

# Personal and financial profile

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**PRIVATE AND CONFIDENTIAL**

Name client 1

Name client 2

Adviser

Date

FSG version number

Date FSG provided

**WARNING – IMPORTANT NOTICE FOR YOU**

Before making any recommendations to you, your adviser must have reasonable grounds on which to base those recommendations. This requires your adviser to ask you about your objectives, financial situation and particular needs. This form is designed to gather that information. You are not obliged to provide all information requested, however, failure to supply full and accurate information may result in inappropriate advice or the wrong advice being provided. If you are unsure of the answer to any question, please leave it blank until you have discussed it with your adviser.

# Reason for seeking advice

## **Your purpose for seeking advice**

What are your reasons for seeking financial advice? For example, are you going through a life event, such as starting a family or retrenchment, or planning for a future event such as retirement? You may wish to include your personal goals. For example, do you want to spend less time worrying about money and more time with your family, or would you like to be in a financial position to reduce your working hours?

# Your personal profile

## Personal details

	Client 1	Client 2
Title		
Surname		
Given names		
Preferred name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth		
Country of birth		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of marriage		
Australian tax resident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously seen an adviser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you choose us?	<input type="checkbox"/> Recommendation from friend <input type="checkbox"/> Recommendation from organisation <input type="checkbox"/> Recommendation from accountant/solicitor/employer <input type="checkbox"/> Internet site <input type="checkbox"/> Letter <input type="checkbox"/> Seminar <input type="checkbox"/> Advertisement <input type="checkbox"/> Other:	
If recommended, who recommended us?		

Contact details	Client 1	Client 2
Home address		<input type="checkbox"/> Same as Client 1 <input type="checkbox"/> Other:
Postal address	<input type="checkbox"/> Same as above <input type="checkbox"/> Other:	<input type="checkbox"/> Same as Client 1 <input type="checkbox"/> Other:
Home phone		
Work phone		
Mobile*		
Email*		
Preferred contact	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email
Electronic delivery options	<input type="checkbox"/> Email <input type="checkbox"/> CD-ROM <input type="checkbox"/> USB <input type="checkbox"/> None	<input type="checkbox"/> Email <input type="checkbox"/> CD-ROM <input type="checkbox"/> USB <input type="checkbox"/> None

\* These fields are mandatory for Grow Wrap applications.

# Your personal profile

## Vulnerable clients

	Client 1	Client 2
Is the client vulnerable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
	<input type="checkbox"/> Over age 85* <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Over age 85* <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify):

\* Reaching age 85 does not automatically make a client vulnerable. Your reasoning for whether a person over age 85 is vulnerable or not needs to be outlined below.

## Politically exposed persons (PEP)

	Client 1	Client 2
Is the client a politically exposed person?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
Date of PEP review		
PEP category	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP
PEP type	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP
PEP position		

## Additional information

Use this field to record details of your assessment of the client's vulnerability status, or to capture any other relevant information.

Client 1	Client 2

# Your personal profile

## Children and dependant details

No children or dependants  Information not provided

Name	Relationship	Date of birth	Dependant age until?	Living at home	Special needs? (If yes, provide details below)
				<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
				<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

## Health details

	Client 1	Client 2
What is your current state of health?	<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
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Interests / Hobbies

	Client 1	Client 2
Eg golf, football, arts, literature, etc		

## Additional information

# Your personal profile

## Employment details

Client 1	
Occupation	
Job title	
Employer	
Status	<input type="checkbox"/> Employed F/T <input type="checkbox"/> Employed P/T <input type="checkbox"/> Employed Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Home Duties <input type="checkbox"/> Not working (ill health) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:
Employment start date	
Employment cease date	
Is there likely to be a change in employment status?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Client 2	
Occupation	
Job title	
Employer	
Status	<input type="checkbox"/> Employed F/T <input type="checkbox"/> Employed P/T <input type="checkbox"/> Employed Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Home Duties <input type="checkbox"/> Not working (ill health) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:
Employment start date	
Employment cease date	
Is there likely to be a change in employment status?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:

## Additional information

# Your personal profile

## Other professional advisers

Service	Name	Company	Contact details
Accountant			
Solicitor			
Stockbroker			

## Associated structures

Do you have any of the following structures?

	Client 1		Client 2	
Self-managed superannuation (SMSF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Additional information

# Your financial profile

## Income details

	Client 1 (gross pa)	Client 2 (gross pa)
Salary/Wages	\$	\$
Centrelink/DVA payments ( <i>provide details below</i> )	\$	\$
Interest income	\$	\$
Rental income	\$	\$
Dividends	\$	\$
Pension/Annuity income	\$	\$
Overseas pension/Annuity income	\$	\$
Maintenance income	\$	\$
Non-taxable income	\$	\$
Business income	\$	\$
Other taxable income <i>Please specify:</i>	\$	\$
Other taxable income <i>Please specify:</i>	\$	\$
Other taxable income <i>Please specify:</i>	\$	\$
<b>TOTAL INCOME (per annum)</b>	\$	\$
Is any income expected to change significantly in the future? ( <i>If yes, provide details below</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional information



# Your financial profile

## Centrelink/DVA payments

	Client 1	Client 2
Do you currently receive a payment from Centrelink or Department of Veterans' Affairs (DVA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, and you are of Age/DVA service pension age, would you consider strategies that might enable you to qualify?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the payment?	<input type="checkbox"/> Age Pension <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Other:	<input type="checkbox"/> Age Pension <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Other:
What is your Customer Reference Number (CRN) or Department of Veterans' Affairs (DVA) Reference Number?		
Are you renting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered for the Pension Bonus Scheme?*	<input type="checkbox"/> Yes, date: <input type="checkbox"/> No	<input type="checkbox"/> Yes, date: <input type="checkbox"/> No
Have you gifted assets in the last 5 years?	<input type="checkbox"/> Yes ( <i>provide details below</i> ) <input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>provide details below</i> ) <input type="checkbox"/> No
Are you registered for the Commonwealth Seniors Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* The Pension Bonus Scheme has closed to new entrants however those who have registered for the scheme can still accrue entitlement and receive a payment.

### Additional information

# Your financial profile

## Expenditure details

If you would like to complete a more detailed budget, we recommend MoneySmart's Budget Planner which is available at [www.moneysmart.gov.au](http://www.moneysmart.gov.au). Using the Excel version does not require you to sign up to MoneySmart.

	Client/s (per annum)
Household expenses eg. food, clothing, entertainment, rates, fuel, services, recreation, transport, medical, etc.	\$
Loan repayments - Home	\$
- Personal	\$
- Other	\$
Credit card repayments	\$
General insurance premiums (eg home/contents, car, private health, etc)	\$
Personal insurance premiums (eg life, TPD, trauma, income protection, etc)	\$
Other expenses Please specify:	\$
Other expenses Please specify:	\$
Other expenses Please specify:	\$
<b>TOTAL EXPENSES (per annum)</b>	\$

## Savings capacity

	Client 1	Client 2
Are you able to save any money from your current income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much are you able to save?	\$ <input type="checkbox"/> per fortnight <input type="checkbox"/> per month <input type="checkbox"/> per annum	\$ <input type="checkbox"/> per fortnight <input type="checkbox"/> per month <input type="checkbox"/> per annum

## Additional information

# Your financial profile

## Lifestyle asset details

These are assets that generally do not produce income.

