	\$ _____	\$ _____	\$ _____	\$ _____
TPD COVER	\$ _____	\$ _____	\$ _____	\$ _____
SALARY CONTINUANCE	\$ _____	\$ _____	\$ _____	\$ _____
OTHER BENEFITS – DETAILS	_____	_____	_____	_____
FEES				
EXIT FEE	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
MANAGEMENT COST PA	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
PREMIUMS (IF APPLICABLE)	\$ _____ pa	\$ _____ pa	\$ _____ pa	\$ _____ pa
ADMINISTRATION COSTS	\$ _____ pa	\$ _____ pa	\$ _____ pa	\$ _____ pa
OTHER FEES	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
OTHER FEES - DETAILS	_____	_____	_____	_____
SUPER GUARANTEE DEPOSIT	<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

Provide Documentation if Possible (i.e. Statements, Portfolio Reports etc.)

SUPERANNUATION CONTRIBUTION SUMMARY

SUPERANNUATION CONTRIBUTIONS	CLIENT 1	CLIENT 2
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NON-CONCESSIONAL CONTRIBUTIONS (CONTRIBUTIONS FROM AFTER TAX INCOME)

TOTAL AFTER TAX CONTRIBUTIONS MADE IN THE LAST 3 YEARS	\$ _____	\$ _____
HAVE YOU CONTRIBUTED OVER \$150,000 IN ANY ONE YEAR?	<input type="checkbox"/> Yes ___ / ___ / _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ___ / ___ / _____ <input type="checkbox"/> No

CONCESSIONAL CONTRIBUTIONS (BEFORE TAX INCOME I.E. SALARY SACRIFICE AND/OR EMPLOYER SGC AMOUNTS)

EMPLOYER SUPER CONTRIBUTIONS MADE THIS YEAR	\$ _____	\$ _____
OTHER BEFORE TAX SUPER CONTRIBUTIONS MADE THIS YEAR	\$ _____	\$ _____
TOTAL BEFORE TAX CONTRIBUTIONS MADE THIS FINANCIAL YEAR	\$ _____	\$ _____

OTHER CONTRIBUTIONS (I.E. PROCEEDS FROM BUSINESS SALE, REDUNDANCY PAYMENTS, TRANSFER FROM FOREIGN SUPER FUNDS, PERSONAL INJURY)

CONTRIBUTIONS	\$ _____	\$ _____
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OTHER SUPERANNUATION NOTES

SUPERANNUATION NOTES

CLIENT 1

CLIENT 2

PENSION AND/OR ANNUITY FUND DETAILS

This section is not applicable
 Clients have chosen to not complete this section

PENSION / ANNUITY FUNDS	FUND 1	FUND 2	FUND 3	FUND 4
INVESTOR/ OWNER	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
TYPE	_____	_____	_____	_____
MEMBER NUMBER	_____	_____	_____	_____
PRODUCT NAME / PROVIDER	_____	_____	_____	_____
INCEPTION DATE	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
CURRENT VALUE	\$ _____	\$ _____	\$ _____	\$ _____
PURCHASE PRICE	\$ _____	\$ _____	\$ _____	\$ _____
TAX FREE AMOUNT	_____ %	_____ %	_____ %	_____ %
TERM AT PURCHASE	_____ year	_____ year	_____ year	_____ year
BENEFICIARY	_____	_____	_____	_____
TYPE OF NOMINATION	_____	_____	_____	_____
PAYMENT	\$ _____ pa	\$ _____ pa	\$ _____ pa	\$ _____ pa
PAYMENT FREQUENCY	_____	_____	_____	_____
PAYMENT INDEXATION	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
CENTRELINK/DVA DEDUCTIBLE AMOUNT	\$ _____	\$ _____	\$ _____	\$ _____
FEE	_____	_____	_____	_____
EXIT FEE	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
MANAGEMENT COST PA	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
ADMINISTRATION COSTS	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
OTHER FEES	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
OTHER FEES - DETAILS	_____	_____	_____	_____

Provide Documentation if Possible (i.e. Statements, Portfolio Reports etc.)

OTHER PENSION AND/OR ANNUITY NOTES

OTHER PENSION AND/OR ANNUITY NOTES

CLIENT 1

CLIENT 2

INSURANCE DETAILS

This section asks you about your existing personal, business and other insurance policies. Further information can be found in your policy schedule.

