

The
FinancialLink
Group

Australian Financial Services Licence
No. 240938

FACT FIND

Version: BG1.00

CLIENT:

DATE:

ADVISER:

INCOME

SALARY/WAGE
Client 1 - \$
Client 2 - \$

Share/Dividends
Client 1 - \$
Client 2 - \$

Centrelink
Client 1 - \$
Client 2 - \$

Pension
Client 1 - \$
Client 2 - \$

Rental Income
Client 1 - \$
Client 2 - \$

Other Income
Client 1 - \$
Client 2 - \$

ASSETS

Cash Funds
Client 1 - \$
Client 2 - \$

Direct Equities
Client 1 - \$
Client 2 - \$

Term Deposits
Client 1 - \$
Client 2 - \$

Other Investments
Client 1 - \$
Client 2 - \$

Personal Assets
Client 1 - \$
Client 2 - \$

SUPERANNUATION
Client 1 - \$
Client 2 - \$

Retirement Age
Client 1 Client 2
Combined Retirement Income
\$ PA

PRINCIPAL RESIDENCE
Owner -
Value - \$
Debt - \$
Equity - \$

INVESTMENT PROPERTIES (IP)

Owner - Client 1 or 2 or Joint
Value - \$

Owner - Client 1 or 2 or Joint
Value - \$

Owner - Client 1 or 2 or Joint
Value - \$

Owner - Client 1 or 2 or Joint
Value - \$

ASSET PROTECTION

Life
Client 1 - \$
Client 2 - \$

TPD
Client 1 - \$
Client 2 - \$

Trauma
Client 1 - \$
Client 2 - \$

Income Protection
Client 1 - \$
Client 2 - \$

Business / Key man
Client 1 - \$
Client 2 - \$

Mortgage

Owner	Loan Type	Interest rate	Repayment
-------	-----------	---------------	-----------

Personal

Owner	Loan Type	Interest rate	Repayment
-------	-----------	---------------	-----------

Credit Cards

Owner	Outstanding	Interest rate	Repayment
Owner	Outstanding	Interest rate	Repayment
Owner	Outstanding	Interest rate	Repayment

IP Mortgages

Owner	Loan Type	Interest rate	Repayment
Owner	Loan Type	Interest rate	Repayment
Owner	Loan Type	Interest rate	Repayment

Scope of Advice

The Areas you do and do not want advice about

What type of Advice are you seeking?

- Comprehensive Advice (Personal Advice that is **not** limited in scope)
 Scaled Advice / Limited Advice (personal advice that **is** limited in scope)

Please tick one or more of the following areas of advice you are seeking

Area of Advice	Provide details of the area of advice you are requesting
<input type="checkbox"/> Superannuation Planning	
<input type="checkbox"/> Self-Managed Super Fund	
<input type="checkbox"/> Retirement Planning	
<input type="checkbox"/> Insurance Planning	
<input type="checkbox"/> Investment Strategies	
<input type="checkbox"/> Estate Planning	
<input type="checkbox"/> Other Areas	

Objectives / reasons for seeking advice

List your detailed objectives here, in priority of what you are wanting to achieve.

Objective (for the above Scope of Advice)	You/Partner	Timeframe	Amount	Priority

Lifestyle Goals

Are there any lifestyle goals that you would like me to be aware of? Yes No

Short Term Goals (less than 12 months) e.g. Car, Holiday
Medium Term Goals (12 months to 3 years) e.g. Renovations, Child Education
Long Term Goals (3 or more years)

Entities

Self-Managed Super Fund

Name	Trustee Type	Investment Strategy Held	Superfund Members
	<input type="checkbox"/> Approved trustee <input type="checkbox"/> All members are trustees <input type="checkbox"/> Corporate Trustee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of Trust Deed Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company

Name	Company Purpose	No Employees	Shareholders	Include in Advice
	<input type="checkbox"/> Business <input type="checkbox"/> Consulting <input type="checkbox"/> Investment <input type="checkbox"/> Creditor Protection <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Trust

Name	Trust Type	Trustee	Beneficiaries	Include in Advice
	<input type="checkbox"/> Discretionary <input type="checkbox"/> Testamentary <input type="checkbox"/> Fixed <input type="checkbox"/> Hybrid <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a copy of the Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Adviser Notes