Details attached

Description	Owner	Purchase date	Purchase price	Current value	Centrelink value	Associated liability	Comments
Home			\$	\$	\$		
Home contents			\$	\$	\$		
Motor vehicle/s			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
<b>TOTAL</b>			\$	\$	\$		

## Investment asset details

Exclude the value of your superannuation and/or pension holdings as these can be inserted on the next page.

No existing investment assets       Details attached

Investment type/name	Owner	Purchase date	Purchase price	Current value	No. units/shares	Return	Income reinvested	Associated liability	Maturity date	Retain?
			\$	\$		%	<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
			\$	\$		%	<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
			\$	\$		%	<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
			\$	\$		%	<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
<b>TOTAL</b>			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Your financial profile

## Superannuation, pension and annuity details

No existing holdings     Details attached

Fund name	Owner	Current value	Type	Retain?
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Liabilities details

No existing liabilities     Details attached

Description	Amount owing	Lender	Owner	Interest type	Interest rate	Term remaining /End date	Repayment amount	Repayment type	Comments (eg deductibility)
Home mortgage	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
Investment loan	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
Personal loan	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
Credit cards	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
TOTAL	\$								

# Your insurance profile

## Personal life insurance details

Advice not required    No existing products    Details attached

	No. 1	No. 2	No. 3	No. 4
Policy owner				
Insurer				
Plan name				
Premium p.a.	\$	\$	\$	\$
<b>Insurance type and sum insured</b>				
Life cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Trauma cover	\$	\$	\$	\$
Income protection	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Life insured</b>				
Waiting period				
Benefit period				
Premium structure	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC
Occupation type	<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
Benefit payment type	<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 <input type="checkbox"/> Agreed
Comprehensive cover	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)
Renewal date				
Within super?	<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
Start date				

### Additional information

# Your estate planning profile

## Estate planning details

Advice not required

	Client 1	Client 2
Have you nominated a beneficiary for your superannuation?	<input type="checkbox"/> No <input type="checkbox"/> Yes, name:	<input type="checkbox"/> No <input type="checkbox"/> Yes, name
Do you have a Will?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Will		
Is the Will current?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Location of Will		
Does your Will include provisions for a testamentary trust or child guardianship?	<input type="checkbox"/> No <input type="checkbox"/> Testamentary Trust <input type="checkbox"/> Child guardianship	<input type="checkbox"/> No <input type="checkbox"/> Testamentary Trust <input type="checkbox"/> Child guardianship
Executor of Will		
Beneficiary of Will		
Have you made an advance care directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you granted Powers of Attorney or Powers of Guardianship?	<input type="checkbox"/> No <input type="checkbox"/> Yes, name:  <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship <input type="checkbox"/> Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes, name:  <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship <input type="checkbox"/> Other:

## RI Estate Planning for Life (EPFL) program

Not participating

	Client 1	Client 2
Date of 'What's important to you' (WITY) questionnaire		
Date of 'Information that matters' (ITM) report		
Date of 'Crisis management plan' (CMP)		

### Additional information

# Goals, needs and objectives

Record any other goals, needs and objectives that have emerged as a result of your discussions with the client, but which haven't already been captured elsewhere in the Fact Find.

No additional goals, needs or objectives

Advice area	Timeframe (short, medium, long)	Priority (Immediate, High, Medium, Low)
Cash flow   Social Security   Aged care		
Debt   Mortgage		
Wealth creation   Superannuation   Retirement		
Wealth protection		
Estate planning		
Lifestyle		
Other		

## Future capital spending and emergency fund requirements

Description	Likely date	Amount
		\$
		\$
		\$
		\$
Emergency fund requirements		\$

# Scope of advice

## Agreed scope of advice

Record the scope of advice as agreed between you and the client. Any goals, needs or objectives that have been identified but which are not in scope should be explained under 'Advice Limitations'.

Advice area	In scope?	Module attached	Other attachment
Aged care			
Cash flow management			
Debt management			
Estate planning			
Insurance   Life   TPD   Trauma   Income protection			
Investment			
Retirement income			
Review current situation			
Superannuation			
Social Security			



# Scope of advice

## Advice limitations

Clearly record the reason for any limitations to your advice. For example, the client may have declined to provide you with sufficient information, or instructed you to limit the advice because they couldn't afford full advice, or you don't have the required accreditation or expertise.

No limitations

Limited advice in specific areas	Reason for limitation

Client has restricted (or excluded) specific products	Reason for limitation

Client has excluded specific goals or needs	Reason for limitation

Missing information	Reason for limitation

# Superannuation fund details

Advice not required    No existing products    Statement attached

	No. 1	No. 2	No. 3
Owner			
Superannuation fund name			
Is it a self-managed fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tax components</b>			
Taxable – taxed element	\$	\$	\$
Taxable – untaxed element	\$	\$	\$
Tax free	\$	\$	\$
<b>Preservation</b>			
Preserved amount			
Restricted non-preserved			
Unrestricted non-preserved			
<b>Total balance</b>			
<b>Contributions</b>			
Employer	<input type="checkbox"/> Minimum SG <input type="checkbox"/> Other:	<input type="checkbox"/> Minimum SG <input type="checkbox"/> Other:	<input type="checkbox"/> Minimum SG <input type="checkbox"/> Other:
Salary sacrifice	\$                      pa	\$                      pa	\$                      pa
Non-concessional	\$                      pa	\$                      pa	\$                      pa
Other concessional	\$                      pa	\$                      pa	\$                      pa
<b>Insurance</b>			
Plan name			
Life cover	\$	\$	\$
TPD cover	\$	\$	\$
Salary continuance	\$	\$	\$
Insurance premium	\$	\$	\$
Continuance option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fees payable</b>			
Exit fee	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Beneficiary	<input type="checkbox"/> Binding <input type="checkbox"/> Nominated <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Nominated <input type="checkbox"/> None	<input type="checkbox"/> Binding <input type="checkbox"/> Nominated <input type="checkbox"/> None

Client wishes to retain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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# Superannuation fund details

### Superannuation contribution history

Advice not required  No contributions  Statement attached

Recipient	Contribution date or period	Contribution cap	Source	Amount and frequency
		<input type="checkbox"/> Concessional <input type="checkbox"/> Non-concessional <input type="checkbox"/> CGT <input type="checkbox"/> None	<input type="checkbox"/> Employer <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> Personal deductible <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	\$ <input type="checkbox"/> One-off <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:
		<input type="checkbox"/> Concessional <input type="checkbox"/> Non-concessional <input type="checkbox"/> CGT <input type="checkbox"/> None	<input type="checkbox"/> Employer <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> Personal deductible <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	\$ <input type="checkbox"/> One-off <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:
		<input type="checkbox"/> Concessional <input type="checkbox"/> Non-concessional <input type="checkbox"/> CGT <input type="checkbox"/> None	<input type="checkbox"/> Employer <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> Personal deductible <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	\$ <input type="checkbox"/> One-off <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:
		<input type="checkbox"/> Concessional <input type="checkbox"/> Non-concessional <input type="checkbox"/> CGT <input type="checkbox"/> None	<input type="checkbox"/> Employer <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> Personal deductible <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	\$ <input type="checkbox"/> One-off <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:
		<input type="checkbox"/> Concessional <input type="checkbox"/> Non-concessional <input type="checkbox"/> CGT <input type="checkbox"/> None	<input type="checkbox"/> Employer <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> Personal deductible <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	\$ <input type="checkbox"/> One-off <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:
		<input type="checkbox"/> Concessional <input type="checkbox"/> Non-concessional <input type="checkbox"/> CGT <input type="checkbox"/> None	<input type="checkbox"/> Employer <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> Personal deductible <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	\$ <input type="checkbox"/> One-off <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:

You should maintain a record of contributions as long as necessary until a three-year period elapses without the client having exceeded their annual non-concessional cap.