This section is not applicable
 Clients have chosen to not complete this section

PERSONAL AND BUSINESS INSURANCE COVER

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
LIFE INSURED	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
POLICY OWNER	_____	_____	_____	_____
POLICY NUMBER	_____	_____	_____	_____
LIFE COVER	\$ _____	\$ _____	\$ _____	\$ _____
TPD COVER	\$ _____	\$ _____	\$ _____	\$ _____
TRAUMA COVER	\$ _____	\$ _____	\$ _____	\$ _____
INCOME PROTECTION BENEFIT	\$ _____ pm	\$ _____ pm	\$ _____ pm	\$ _____ pm
BUSINESS EXPENSE	\$ _____ pm	\$ _____ pm	\$ _____ pm	\$ _____ pm
TOTAL PREMIUM	\$ _____	\$ _____	\$ _____	\$ _____
INSURANCE PROVIDER	_____	_____	_____	_____
PREMIUM FREQUENCY	_____	_____	_____	_____
IS THE BENEFIT INDEXED	<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
PREMIUM STRUCTURE	<input type="checkbox"/> Level <input type="checkbox"/> Stepped	<input type="checkbox"/> Level <input type="checkbox"/> Stepped	<input type="checkbox"/> Level <input type="checkbox"/> Stepped	<input type="checkbox"/> Level <input type="checkbox"/> Stepped
COMPLETE THE FOLLOWING FOR INCOME PROTECTION ONLY				
AGREED / INDEMNITY	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity
BENEFIT PERIOD	_____	_____	_____	_____
WAITING PERIOD	_____	_____	_____	_____
INCREASING CLAIMS OPTIONS	<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
SUPER CONTINUANCE	<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
COMPLETE THE FOLLOWING FOR TOTAL AND PERMANENT DISABILITY ONLY				
'ANY' OR 'OWN' OCCUPATION	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own

Provide Policy Documentation if Possible (i.e. Statements, Policy schedules etc.)

OTHER INSURANCES HELD

TYPE
HOME & CONTENTS
MOTOR VEHICLE
MORTGAGE
OTHER

This section is not applicable
Clients have chosen to not complete this section

OTHER INFORMATION

This section asks you about other professional specialists you access.

OTHER PROFESSIONAL ADVISERS

ACCOUNTANT

NAME	
ADDRESS	
TELEPHONE	
FAX	

SOLICITOR

NAME	
ADDRESS	
TELEPHONE	
FAX	

OTHER

DETAILS	

RISK PROFILE QUESTIONNAIRE

PLEASE ENTER THE NUMBER YOU MOST AGREE WITH IN THE BOX PROVIDED

1. How much knowledge do you have of investment markets?

1. I don't follow what goes on in the market
2. I sometimes read about the markets and know that returns can vary from year to year
3. I read about the markets whenever I get the chance and understand that different sectors have different returns and risk

Client 1's Selection: Client 2's Selection:

2. What are you currently looking for in an investment?

1. I want a regular income and/or want to protect my capital
2. I want a mixture of growth and income from my investment
3. I am looking to generate long term growth

Client 1's Selection: Client 2's Selection:

3. How long are you planning to invest the majority of your money for before spending it? (including after retirement)?

1. Less than 2 years
2. 2 to 4 years
3. 4 to 7 years
4. More than 7 years

Client 1's Selection: Client 2's Selection:

4. An investment you have made recently in a share fund has fallen in value. What would you do?

1. Sell the investment immediately so you don't lose any more money
2. Do nothing because you feel that it will rise in value again
3. Put in more money now, while values are down. You feel you'll get a bargain

Client 1's Selection: Client 2's Selection:

5. Given the choice between higher security and higher returns would you choose security even if this means inflation may erode the purchasing power of your investment?

1. Agree
2. Not sure
3. Disagree

Client 1's Selection: Client 2's Selection:

6. When making an investment, return and risk usually go together. For example investments that produce above average returns have above average risk. How much of the funds you have available for investment would you be willing to place in investments where both returns and risks are expected to be above average (e.g. shares)?

1. None
2. Up to 35%
3. 36% – 60%
4. 61% - 80%
5. Over 80%

Client 1's Selection: Client 2's Selection:

7. How often would you be prepared to tolerate a negative return to receive progressively higher returns?

1. Never
2. One year in ten
3. One year in seven
4. One year in four
5. One year in three

Client 1's Selection: Client 2's Selection:

8. How would you prefer to invest your money to meet your future investment objectives?

1. I prefer to invest my money in a guaranteed arrangement, one where my money is absolutely safe even if this means I earn a lower rate and ignore inflation
2. I prefer investments that show steady growth, however I wish to beat inflation so I'm willing to assume some risk
3. I prefer a more aggressive mix of investments, some with moderate growth, but mostly those with higher risk and the chance of higher returns

Client 1's Selection: Client 2's Selection:

9. Would you tolerate short term (1-2 years) reductions to the value of your investments if there are prospects of stronger returns over the long term?