--

Personal Details	Client 1		Client 2	
Title				
Given Names				
Surname				
Preferred Name				
Gender	Male / Female		Male / Female	
Date of Birth				
Marital Status				
Private Health Insurance	Yes / No		Yes / No	
Health	Excellent / Good / Average / Poor		Excellent / Good / Average / Poor	
Smoker	Yes / No		Yes / No	
Tax File Number				
Home Address				
	Postcode	State	Postcode	State
Phone				
Email Address				
Details of Children/Dependant	1	2	3	4
Name				
Relationship				
Date of Birth				
Dependant (Yes / No)				
If Yes, until what age?				
Estate Planning Details	Client		Client 2	
Do you have a current Will?	Yes / No		Yes / No	
Date of Will / Last Reviewed:				
Power of attorney	Yes / No		Yes / No	
Enduring Power of attorney	Yes / No		Yes / No	
Name of Attorney?				
Employment Details	Client 1		Client 2	
Employment or Business Status:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> P/T employed	<input type="checkbox"/> F/T employed <input type="checkbox"/> Contractor <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> P/T employed	<input type="checkbox"/> F/T employed <input type="checkbox"/> Contractor <input type="checkbox"/> Retired
Position/ Occupation:				
Employer / Business Name:				
Adviser Notes				

Cash Flow

Annual Income and Expenses

Annual Income	Client 1	Client 2
Employment Income (Salary, other)		
Superannuation (SGC, other)		
Bonus / Commission		
Other taxable income		
Other no-taxable income		
Other no-taxable centrelink exempt income		
Centrelink / DVA (taxable)		
Centrelink / DVA (non-taxable)		
Investment (unfranked)		
Investment (franked)		
TOTAL INCOME	\$	\$
Reportable fringe benefits		
Tax deductible expenses		
Annual Expenses		
Housing		
Transport		
Dependents		
Insurance (Total Cost)		
Personal		
Entertainment		
Loans (Total Cost)		
TOTAL Expenses	\$	\$

Centrelink Details

	Client 1	Client 2
Claiming Tax Initiative through	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Home Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value of gifted assets in the last 5 years	\$	\$
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Support		

Liabilities

Type	Owner	Lender and Product	Loan Balance \$	Retain	Interest Rate	Tax Deductible	P&I or Interest Only	Term Remaining	Amount and Frequency	Redraw Amount	Repay on Death, TPD, Trauma
Home Loan	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Home Loan	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Investment Loan	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Investment Loan	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Investment Loan	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Personal Loan	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Credit Cards	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Lease / HP	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma
Other (Specify)	C1 / C2 / J		\$	Yes / No	%	%	P&I / IO		\$	\$	Death / TPD / Trauma

Assets – Cash / Fixed Interest

Description	Owner	Current Value	Purchase Amount	Purchase Date	Income % or \$ pa	Maturity Date	Deemed for Centrelink	Retain	Re-Invest Income	Realise on Death, TPD, Trauma
	C1 / C2 / J	\$	\$	/ /		/ /	Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /		/ /	Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /		/ /	Yes / No	Yes / No	Yes / No	Death / TPD / Trauma

To help determine correct waiting period for Income Protection, if you are unable to work, what percentage of your own liquid assets would you be willing to draw down (before requiring financial assistance) %

Investment Property

Description	Owner	Current Value	Purchase Amount	Purchase Date	Annual Rent	Annual Expenses	Deemed for Centrelink	Retain	Realise on Death, TPD, Trauma
	C1 / C2 / J	\$	\$	/ /	\$	\$	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /	\$	\$	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /	\$	\$	Yes / No	Yes / No	Death / TPD / Trauma

Applicable Centrelink Payments

Benefit Type	Tax Status	Family	Client 1	Client 2
Age Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Disability Support Pension	Either		<input type="checkbox"/>	<input type="checkbox"/>
DVA Invalidation Service Pension	Either		<input type="checkbox"/>	<input type="checkbox"/>
DVA Service Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Family Tax Benefit Part A	Non-Taxable	<input type="checkbox"/>		
Family Tax Benefit Part B	Non-Taxable	<input type="checkbox"/>		
Mature Age Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Newstart Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Sole Parent Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Partner Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Sickness Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Special Benefit	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Widows Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Widow B Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Wife Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Other / Irregular Income