### Superannuation lump sum payment history

Advice not required  No payments  Statement attached

Recipient	Taxable (taxed) amount	Taxable (untaxed amount)	Tax free	Total payment
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

\$

\$

\$

\$

## Pension/annuity details

Advice not required  No existing products  Statement attached

	No. 1	No. 2	No. 3
Owner			
Pension type	<input type="checkbox"/> Allocated Pension <input type="checkbox"/> TAP <input type="checkbox"/> Lifetime <input type="checkbox"/> Fixed term <input type="checkbox"/> Account based pension	<input type="checkbox"/> Allocated Pension <input type="checkbox"/> TAP <input type="checkbox"/> Lifetime <input type="checkbox"/> Fixed term <input type="checkbox"/> Account based pension	<input type="checkbox"/> Allocated Pension <input type="checkbox"/> TAP <input type="checkbox"/> Lifetime <input type="checkbox"/> Fixed term <input type="checkbox"/> Account based pension
Provider			
Within super?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date commenced			
Transition to retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complying	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Beneficiaries</b>			
Reversionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficiary name			
Nomination type	<input type="checkbox"/> Trustee discretion <input type="checkbox"/> Non-lapsing binding <input type="checkbox"/> Lapsing binding <input type="checkbox"/> Ordinary binding	<input type="checkbox"/> Trustee discretion <input type="checkbox"/> Non-lapsing binding <input type="checkbox"/> Lapsing binding <input type="checkbox"/> Ordinary binding	<input type="checkbox"/> Trustee discretion <input type="checkbox"/> Non-lapsing binding <input type="checkbox"/> Lapsing binding <input type="checkbox"/> Ordinary binding
<b>Values</b>	\$	\$	\$
Purchase price			
Tax free %			
Pension balance	\$	\$	\$
Payment (gross)	\$ pa	\$ pa	\$ pa
Payment indexation			
Tax deductible %			
Centrelink deductible	\$ pa	\$ pa	\$ pa
<b>Lifetime or term</b>			
Term at purchase			
Guarantee period			
Residual capital value			

Tax deductible amt.	\$	\$	\$
Exit fee	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$
Client wishes to retain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal risk insurance analysis

### Insurance analysis

Advice not required  Information attached

In the event of death	Client 1	Client 2
Total liabilities to be paid out (eg. mortgage, etc)	\$	\$
Amount of funds for children/s education expenses	\$	\$
Gross income to be replaced	\$ pa	\$ pa
How many years do you want that income to be replaced?		
Amount of funds for funeral expenses	\$	\$
Amount of funds for emergencies	\$	\$
Other requirements	\$	\$

In the event of total and permanent disability	Client 1	Client 2
Total liabilities to be paid out (eg. mortgage, etc)	\$	\$
Amount of funds for children/s education expenses	\$	\$
Gross income to be replaced	\$ pa	\$ pa
How many years do you want that income to be replaced?		
Amount of funds for medical expenses	\$	\$
Amount of funds for modifications to the home	\$	\$
Amount of funds for emergencies	\$	\$
Other requirements	\$	\$

In the event of critical illness or a major trauma	Client 1	Client 2
Total liabilities to be paid out (eg. mortgage, etc)	\$	\$
Amount needed for medical expenses	\$	\$
Gross income to be replaced	\$ pa	\$ pa
How many years do you want that income to be replaced?		
Other requirements	\$	\$

In the event of serious illness or injury (for the purpose of income protection)	Client 1	Client 2
Amount of gross income to cover	\$ _____ pa	\$ _____ pa
Number of weeks you could sustain without income (waiting period)	_____ weeks	_____ weeks
How long would you like the benefits to go for (benefit period)		

## Personal risk insurance analysis

### Underwriting considerations

	Client 1	Client 2
Height and weight		
Do you have any current or previous medical conditions which may impact your ability to be covered under an insurance policy? (If yes, provide details eg type of cancer, type of heart attack).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking or have you been on any prescribed medication? (If yes, provide details eg description, condition, frequency and dosage).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family have a history of medical conditions which may impact your ability to be insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any previous insurance claims (income protection, workers compensation etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any intention of engaging in hazardous activities (eg scuba diving, sky diving, car racing etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional information

## Termination payments

Advice not required  Statement attached

	Client 1	Client 2
Date employment commenced		
Date employment terminated		
Reason for termination	<input type="checkbox"/> Retirement <input type="checkbox"/> Genuine redundancy <input type="checkbox"/> Early retirement scheme <input type="checkbox"/> Other:	<input type="checkbox"/> Retirement <input type="checkbox"/> Genuine redundancy <input type="checkbox"/> Early retirement scheme <input type="checkbox"/> Other:
Employee type	<input type="checkbox"/> Associated <input type="checkbox"/> Non associated	<input type="checkbox"/> Associated <input type="checkbox"/> Non associated
Unused annual leave	\$	\$
Unused long service leave	\$	\$
Redundancy tax-free amount	\$	\$
ETP tax-free amount*	\$	\$
ETP taxable amount^	\$	\$
Have you received any other payments in relation to this termination?	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>provide details below</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>provide details below</i> )

\* The tax-free component represents the invalidity and pre-July 1983 segments of an ETP.

^ A whole of income cap may apply to the taxable amount of non-excluded ETPs.

## Additional information

## Aged care

Advice not required  Statement attached

**TIP:** If you are seeking aged care advice in respect of another person, input your details in the following table. All other information in this Fact Find should relate to the aged care resident.