1. No
2. Not sure
3. Yes

Client 1's Selection: Client 2's Selection:

10. What degree of risk have you taken with your financial decisions in the past?

1. Very small
2. Small
3. Medium
4. Large
5. Very Large

Client 1's Selection: Client 2's Selection:

From your answers provided, your Total Score is:

Client 1

Client 2

RISK PROFILE

Assessed Risk Profile based on questionnaire: (Based on your answers to the questionnaire)

Client 1

Client 2

Risk Profile	Income/ Growth Split	Investor Type
Secure Score 1 -10	100% Income	This portfolio focuses entirely on the preservation of capital. As such the return is likely to be low and consistent compared with the other risk options offered. The portfolio is restricted in its ability to reduce taxable income or the tax effectiveness of that income. It is not an appropriate investment option for medium to long-term investors seeking capital growth.
Defensive Score 11 – 15	80% Income 20% Growth	This is an income-focused portfolio that has a small exposure to growth assets. The main emphasis is on generating income, with some capital risk in order to achieve overall portfolio growth. It is expected to have a low fluctuation in short-term value, with some small shorter-term capital risk. The income generated by the portfolio may have a small tax benefit from some share dividend franking credits. It is suited to an investor who either seeks a high level of income or has a relatively short investment time frame.
Conservative Score 16 – 20	60% Income 40% Growth	For investors who are seeking an income stream with some capital growth attached. It has a high exposure to fixed income securities, but also includes exposure to share and property markets. It is suited to medium-term investors who are seeking a reasonable degree of capital stability, but who also want to protect their assets from inflation. Some tax relief on income may be available from franking credits.
Balanced Score 21 – 30	40% Income 60% Growth	Using a slightly higher exposure to growth assets than income assets, this portfolio is expected to have lower short-term fluctuations in value than the other growth-based investment portfolios. Its aim is to produce capital growth in a medium- to long-term time frame. It has a “balanced” exposure to shares, property and fixed income assets, while the income generated by the portfolio may be partially tax effective.
Growth Score 31 – 34	20% Income 80% Growth	A growth-oriented portfolio that is best suited to long-term investors. A small income exposure should slightly reduce the shorter-term fluctuations of the portfolio’s value. It is best suited to a long-term investor who can accept some investment risk over the long-run. The income stream may be partially tax effective and the portfolio has a high exposure to share and property to provide long-term investment growth.
High Growth Score 35 or more	100% Growth	A 100% growth based portfolio with no exposure to income assets. It has a strong emphasis on maximising capital growth over the long term. The portfolio is likely to produce a minimal, tax effective income. Investors should expect high short-term fluctuations in values and a higher chance of capital loss. However, they are prepared to accept this as a trade off in achieving their long-term investment objective.

What Type of Investor are you?

After you have completed the questionnaire and calculated your score, we ask you to consider the description of each investment type given above. You now need to ensure the profile indicated by the questionnaire fits your own beliefs.

For example, if the questionnaire indicated you may be more comfortable with a balanced portfolio, yet the description of a ‘high growth’ investor is more appealing to you, you may wish to consider changing to a ‘high growth’ investor or a ‘growth to high growth’ investor.

Remember, the questionnaire is only a guide. If you are not comfortable with the recommended profile, (or you and your partner have different profiles) we can start with a lower risk profile and review it over time as you become more comfortable with investment markets. But please be aware that risk and return are closely related, so by choosing a lower risk profile, you are also choosing to reduce your longer term return expectations.

Risk Profile selected

Client 1

Client 2

If the risk profile differs

Note

Note

CLIENT ACKNOWLEDGEMENTS

CLIENT NAME/S: _____

Please tick as appropriate

- We acknowledge that we have received, read and fully understood Capstone Financial Planning Pty Ltd's Financial Services Guide & Adviser Profile.
- We acknowledge that we have received, read and fully understood Capstone Financial Planning Pty Ltd's Privacy Policy.
- We give permission for our related tax file number(s), as provided to be held by our Adviser, an Authorised Representative of Capstone Financial Planning Pty Ltd, to be forwarded to financial institutions as requested or as necessary and/or to be retained on our file.
- We give permission for our personal financial information being forwarded to and/or obtained from our accountant/tax agent, solicitor, Centrelink and/or Department of Veterans Affairs as requested by us from time to time.
- We hereby declare that the information set out in this form is true and correct to the best of our knowledge.
- We understand any recommendations (to be provided in the form of a Statement of Advice) will be based solely on the information supplied in this form.
- We understand that the items marked not applicable or not disclosed by us are not to be considered in the advice provided.
- If we have chosen not to disclose full information about our financial details, circumstances and objectives, our Adviser may not be able to fully assess our financial needs, circumstances and objectives and therefore the subsequent advice may not be appropriate for our needs.
- We agree to the preparation of a Statement of Advice limited to the following issues:
 - Superannuation
 - Retirement planning
 - Personal and business insurance
 - Investment
 - Borrowing to invest (Gearing)
 - Centrelink
 - Savings and budgeting
 - Estate planning
 - Financial structures
 - Other, please specify _____

Signed: _____

Signed: _____

CLIENT 1

CLIENT 2

Date: ____/____/____

Date: ____/____/____

ADVISER DECLARATION

I declare that I have, to the best of my ability, investigated and collected information regarding your financial needs, current circumstances and objectives in relation to the areas of advice being sought.

Signed: _____

Date: ____/____/____

Adviser: _____