Income Item	Entity	Date	Frequency	Amount	Taxable
Inheritance	C1 / C2 / J	/ /			Yes / No
Part-Time retirement Income	C1 / C2 / J	/ /			Yes / No
House downgrade	C1 / C2 / J	/ /			Yes / No
Other (Specify)	C1 / C2 / J	/ /			Yes / No

Other / Irregular Expense

Income Item	Entity	Date	Frequency	Amount
Boat Purchase	C1 / C2 / J	/ /		
Car Purchase	C1 / C2 / J	/ /		
Education	C1 / C2 / J	/ /		
Holiday	C1 / C2 / J	/ /		
Home Renovations	C1 / C2 / J	/ /		
Other (Specify)	C1 / C2 / J	/ /		
Other (Specify)	C1 / C2 / J	/ /		

Adviser Notes

Managed Funds / Shares

Description	Owner	Current Value	Purchase Amount	Purchase Date	Income % or \$ pa	Current Units	Security for Loan	Retain	Reinvest Income	Realise on Death, TPD, Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma
	C1 / C2 / J	\$	\$	/ /			Yes / No	Yes / No	Yes / No	Death / TPD / Trauma

Lifestyle Assets

Description	Owner	Current Value	Centrelink Value	Purchase Price	Purchase Date	Retain	Used as Security	Realise on Death, TPD, Trauma
Family Home	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Contents	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Motor Vehicle 1	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Motor Vehicle 2	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Holiday Home	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Boat / Caravan	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Other (Specify)	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Other (Specify)	C1 / C2 / J	\$	\$	\$	/ /	Yes / No	Yes / No	Death / TPD / Trauma
Do you intend to purchase a new house or extensively renovate your existing dwelling within the next 10 years?								Yes / No

Do you expect any change in your future Assets and Liabilities? Yes No

If Yes – provide Comment

Superannuation

Plan Holder	C1 / C2
Member / Policy Number	
Fund Name	
Type of Fund	
Date Joined	/ /
Contributions Employer (concessional)	\$
Contributions Self (non-concessional)	\$
Current Year	\$
Previous Year	\$
Previous Year	\$
Death Cover Sum Insured	\$
TPD Sum Insured	\$
Current Value	\$
Transfer Value	\$
Maturity value at age / date	\$
To be Reallocated	Yes / No

C1 / C2
/ /
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
Yes / No

C1 / C2
/ /
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
Yes / No

Plan Holder	C1 / C2
Member / Policy Number	
Fund Name	
Type of Fund	
Date Joined	/ /
Contributions Employer (concessional)	\$
Contributions Self (non-concessional)	\$
Current Year	\$
Previous Year	\$
Previous Year	\$
Contributions Self (concessional)	\$
Death Cover Sum Insured	\$
TPD Sum Insured	\$
Current Value	\$
Transfer Value	\$
Maturity value at age / date	\$
To be Reallocated	Yes / No

C1 / C2
/ /
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
Yes / No

C1 / C2
/ /
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
Yes / No

Adviser Notes

Annuities – Superannuation and Non-Superannuation

	Fund 1	Fund 2	Fund 3	Fund 4
Owner	C1 / C2 / J	C1 / C2 / J	C1 / C2 / J	C1 / C2 / J
Product Name / Provider				
Investor Number				
Type				
Eligible Service Date	/ /	/ /	/ /	/ /
Complying	Yes / No	Yes / No	Yes / No	Yes / No
Residual Capital Value %				
Revisionary	Yes / No	Yes / No	Yes / No	Yes / No
Revisionary Beneficiary				