Full name	
Your relationship to the aged care resident	
Do you hold Power of Attorney or Guardianship for the resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship <input type="checkbox"/> Other (please specify)
Contact phone	
Contact email	
Contact address	

Current accommodation	Aged care resident	Partner
Current accommodation	<input type="checkbox"/> Living in own home <input type="checkbox"/> Renting <input type="checkbox"/> Home care package <input type="checkbox"/> Granny flat <input type="checkbox"/> Retirement village <input type="checkbox"/> Aged care home <input type="checkbox"/> Other:	<input type="checkbox"/> Living in own home <input type="checkbox"/> Renting <input type="checkbox"/> Home care package <input type="checkbox"/> Granny flat <input type="checkbox"/> Retirement village <input type="checkbox"/> Aged care home <input type="checkbox"/> Other:
Does the resident own a family home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does any other person live in the family home (eg spouse, carer, dependant?)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details, including length of stay)	



Do any of the following apply to the family home?	<input type="checkbox"/> Land size exceeds 2 hectares <input type="checkbox"/> Commercial or business use <input type="checkbox"/> Land is on more than 1 title <input type="checkbox"/> Subject to Equity Release Scheme <input type="checkbox"/> Used as security for a loan <input type="checkbox"/> Rented for \$ (pw / pf / pm)

Accommodation needs	Aged care resident	Partner
Accommodation needs	<input type="checkbox"/> No change <input type="checkbox"/> Aged care home <input type="checkbox"/> Other (provide details):	<input type="checkbox"/> No change <input type="checkbox"/> Aged care home <input type="checkbox"/> Other (provide details):
ACAT assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a
Aged care facility (if known)		
Date of entry		
<b>Agreed accommodation cost</b>	<b>\$</b>	<b>\$</b>
Refundable deposit amount	\$	\$
Daily payment amount	\$ _____ per day Applicable interest rate _____ %	\$ _____ per day Applicable interest rate _____ %

# Investor risk profile

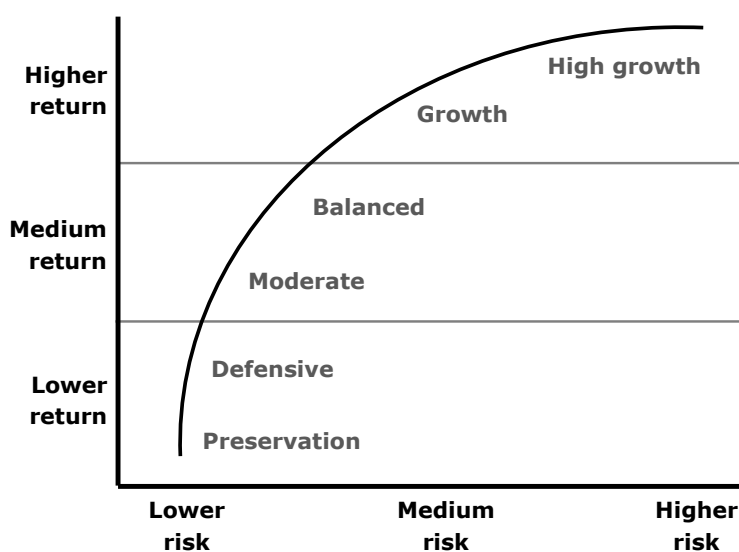
The information you provide in this questionnaire will enable us to determine your investor risk profile. We use your investor risk profile to make appropriate recommendations.

## The trade-off between risk and return

Your attitude to risk is a very important factor in developing an appropriate investment strategy. Risk is the probability that 'some' of the money that you invest will reduce or that your investment will produce a return less than expected.

Generally speaking, when investing your money, there is a trade-off between risk and return. The higher the expected investment return, the higher the risk you are likely to be taking. Low expected investment returns generally means that you will be exposed to lower risks. So by taking on more risk you may be able to make more return on your investment.

The following graph represents the different investor types and the relationship between risk and return.



Your risk profile also needs to consider the time frame that you wish to invest your money. This is referred to as your 'investment time horizon'.

## So why doesn't everyone take risks to maximise their return on investment?

Different people are comfortable with different levels of risk. Some people are very comfortable taking high risks in return for higher expected returns. Others are prepared to accept lower expected returns because they don't like being exposed to high levels of risk.

The purpose of the questionnaire you are about to complete is to help us gain an understanding of your tolerance to risk. Understanding your tolerance to risk will help us recommend investments that have the risk and return profile that is most suitable to you.

However, it is important to note that the outcomes of this questionnaire do not replace the discussion you have with your financial adviser about your tolerance to risk, and the ability to meet your needs and objectives.

## How to complete the questionnaire

To complete the questionnaire, please tick the box to the right of the response that best matches your own opinion. The questions include some guidance that you may wish to keep in mind when thinking about your response.

# Investor risk profile questionnaire

Question 1	Client 1	Client 2	Guidance	Score
How long is the period of your investment?				
a) Less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<i>This question is designed to determine when you expect to need the money you are investing.</i>	0
b) 1 to 2 years	<input type="checkbox"/>	<input type="checkbox"/>		1
c) 2 to 4 years	<input type="checkbox"/>	<input type="checkbox"/>		2
d) 4 to 7 years	<input type="checkbox"/>	<input type="checkbox"/>		3
e) 7 to 10 years	<input type="checkbox"/>	<input type="checkbox"/>		4
f) More than 10 years	<input type="checkbox"/>	<input type="checkbox"/>		5

Question 2	Client 1	Client 2	Guidance	Score
Generally speaking, given the proposed term of your investment, how would you describe your willingness to accept financial risks (or variability in returns) in seeking higher returns?				
a) Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<i>Based on the length of time until you need your money, are you willing to accept the possibility of fluctuations in returns from time to time to achieve a higher return over the full term of your investment?</i>	0
b) Low	<input type="checkbox"/>	<input type="checkbox"/>		3
c) Moderate	<input type="checkbox"/>	<input type="checkbox"/>		7
d) High	<input type="checkbox"/>	<input type="checkbox"/>		12
e) Very high	<input type="checkbox"/>	<input type="checkbox"/>		15

Question 3	Client 1	Client 2	Guidance	Score
How comfortable are you with long-term investments (eg shares) that may fall in value from time to time?				
a) Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<i>This question gauges your feelings about investments that may lose value from time to time.</i>	0
b) I am reasonably comfortable	<input type="checkbox"/>	<input type="checkbox"/>		5
c) I am very comfortable	<input type="checkbox"/>	<input type="checkbox"/>		10

Question 4	Client 1	Client 2	Guidance	Score
How reliant will you be on income from this or these investment(s) during the investment period?				
a) I will need all my income from this investment as I have no other sources of income (eg salary or other investment income)	<input type="checkbox"/>	<input type="checkbox"/>	<i>Over the period of the investment you have identified in question 1, to what extent will you rely on the income from this investment to live? That is, will you also have other sources of income that you can draw on?</i>	0
b) I will need most of my income from this investment	<input type="checkbox"/>	<input type="checkbox"/>		2
c) I will need some income from this investment	<input type="checkbox"/>	<input type="checkbox"/>		5
d) I may need some income from this investment but I hope to have enough to live on from other sources	<input type="checkbox"/>	<input type="checkbox"/>		7
e) I will not need income from this investment as I will have sufficient income from other sources	<input type="checkbox"/>	<input type="checkbox"/>		10

<b>SUBTOTAL (page 1)</b>		
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# Investor risk profile questionnaire *(continued)*

Question 5	Client 1	Client 2	Guidance	Score
Generally speaking, and considering the proposed term of your investment, which of the following statements best summarises your objective?				
a) Preservation of capital	<input type="checkbox"/>	<input type="checkbox"/>	<i>This question is designed to determine your preference in the balance between income and capital growth.</i>	0
b) Consistent income with security of capital	<input type="checkbox"/>	<input type="checkbox"/>		2
c) Steady income and some capital growth associated with limited fluctuation in capital value	<input type="checkbox"/>	<input type="checkbox"/>		4
d) A balance of income and capital growth with some fluctuation in capital value	<input type="checkbox"/>	<input type="checkbox"/>		6
e) Capital growth is more important than income	<input type="checkbox"/>	<input type="checkbox"/>		8
f) Capital growth only with the associated greater fluctuation in capital value	<input type="checkbox"/>	<input type="checkbox"/>		10