Superannuation Pensions

	Fund 1	Fund 2	Fund 3	Fund 4
Date of Purchase	/ /	/ /	/ /	/ /
Asset Test	<input type="checkbox"/> Exempt <input type="checkbox"/> Tested <input type="checkbox"/> 50% Exempt	<input type="checkbox"/> Exempt <input type="checkbox"/> Tested <input type="checkbox"/> 50% Exempt	<input type="checkbox"/> Exempt <input type="checkbox"/> Tested <input type="checkbox"/> 50% Exempt	<input type="checkbox"/> Exempt <input type="checkbox"/> Tested <input type="checkbox"/> 50% Exempt
Effective Date	/ /	/ /	/ /	/ /
Remaining Term / Maturity Date				
Current Balance	\$	\$	\$	\$
Pension / Annuity Amount pa	\$	\$	\$	\$
Payment Frequency				
Indexation and Rate				
Current UPP	\$	\$	\$	\$
Tax Deductible	\$	\$	\$	\$
Centrelink / DVA Deductible	\$	\$	\$	\$
Tax Free	\$	\$	\$	\$
CGT Exempt	\$	\$	\$	\$
Concessional	\$	\$	\$	\$
Post '94 Invalidity	\$	\$	\$	\$
Taxable – element untaxed	\$	\$	\$	\$
Excessive	\$	\$	\$	\$
Rebateable Portion	%	%	%	%
Investment Option(s)				
Asset to be retained	Yes / No	Yes / No	Yes / No	Yes / No

Defined Benefits

Owner	Description	Accrued Multiple	Accrual Rate	Super Salary	Includes Tax Free Amount \$	Benefit Payment Date
					\$	/ /
					\$	/ /

Adviser Notes

Redundancy

Owner	Redundancy Type	ETP Date	Eligible Service Date	Amount
	<input type="checkbox"/> Redundancy <input type="checkbox"/> Ex Gratia <input type="checkbox"/> Golden Handshake <input type="checkbox"/> Other	/ /	/ /	\$

Annual Leave

Owner	Description	ETP Date	Amount	Leave Type
		/ /	\$	Normal / Special
		/ /	\$	Normal / Special

Long Service Leave

Owner	Description	ETP Date	Eligible Service Date	Amount	Leave Type
		/ /	/ /	\$	Normal / Special
		/ /	/ /	\$	Normal / Special

General Insurance

Type	Policy Owner	Insurance Company	Policy Number	Sum Insured	Annual Premium	Renewal Date
Home				\$	\$	/ /
Home Contents				\$	\$	/ /
Investment Property				\$	\$	/ /
Investment Property				\$	\$	/ /
Motor Vehicle				\$	\$	/ /
Motor Vehicle				\$	\$	/ /
Other				\$	\$	/ /
Other				\$	\$	/ /
Other				\$	\$	/ /

Health Insurance

Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Client 1	Client 2
Insurer		
Premium		
Type of Cover		
Claiming offset against premiums?		

Adviser Notes

Life Insurance and Income Protection (if answer is "None" go to next section)

Existing Life Insurance & Income Protection <input type="checkbox"/> Yes <input type="checkbox"/> None				
	Policy 1	Policy 2	Policy 3	Policy 4
Policy Owner				
Product Type and Name				
Insurance Company				
Policy Number				
Life Insured				
Policy Status				
Policy Purpose				
Policy to be Replaced	Yes / No	Yes / No	Yes / No	Yes / No
Commencement Date	/ /	/ /	/ /	/ /
Expiry / Age				
Death Cover Sum Insured	\$	\$	\$	\$
Continuation Option	Yes / No	Yes / No	Yes / No	Yes / No
Is the cover through a super policy	Yes / No	Yes / No	Yes / No	Yes / No
Premium Type	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Premium and Frequency	\$	\$	\$	\$
TPD Sum Insured	\$	\$	\$	\$
Type of TPD (if any)	Own / Any	Own / Any	Own / Any	Own / Any
Is the cover through a super policy	Yes / No	Yes / No	Yes / No	Yes / No
Premium Type	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Premium and Frequency	\$	\$	\$	\$
Trauma Sum Insured	\$	\$	\$	\$
Premium Type	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Premium and Frequency	\$	\$	\$	\$
Income Protection Monthly Benefit	\$	\$	\$	\$
Indexed to CPI	Yes / No	Yes / No	Yes / No	Yes / No
Benefit Riders e.g. Accidental death, aids cover, Day X accident, lump sum accident, future insurability, needle stick cover etc.				
Continuation Option	Yes / No	Yes / No	Yes / No	Yes / No
Waiting Period				
Is the cover through a super policy	Yes / No	Yes / No	Yes / No	Yes / No
Exclusions / Loadings	Yes / No	Yes / No	Yes / No	Yes / No
Premium and Frequency	\$	\$	\$	\$
Premium Type	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Premium Payer				
Claiming Premium as a Tax Deduction	Yes / No	Yes / No	Yes / No	Yes / No
If Super please complete the following				
Beneficiary				
Beneficiary Percentage	%	%	%	%
Is this a Nominated Beneficiary				
Is the Nomination Binding				
Binding Expiry Date	/ /	/ /	/ /	/ /

Family and Asset Protection Planning

In the event of Death	Client 1		Client 2	
How long would Income be required by your Partner?	<input type="checkbox"/> Life of Partner <input type="checkbox"/> Maintain Capital <input type="checkbox"/> Capital Drawdown Term ____ yrs.		<input type="checkbox"/> Life of Partner <input type="checkbox"/> Maintain Capital <input type="checkbox"/> Capital Drawdown Term ____ yrs.	
Amount required per year	\$		\$	
How much is required to clear/reduce debt?				
Home Mortgage	\$		\$	
Other	\$		\$	
Other Capital Requirements?				
Funeral Costs	\$		\$	
Emergency Funds	\$		\$	
Education	\$		\$	
Estate Planning	\$		\$	
Child care / Housekeeping / Nanny	\$		\$	
Provision for Tax / GST Liabilities	\$		\$	
Other	\$		\$	
TOTALS	\$		\$	
In the event of Total and Permanent Disability (TPD) / Trauma (E.g. Cancer)	Client 1		Client 2	
	TPD	TRAUMA	TPD	TRAUMA
How much is required to clear / reduce debt?	\$	\$	\$	\$
Home Mortgage	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other Capital Requirements?				
Medical & Lifestyle requirements	\$	\$	\$	\$
Emergency Funds	\$	\$	\$	\$
Recovery Funds	\$	\$	\$	\$
Home Modifications / Purchase	\$	\$	\$	\$
Education	\$	\$	\$	\$
Estate Planning	\$	\$	\$	\$
Childcare / Housekeeper / Nanny	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$
In the event of Accident or Sickness	Client 1		Client 2	
What \$ of income is requested (max 75%)				
Waiting Period				
Benefit Period				
Accident Cover	Yes / No if yes, type:		Yes / No if yes, type:	
Comments and other Benefits				
Accrued Sick Leave Days				
Accrued Leave Days (Annual & Long Service)				
Hazardous pursuits and Pastimes				

RISK PROFILE

The following questions are designed to help your financial adviser assess your attitude towards investment and financial risk. This questionnaire is an important part of the process in helping to determine what type of investor you are enabling your adviser to recommend an asset allocation strategy that is appropriate to your specific risk tolerance.

Your Adviser

Your financial adviser will use your risk profile questionnaire in addition to other personal information to develop appropriate recommendations. As your investment experience changes, your risk profile may need to be reassessed.

Investment Time Horizon

Period	Non-Superannuation	Superannuation Only
At call or less than 2 years	\$	\$
2 – 3 years	\$	\$
3 – 5 years	\$	\$
5 – 7 years	\$	\$
7 – 9 years	\$	\$
10 years or more	\$	\$
Retirement	\$	\$
TOTAL INVESTMENT	\$	\$

At drawdown, how long do you expect the withdrawals will last

	Non-Superannuation		Superannuation Only	
	C1	C2	C1	C2
I would withdraw all my funds				
1 – 5 years				
6 – 10 years				
Over my lifetime				
Drawdown minimum amount only				

Please circle the most suitable answer for each of the following questions

Q1. Investment Experience	Points	
What is your experience with investment markets?	C1	C2
I have very little understanding of how investment markets work	1	1
I have a little experience in investing money and how markets work	3	3
I understand the importance of diversification	5	5
I understand that markets fluctuate and that different market sectors offer different income and growth features	8	8
I have a very good understanding of the factors that may influence performance, having previous investment experience in share and property and managed fund investments	10	10

Q2. Investment Objectives	Points	
What return do you expect to achieve from your investments?	C1	C2
I don't want to risk my capital. Standard term deposit rates	1	1
Cash rate. Reliable Returns	3	3
Cash rate plus 1-2% p.a. Achieve a balance between increasing returns and capital stability	7	7
Cash rate plus 3-5% p.a. Focus is on higher returns with some capital stability	10	10
Cash rate plus 5-8% p.a. Maximise performance with capital stability a minor concern	12	12
Cash rate plus more that 8% p.a. Maximise performance with 100% exposure to Growth Assets	15	15