Question 6	Client 1	Client 2	Guidance	Score
Investment markets can go up or down in value. At what point would you feel concerned about your investment?				
a) Any fall in value	<input type="checkbox"/>	<input type="checkbox"/>	<i>This question is also designed to determine your attitude to risk and how you react to fluctuations in the capital value of your investment. The fall in value can be over any time period.</i>	0
b) A fall of 5%	<input type="checkbox"/>	<input type="checkbox"/>		3
c) A fall of 10%	<input type="checkbox"/>	<input type="checkbox"/>		6
d) A fall of 20%	<input type="checkbox"/>	<input type="checkbox"/>		12
e) A fall of more than 25%	<input type="checkbox"/>	<input type="checkbox"/>		15

Question 7	Client 1	Client 2	Guidance	Score
Assuming you were invested for the longer term and the value of your investments fell by 25% in a short period of time (eg one month), would you:				
a) Move your investments to an alternative immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<i>This question is similar to question 6, but you are asked to indicate what specific action you would take if there was a significant fall in the value of your investment over a short period of time.</i>	0
b) Consider moving your investments to an alternative within 3 months?	<input type="checkbox"/>	<input type="checkbox"/>		3
c) Consider moving half your investments to an alternative within 6 months?	<input type="checkbox"/>	<input type="checkbox"/>		6
d) Stay invested but have some concern?	<input type="checkbox"/>	<input type="checkbox"/>		10
e) Stay invested and not be concerned?	<input type="checkbox"/>	<input type="checkbox"/>		15

<b>SUBTOTAL (page 2)</b>		
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# Investor risk profile questionnaire *(continued)*

Question 8	Client 1	Client 2	Guidance	Score
How important to you is it that the value of your investments grows faster than inflation?				
a) Not important – I would rather protect the value of my investment	<input type="checkbox"/>	<input type="checkbox"/>	<i>Based on the period of your investment, to what extent do you want the growth in the value of your investment to exceed inflation.</i>	0
b) Slightly important – but I'm not prepared to take unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>		3
c) Fairly important – I know that I will need to take some risks to ensure my returns exceed inflation	<input type="checkbox"/>	<input type="checkbox"/>		7
d) Very important – my priority is for these funds to grow significantly above inflation	<input type="checkbox"/>	<input type="checkbox"/>		10

Question 9	Client 1	Client 2	Guidance	Score
How would you describe your understanding of the investment markets?				
a) I have very little understanding or interest	<input type="checkbox"/>	<input type="checkbox"/>	<i>This question is designed to determine how much you know about investment markets.</i>	0
b) I am not very familiar with investments	<input type="checkbox"/>	<input type="checkbox"/>		2
c) I have enough experience to understand that markets fluctuate	<input type="checkbox"/>	<input type="checkbox"/>		5
d) I am an experienced investor in some asset classes	<input type="checkbox"/>	<input type="checkbox"/>		8
e) I am experienced and knowledgeable about all asset classes	<input type="checkbox"/>	<input type="checkbox"/>		10

<b>SUBTOTAL (page 3)</b>		
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TOTAL SCORE	Client 1	Client 2
<b>Risk profile questionnaire</b>		

# Investor risk profile results

## Step 1: Indicative investor type

Use the total score from the risk profile questionnaire, together with the following table, to obtain an indication of your likely investor type:

Score	Likely investor type
Less than 18	Preservation
18 to 35	Defensive
36 to 54	Moderate
55 to 74	Balanced
75 to 87	Growth
More than 87	High Growth

## Step 2: Consider investment timeframe

Using the following table, combine your indicative investor type above with your investment timeframe to determine an investor profile:

Time frame	Preservation	Defensive	Moderate	Balanced	Growth	High Growth
Less than 1 year	Preservation	Preservation	Preservation	Defensive	Up to Defensive*	Up to Moderate*
1 to 2 years	Preservation	Defensive	Defensive	Defensive	Up to Moderate*	Up to Balanced*
2 to 4 years	Preservation	Defensive	Moderate	Moderate	Up to Balanced	Up to Balanced
4 to 7 years	Preservation	Defensive	Moderate	Balanced	Growth	Growth
More than 7 years	Preservation	Defensive	Moderate	Balanced	Growth	High Growth

\* Growth and High Growth investors with shorter term time frames need careful consideration. If questions were answered in the context of their proposed term of investment, it is unlikely that many will be classified as Growth or High Growth investors. On the other hand, some may be willing to accept higher risk, even in the shorter term.

# Investor risk profile results *(continued)*

## Step 3: Investor profile result

Record your investor profile in the following table. Please read the risk profile descriptions on the following pages to check whether this profile represents your feelings towards risk.

	Client 1	Client 2
Investor profile result		
Do you believe that this profile accurately represents your feelings towards risk?  If no, please explain why.		
<b>AGREED RISK PROFILE</b> (based on further discussion with adviser)		

## Adviser notes

If the questionnaire result differs to the agreed risk profile, please explain the reasons below.

*Adviser: please note that the questionnaire and results do not replace the discussions you have with your client on risk, volatility and return. Instead, it provides an objective starting point for an informed discussion with your client on their needs and objectives, tolerance to risk, investment timeframe and trade-offs.*

*If you feel that the investor profile result may not be the most suitable owing to other factors (eg the client's circumstances or goals), then further discussion with the client may be required to agree on an appropriate profile.*

*If your client is a member of a couple, each of whom have different risk profiles, you may need to discuss with them approaches such as averaging their profiles, choosing the lower risk profile, etc.*

*Record all of your discussions as file notes for the client file.*

# Description of risk profiles

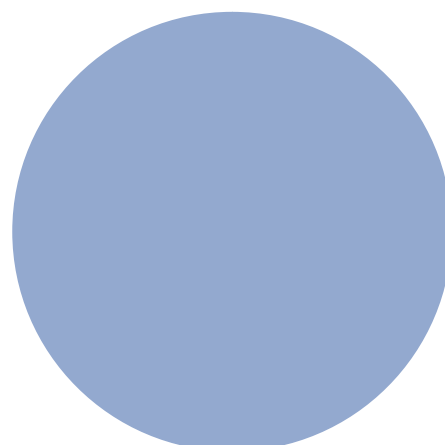
## Preservation investor

The investment objective of a Preservation investor is to maintain the current value of your investments above all other considerations. Preservation investors seek security above all else or need most of their money within a short timeframe, and they are prepared to accept low overall returns in exchange for this security.

A Preservation portfolio looks to invest the majority in liquid defensive assets (eg cash and fixed income). This is generally a 100% cash portfolio.

Such a portfolio is suitable for investors with a short term investment time frame, typically less than 2 years.