Q3. Access to Funds	Points	
When do you anticipate you will need to drawdown from your capital (excluding short term needs), how many year's time?	C1	C2
2 years	0	0
3 years	1	1
At least 5 years	3	3
In around 7 years	5	5
After 9 years	8	8
After 10 years or more	10	10

Q4. Volatility and Tolerance	Points	
Investments can be unpredictable and returns can go up and down which may result in short term losses. How would you react if your investment portfolio decreased by 20%, after six months of investing	C1	C2
Be extremely concerned as you did not expect to take this sort of risk and you would withdraw you moneys immediately and deposit these funds into a safer investment like cash deposit funds or term deposits	0	0
Be concerned and if the market did not improve within a short period of time you would change out of the investment and deposit the funds into a more secure investment	5	5
Be concerned but wait until the investments improve	10	10
This was an unexpected event, but you will continue the investment, expecting performance to improve	15	15

Q5. Attitudes about Risk	Points	
What amount of risk are you comfortable with?	C1	C2
I am not comfortable with losses. I prefer to earn a lower return than lose money	1	1
I am willing to accept a lower return to keep my Investments stable	3	3
I do not want to see my investment reduce too often, so will accept average returns.	7	7
I am comfortable if my investments reduce a few times each year	12	12
I am not concerned with regular and significant market drops in my portfolio	15	15

Q6. Concerns about fluctuations	Points	
How long would you be prepared to see your investment performing poorly before you cashed it in, if it was a long term investment?	C1	C2
I would cash it in immediately	1	1
Up to 6 months	3	3
Up to 1 year	6	6
Up to 2.5 years	8	8
I would not cash in and expect performance to recover over time	10	10

Q7. Investment Philosophy	Points	
Which one of the following best describes your investment philosophy?	C1	C2
I prefer investments that do not have any capital fluctuation associated with them	1	1
I prefer to diversify with a mix of investments which have low capital fluctuations. I can accept a small proportion of the portfolio invested in assets which have a higher degree of short term fluctuations, to achieve a slightly higher return over the longer term.	3	3
I prefer to spread my investments evenly in growth and income assets	7	7
I prefer to diversify my investments with more growth investments that have potentially higher long term returns but also have a small amount of stable investments	10	10
I prefer to select growth investments that have a higher degree of capital fluctuation so I can earn higher returns over the long term	15	15

Q8. Concerns about inflation	Points	
Are you concerned about inflation eroding your investment, and how do you feel about accepting the risk of short term losses from investing in growth assets to try counter inflation?	C1	C2
Inflation may erode my investments but I have no tolerance for loss	1	1
I have a small tolerance for loss	3	3
I am aware of the risks of inflation, but would prefer to limit losses	5	5
I am mostly comfortable with this trade-off to beat inflation.	8	8
I am totally comfortable with this trade-off to beat inflation	10	10

Calculate the Investment Risk Profile						C1	C2
Add the score from each question, and enter the respective totals							
Check the total score against the Profile Scores show below, and circle the respective profiles							
Profile Score	0 – 6	7 – 24	25 – 50	51 – 64	65 – 85	86 - 100	
Client 1	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive	
Client 2	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive	

Selected Profile after discussion with client(s).						
Profile Score	0 – 6	7 – 24	25 – 50	51 – 64	65 – 85	86 - 100
Client 1	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive
Client 2	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive
Agreed profile where joint ownership of investment applies	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive

Do you have a preference for Ethical Investments, Environmental, Social Investments?		
Client 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please state:
Client 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please state:

Adviser Notes

Risk Profile Strategic Asset Allocations**

Profile Score	0 – 6	7 – 24	25 – 50	51 – 64	65 – 85	86 – 100
Risk Profile	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive
Definition Summary	A portfolio comprising mainly of interest bearing assets, with a small proportion of growth assets. This Portfolio suits investors who give a high priority to the preservation of capital.	This suits investors who primarily seek income with some potential for capital growth. It also suits investors seeking a lower level of investment value volatility.	This suits investors who seek a modest level of capital stability, but are willing to accept moderate investment value volatility in return for commensurate potential investment.	This suits investors who are willing to accept higher levels of investment value volatility in return for potentially higher investment performance.	This suits those who are willing to accept high levels of investment value volatility in return for high potential investment performance.	Investors who are willing to accept very high levels of investment value volatility to maximise potential investment performance. Capital stability is not a consideration.
Minimum Investment Timeframe	2 years	3 years	5 years	7 years	9 years	10 years
Defensive Assets						
Cash	36	30	20	12	6	0
Australian Fixed Interest	30	25	19	12	6	0
International Fixed Interest	19	15	11	6	3	0
Growth Assets						
Australian Listed Property	4	6	7	6	7	8
International Listed Property	0	0	0	3	3	3
Australian Equity	5	9	16	23	29	39
International Equity	6	15	27	38	46	50
Totals						
Income Assets	85	70	50	30	15	0
Growth Assets	15	30	50	70	85	100

Risk Profiles - Characteristics						
	Conservative	Moderate	Balanced	Growth	Aggressive	Very Aggressive
Long Term Objective	CPI + 0.5%	CPI + 1.0%	CPI + 2.5%	CPI + 3.5%	CPI + 4.0%	CPI + 4.5%
Total Expected Long Term Return	4.5%	5.1%	5.8%	6.5%	7.1%	7.6%
Income Return %	3.9	3.8	3.7	3.4	3.3	3.2
Growth Return %	0.6	1.3	2.1	3.1	3.8	4.4
Probability of negative return over any single year %	8.5	12.6	18.6	22.9	25.0	26.8
Expected number of negative years in 20 years	1.7 years	2.5 years	3.7 years	4.6 years	5.0 years	5.4 years

** Analytics are based on long term assumptions. Income, growth and total return outcomes may vary in short term, while losses may occur more regularly or in greater magnitude than the modelling appears.

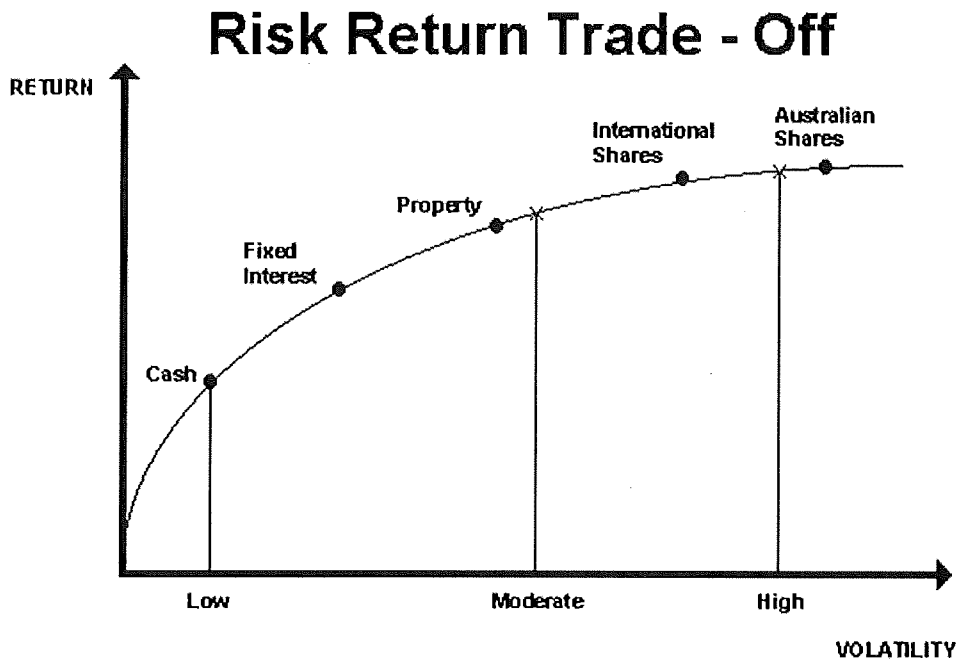
Source: Morningstar – Australian Strategic Asset Allocation Methodology dated March 2016

Please Note: Each investment Risk Profile is supported by flexible asset allocation guidelines designed to match a client's experience and their tolerance of investment risk with their expectations for investment returns.

Minor variations will occur from time to time and, if appropriately managed, will generally have an immaterial effect on the long-term performance of an investment portfolio. Significant variations from these benchmarks may also occur for a variety of reasons but any significant variations will be addressed by the adviser in the Statement of Advice or other documentation.