## Preservation



- Australian Equities
- Global Equities
- Property & Infrastructure
- Growth Alternatives
- Defensive Fixed Income
- Defensive Alternatives
- Cash

Investment objectives – Preservation	
Minimum investment period	No Minimum
Returns	
Forecast average annual return over 10 years	3.0%
Risk	
Probability of a negative return over a single year	0.0%
Expected negative years out of 20	0
Forecast rate of returns	
1 year	1.2% to 2.2%
5 years (per annum)	1.5% to 3.9%
10 years (per annum)	1.9% to 4.9%
20 years (per annum)	2.3% to 5.7%

Asset allocation – Preservation	Target %	Minimum %	Maximum %
Defensive Fixed Income	0	0	10
Defensive Alternatives	0	0	0
Cash	100	80	100
<b>Total defensive</b>	<b>100</b>	<b>90</b>	<b>100</b>
Australian Equities	0	0	5
Global Equities	0	0	5
Property & Infrastructure	0	0	5
Growth Alternatives	0	0	0
<b>Total growth</b>	<b>0</b>	<b>0</b>	<b>10</b>



# Description of risk profiles

## Defensive investor

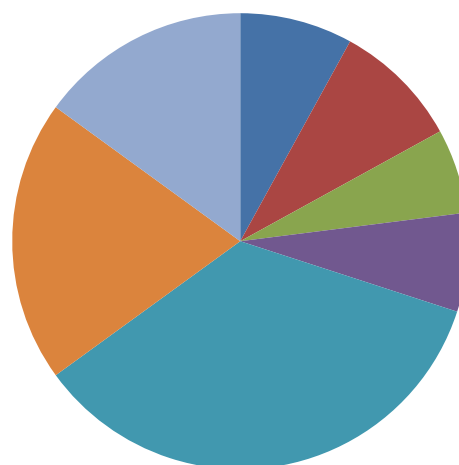
The investment objective of a Defensive investor is to place an emphasis on relatively stable returns with the potential for modest long term growth.

A Defensive portfolio looks to invest around 30% in growth assets (eg equities and property) and the remainder in defensive assets (eg cash and fixed income). The figure of 30% is a general benchmark; actual allocations over time will vary around this as investment conditions change and investment managers take opportunities to improve returns.

This portfolio suits investors who primarily seek income with some potential for capital growth. This portfolio also suits investors seeking a low level of investment value volatility, and who are therefore willing to accept lower potential investment returns.

Such a portfolio is suitable for investors with a short to medium term investment time frame. It is important to note that the value of your capital can move up and down over time, particularly in shorter time spans. Hence these investments should be considered with a minimum time frame of 3 years.

## Defensive



- Australian Equities
- Global Equities
- Property & Infrastructure
- Growth Alternatives
- Defensive Fixed Income
- Defensive Alternatives
- Cash

Investment objectives – Defensive	
Minimum investment period	3 years
Returns	
Forecast average annual return over 10 years	5.3%
Risk	
Probability of a negative return over a single year	12.9%
Expected negative years out of 20	2.2
Forecast rate of returns	
1 year	-4.5% to 10.1%
5 years (per annum)	0.6% to 5.8%
10 years (per annum)	2.4% to 6.1%
20 years (per annum)	3.6% to 6.8%

Asset allocation – Defensive	Target %	Minimum %	Maximum %
Defensive Fixed Income	28	0	60
Defensive Alternatives	24	0	50
Cash	18	0	45
<b>Total defensive</b>	<b>70</b>	<b>60</b>	<b>80</b>
Australian Equities	8	0	35
Global Equities	11	0	35
Property & Infrastructure	6	0	30
Growth Alternatives	5	0	20
<b>Total growth</b>	<b>30</b>	<b>20</b>	<b>40</b>

# Description of risk profiles

## Moderate

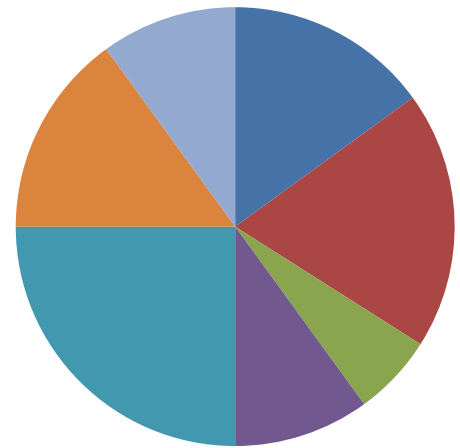
### Moderate investor

The investment objective of a Moderate investor is to obtain a balance of security, income and growth with security and income ranking before growth in priority.

A Moderate portfolio looks to invest around 50% in growth assets (eg equities and property) and the remainder in defensive assets (eg cash and fixed income). The figure of 50% is a general benchmark; actual allocations over time will vary around this as investment conditions change and investment managers take opportunities to improve returns.

This portfolio suits investors who desire a modest level of capital stability but are willing to accept moderate investment value volatility in return for potential investment performance.

Such a portfolio is suitable for investors with a medium term investment time frame. It is important to note that the value of your capital can move up and down over time, particularly in shorter time spans. Hence these investments should be considered with a minimum time frame of 3 years.



- Australian Equities
- Global Equities
- Property & Infrastructure
- Growth Alternatives
- Defensive Fixed Income
- Defensive Alternatives
- Cash

Investment objectives – Moderate	
Minimum investment period	3 years
Returns	
Forecast average annual return over 10 years	6.5%
Risk	
Probability of a negative return over a single year	17.6%
Expected negative years out of 20	3.2
Forecast rate of returns	
1 year	-6.3% to 16.1%
5 years (per annum)	-0.3% to 8.1%
10 years (per annum)	2.1% to 7.7%
20 years (per annum)	3.7% to 7.9%

Asset allocation – Moderate	Target %	Minimum %	Maximum %
Defensive Fixed Income	21	0	55
Defensive Alternatives	19	0	35
Cash	10	0	30
<b>Total defensive</b>	<b>50</b>	<b>40</b>	<b>60</b>
Australian Equities	17	10	35
Global Equities	20	5	35
Property & Infrastructure	6	0	30
Growth Alternatives	7	0	20
<b>Total growth</b>	<b>50</b>	<b>40</b>	<b>60</b>

# Description of risk profiles

## Balanced investor

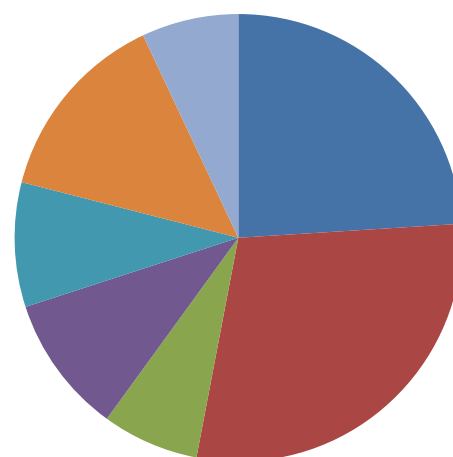
The investment objective of a Balanced investor is to place an emphasis on longer term growth using a combination of asset classes to moderate some volatility.

A Balanced portfolio looks to invest around 70% in growth assets (eg equities and property) and the remainder in defensive assets (eg cash and fixed income). The figure of 70% is a general benchmark; actual allocations over time will vary around this as investment conditions change and investment managers take opportunities to improve returns.

This portfolio suits investors who are willing to accept higher levels of investment value volatility in return for higher potential investment performance, however some capital stability is still desired.

Such a portfolio is suitable for investors with a medium to longer term investment time frame with no need to access a large part of their investment over that time. It is important to note that the value of your capital can move up and down over time, particularly in shorter time spans. Hence these investments should be considered with a minimum time frame of 5 years.

## Balanced



- Australian Equities
- Global Equities
- Property & Infrastructure
- Growth Alternatives
- Defensive Fixed Income
- Defensive Alternatives
- Cash

Investment objectives – Balanced	
Minimum investment period	5 years
Returns	
Forecast average annual return over 10 years	7.7%
Risk	
Probability of a negative return over a single year	20.7%
Expected negative years out of 20	3.9
Forecast rate of returns	
1 year	-8.3% to 22.8%
5 years (per annum)	-1.5% to 10.7%
10 years (per annum)	1.4% to 9.5%
20 years (per annum)	3.5% to 9.2%

Asset allocation – Balanced	Target %	Minimum %	Maximum %
Defensive Fixed Income	4	0	35
Defensive Alternatives	20	0	30
Cash	6	0	20
<b>Total defensive</b>	<b>30</b>	<b>20</b>	<b>40</b>
Australian Equities	24	15	55
Global Equities	32	15	55
Property & Infrastructure	7	0	30
Growth Alternatives	7	0	20
<b>Total growth</b>	<b>70</b>	<b>60</b>	<b>80</b>

# Description of risk profiles

## Growth

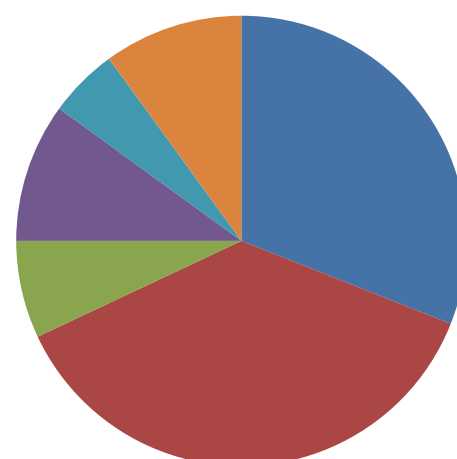
### Growth investor

The investment objective of a Growth investor is to place an emphasis on long term growth with a modest income stream.

A Growth portfolio looks to invest around 85% in growth assets (eg equities and property) and the remainder in defensive assets (eg cash and fixed income). The figure of 85% is a general benchmark; actual allocations over time will vary around this as investment conditions change and investment managers take opportunities to improve returns.

This portfolio suits investors who are willing to accept high levels of investment value volatility in return for high potential investment performance. The higher exposure to growth assets means that capital stability is only a minor concern.

Such a portfolio is suitable for investors with a long term investment time frame. It is important to note that the value of your capital can move up and down over time, particularly in shorter time spans. Hence these investments should be considered with a minimum timeframe of 5 years.



- Australian Equities
- Global Equities
- Property & Infrastructure
- Growth Alternatives
- Defensive Fixed Income
- Defensive Alternatives
- Cash

Investment objectives – Growth	
Minimum investment period	5 years
Returns	
Forecast average annual return over 10 years	8.3%
Risk	
Probability of a negative return over a single year	22.6%
Expected negative years out of 20	4.3
Forecast rate of returns	
1 year	-9.6% to 27.6%
5 years (per annum)	-3.1% to 12.5%
10 years (per annum)	0.5% to 10.6%
20 years (per annum)	3.1% to 10.1%

Asset allocation – Growth	Target %	Minimum %	Maximum %
Defensive Fixed Income	4	0	20
Defensive Alternatives	8	0	25
Cash	3	0	15
<b>Total defensive</b>	<b>15</b>	<b>5</b>	<b>25</b>
Australian Equities	31	20	60
Global Equities	40	20	60
Property & Infrastructure	7	0	30
Growth Alternatives	7	0	20
<b>Total growth</b>	<b>85</b>	<b>75</b>	<b>95</b>

# Description of risk profiles

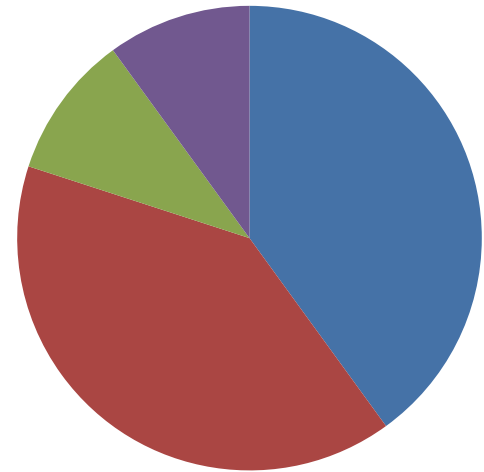
## High Growth

### High Growth investor

The investment objective of a High Growth investor is to focus on long term growth above all considerations. A High Growth portfolio looks to invest up to 100% in growth assets (eg equities and property).

This portfolio suits investors who are willing to accept very high levels of investment value volatility to maximise potential investment performance. The 100% exposure to growth assets means that capital stability is not a consideration.

Such a portfolio is suitable for investors with a long term investment time frame. It is important to note that the value of your capital can move up and down over time, particularly in shorter time spans. Hence these investments should be considered with a minimum time frame of 7 years.



- Australian Equities
- Global Equities
- Property & Infrastructure
- Growth Alternatives
- Defensive Fixed Income
- Defensive Alternatives
- Cash

Investment objectives – High Growth	
Minimum investment period	7 years
Returns	
Forecast average annual return over 10 years	8.8%
Risk	
Probability of a negative return over a single year	23.4%
Expected negative years out of 20	4.5
Forecast rate of returns	
1 year	-11.0% to 32.3%
5 years (per annum)	-5.2% to 14.3%
10 years (per annum)	-0.6% to 11.7%
20 years (per annum)	2.3% to 11.0%

Asset allocation – High Growth	Target %	Minimum %	Maximum %
Defensive Fixed Income	0	0	10
Defensive Alternatives	0	0	10
Cash	0	0	10
<b>Total defensive</b>	<b>0</b>	<b>0</b>	<b>10</b>
Australian Equities	39	25	65
Global Equities	46	25	65
Property & Infrastructure	8	0	30
Growth Alternatives	7	0	30
<b>Total growth</b>	<b>100</b>	<b>90</b>	<b>100</b>

# Your considerations

## Investment considerations

Advice not required

Investment	Client 1	Client 2
Are there any investments, products or financial institutions that you prefer?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Are there any investments, products or financial institutions that you do not wish to support?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Do any of your existing investments provide you with benefits that you utilise (eg discounted mortgage rates, gym membership)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Have you ever borrowed funds for investment purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you comfortable with the concept of borrowing money to invest in order to build long term growth?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any intention of investing in direct shares, warrants or exchange traded funds without obtaining financial advice?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you intend to acquire any investment assets which are not traditionally managed by financial advisers (eg direct property, artwork or collectibles)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:

Indicate the level of importance you place on each of the following (where 1 = not important; 2 = slightly important; 3 = important; 4 = very important; and 5 = extremely important)