Spectrum of Return / Risk (for illustrative purposes)

Risk Vs Return Trade Off



Adviser Notes

Client(s) Acknowledgement

I/We acknowledge that:

- The information contained in the Fact Find is an accurate and complete record of the information I/We provided to the planner;
- I/We acknowledge that my/our planner has provided me/us with a Financial Services Guide (FSG) version number _____ before any advisory services were provided and has explained to me/us whom they represent and in what capacity the products that they are accredited in, how they are remunerated and the complaints procedures available to me/us and the Planner's location.
- I/We wish to appoint the planner to prepare and construct a Statement of Advice based on the information disclosed by us in this Fact Find as dated below.
- A Statement of Advice preparation fee of \$_____ (including GST) will apply and this fee is payable whether or not I/We accept the recommendations contained within the Statement of Advice document.
- I/We permit this document to be passed in confidence to any member of The **FinancialLink** Group Pty Ltd or any of its related companies.
- I/We also authorise The **FinancialLink** Group Pty Ltd and my Planner to collect and retain my Tax File Number for financial planning purposes.

Please tick the appropriate response(s) below:

- I/We have provided full financial information.
- I/We have provided limited financial information.
(please complete the section below under the heading "If client(s) information provided is incomplete, inaccurate or limited")
- I/We have limited the product(s) or objective(s) that can be advised on to:
(please insert details below)

Signature

Client 1

Date

Planners Name

Date

Client 2

Date

Planners Signature

Request for the receipt of future disclosure documents electronically

I/ we wish to receive copies or have copies of future new and or updates of the Financial Services, Annual Fee Disclosure Statements, and Statements of Advice or Records of Advice for financial planning advice, electronically at the following:

Email Address: _____

Fax Number: _____

I / we understand that upon this request paper documents may no longer be given; and electronic communications must be regularly checked for documents. Also, I / we understand that this consent for the receipt of electronic communication can be withdrawn by me/us at any time, but will be made in writing to you at your registered business address.

Signature

Client 1

Date

Planners Name

Date

Client 2

Date

Planners Signature

Planners Declaration

I declare that:

- a) the information contained in the Fact Find is an accurate and complete record of the information obtained from the client(s);
- b) the client was provided with an up to date copy of the Financial Services Guide (FSG) before any advisory service was provided.

Planner's Signature

Date



Level 1, 90 Vulture Street
 WEST END QLD 4101
 P: 1300 133 511
 F: 07 3007 6511
 ABN: 12 055 622 967
 AFSL: 240938

INFORMATION REQUEST AUTHORITY

Authority to provide financial information documentation

Date:	
Company Name:	
Fax:	
Phone:	

Dear Sir / Madam

I have appointed _____ as my financial planner who is an Authorised Representative of The **FinancialLink** Group Pty Ltd and I hereby authorise and request that you provide my financial planner and/or any representatives of his/her company as outlined in this signed information request authority with any information they may request from you concerning my health or my business, personal, financial, banking, investment, insurance, superannuation or other arrangements.

This is not a request to change existing agency arrangements.

Members Name:	
Membership Number:	
Date of Birth:	
Address:	

Members Signature:		
Financial Planner:	Name	Signature
	Company Representative:	Signature
	Name	Signature



Level 1, 90 Vulture Street
 WEST END QLD 4101
 P: 1300 133 511
 F: 07 3007 6511
 ABN: 12 055 622 967
 AFSL: 240938

INFORMATION REQUEST AUTHORITY

Authority to provide financial information documentation

Date:	
Company Name:	
Fax:	
Phone:	

Dear Sir / Madam

I have appointed _____ as my financial planner who is an Authorised Representative of The **FinancialLink** Group Pty Ltd and I hereby authorise and request that you provide my financial planner and/or any representatives of his/her company as outlined in this signed information request authority with any information they may request from you concerning my health or my business, personal, financial, banking, investment, insurance, superannuation or other arrangements.

This is not a request to change existing agency arrangements.

Members Name:	
Membership Number:	
Date of Birth:	
Address:	

Members Signature:		
Financial Planner:	Name	Signature
	Company Representative:	Signature
	Name	Signature