	Client 1	Client 2
Having ready access to your investment capital	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Having a portfolio that is easy to understand and manage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Securing reasonable tax advantages	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Optimising Centrelink benefits (where applicable)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Having a financial adviser who provides ongoing advice and support	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Having a financial adviser who has access to proactive investment research	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Providing an inheritance for your family	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

# Your considerations

## Retirement considerations

Advice not required

	Client 1	Client 2
Desired retirement age/date?		
What level of income will you require (today's \$)?	\$ _____ pa	\$ _____ pa
At what age would you accept a reduction of income?		
What would be the new level of income from this age?	\$ _____ pa	\$ _____ pa
How long do you require your income to last?		
Do you intend to work part-time in retirement? If yes, how much do you think you will earn?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ pa	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ pa
Would you be prepared to access the equity in your home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan on downsizing your principal residence on retiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Debt considerations

Advice not required

Debt	Client 1	Client 2
Do you fully understand the features of your existing debt products (eg home loan, investment loan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A
How comfortable are you with your levels of debt and the amount you spend servicing these debts?	<input type="checkbox"/> Could have more debt <input type="checkbox"/> Comfortable with existing levels <input type="checkbox"/> Want to reduce <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<input type="checkbox"/> Could have more debt <input type="checkbox"/> Comfortable with existing levels <input type="checkbox"/> Want to reduce <input type="checkbox"/> Not sure <input type="checkbox"/> N/A
At what age would you like to be debt free?	<input type="checkbox"/> As soon as possible <input type="checkbox"/> By age _____ <input type="checkbox"/> No hurry <input type="checkbox"/> Unsure <input type="checkbox"/> N/A	<input type="checkbox"/> As soon as possible <input type="checkbox"/> By age _____ <input type="checkbox"/> No hurry <input type="checkbox"/> Unsure <input type="checkbox"/> N/A

# Your considerations

## Personal risk insurance considerations

Advice not required

Risk	Client 1	Client 2
Do you fully understand the cover and features of your existing insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A
Are you comfortable that you and your family would be financially secure in the event of your death, disablement or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you have a preference for any particular insurer?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Would you be available to attend medical examinations if required to obtain insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a budget for the cost of insurance premiums?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
What assets would be important for you to retain in the event of death, disablement or illness?		
If you are a business owner, would your business be in a position to continue operation or be sold (without loss of value) in the event of your death, disablement or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A

## Estate planning & structuring considerations

Advice not required

Estate planning & structuring	Client 1	Client 2
Are you comfortable that appropriate provisions have been made in your Will for dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you comfortable with what happens to the following assets in the event of your death? <ul style="list-style-type: none"> <li>Superannuation and Insurance proceeds</li> <li>Company or trust ownership</li> <li>Business ownership</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have concerns about potential bankruptcy or divorce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about a family member who has family issues or is unable to manage their own financial affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any individuals who may contest your Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in splitting income to other family members to reduce the families overall tax liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



# Client declarations and consents

## Personal and financial profile declaration

- I/We declare that the information provided in the Fact Find is complete and accurate.
- I/We understand that it will form the basis of any Statement of Advice that will be delivered by RI Advice Group Pty Ltd (RI Advice Group) to achieve my/our financial needs and objectives as detailed in this document.
- I/We understand the warnings provided to me/us in relation to the areas in which I/we have chosen not to receive any advice.

## Risk profile declaration (*strike through if not applicable*)

- I/We declare that I/we have discussed the results of my/our Risk Profile Analysis with my/our adviser.
- I/We declare that I/we have read the relevant risk profile description and agree to and understand the final agreed risk profile.

## Provision of FSG declaration

- I/We declare that I/we have received a copy of the Financial Services Guide (**FSG**) and its contents have been explained to me by the financial adviser.

## Privacy declaration

- I/We declare that I/we have read the Privacy statement in the FSG.
- I/We understand that unless I/we consent to the collection, use and disclosure of my/our personal information as outlined in the Privacy statement in the FSG, RI Advice Group will not be able to deliver the relevant financial planning and advice services or manage my/our investment portfolio.

## Consent to receive marketing material

- I/We consent to RI Advice Group sending me/us information about its services from time to time.
- I/We will notify you directly if I/we choose not to receive further information.

**Tick here** if you wish to opt-out of receiving marketing material.

## Consent to electronic communications

- I/We understand that, unless I/we choose to opt-out, statements, notices and disclosure documents may be sent to me/us electronically, including via email, CD-ROM, USB and other file storage devices and internet hyperlinks (Statements of Advice and Records of Advice will never be sent as internet hyperlinks).
- I/We understand that electronic delivery means paper documents may not be provided.
- I/We confirm that I/we have the ability to access, save and store electronic documents.
- I/We understand that RI Advice Group will not accept liability for any loss or damage arising from potential viruses associated with electronic communications.
- I/We will notify you directly if I/we choose to opt-out of electronic communications or if my/our preferred email address(es) change.

**Tick here** if you wish to opt-out of electronic communications.

# Client declarations and consents *(continued)*

## **Consent to collection of information from third parties**

- I/We consent to the collection of information by RI Advice Group from any relevant third party such as the Australian Taxation Office, Centrelink, Department of Veterans' Affairs, fund managers, my/our solicitor, my/our accountant, etc, for the purpose of providing me/us with financial advice.

## **Consent to retention and use of Tax File Number(s)**

- I/We give consent to you retaining my/our tax file number(s), as provided below, and providing it to financial institutions as requested or as necessary.

\_\_\_\_\_  
Client 1 name

\_\_\_\_\_  
Tax File Number (client 1)

\_\_\_\_\_  
Client 2 name

\_\_\_\_\_  
Tax File Number (client 2)

## **Client signature**

\_\_\_\_\_  
Client 1 name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## **Adviser declaration**

I declare that the client(s) has/have been provided with a copy of the Financial Services Guide (FSG) before advisory services were provided and its contents have been explained to the client(s).

\_\_\_\_\_  
Financial Adviser name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

# Existing client declaration

## Confirmation of currency of information

I/We confirm that previous details collected in this Fact Find remain unchanged or that previous details collected in this Fact Find have been adjusted to reflect my/our personal and financial circumstances including my/our investor risk profile (if applicable).

Date	Client 1 signature	Client 2 signature

**Additional information**

## Adviser notes



## Adviser notes

# Authority to provide information

Full name

Date of birth

Address

Contact number

I authorise my Financial Adviser, or their employee (as nominated below), who is a representative of RI Advice Group Pty Ltd (RI Advice Group), to request and receive any information in relation to the following products held by me.

Product provider's name	Product name/Cover type	Member number (if known)

Please accept a photocopy of this letter as authority, as the original will remain with RI Advice Group.

Client name

Signed

Date

Financial Adviser name

Signed

Date

Financial Adviser address

Nominated employee name 1

Nominated employee name 2

**RI Advice Group Pty Ltd**  
ABN 23 001 774 125 | AFSL No. 238429  
347 Kent Street, Sydney NSW 2000  
Phone: 1800 738 473

**Adviser note:** if more than one provider is listed above, for privacy purposes, you are required to photocopy the fully completed form and redact, using a dark marker, any provider details not relevant to the one being sent through.