



Fact Find

(Strictly Private & Confidential)

CLIENT 1

CLIENT 2

Title:

Surname:

Given Names:

Financial Adviser:

Licensee Group:

Licensee Number:

Date:



TABLE OF CONTENTS

TABLE OF CONTENTS.....2

PERSONAL DETAILS.....3

CONTACT DETAILS3

DEPENDANTS.....4

EMPLOYMENT DETAILS.....4

CENTRELINK.....4

RETIREMENT DETAILS5

INCOME AND EXPENDITURE DETAILS5

INCOME AND EXPENDITURE DETAILS6

ASSETS AND LIABILITIES8

CASH AND INVESTMENTS10

INCOME STREAMS.....15

ANNUITIES.....15

TERMINATION PAYMENTS.....16

INSURANCE.....17

ESTATE PLANNING19

WHAT ARE YOU HOPING TO ACHIEVE?.....21

ATTITUDES TO INVESTING.....21

OTHER ADVISERS26

OUR ACKNOWLEDGEMENTS26

OPTION TO QUOTE TAX FILE NUMBER.....31

ADVICEPAY AUTHORITY FORM33



PERSONAL DETAILS

CLIENT 1

CLIENT 2

Title:

Surname:

Given Names:

Date of Birth:

Age:

Marital Status:

Sex:

 M F

 M F

Country of Birth:

Health Status:

Smoker:

 Yes No

 Yes No

Residential Address:

Postal Address:

TFN:

CONTACT DETAILS

Home Phone:

Home Fax:

Mobile:

Business Phone:

Business Fax:

E-mail:

Preferred Contact:

 Home / Work / Mobile / E-mail

 Home / Work / Mobile / E-mail



DEPENDANTS

Name	Relationship	Date of Birth	Financially Dependant	Dependant Until Age
		/ /	<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	

EMPLOYMENT DETAILS

	CLIENT 1	CLIENT 2
Employment Status:		
Occupation/Title:		
Employer:		
Manual Work:		
Degree Qualified:		
Start Date:	/ /	/ /
Do you intend to change employment in near future? If	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

CENTRELINK

	CLIENT	PARTNER
Do you currently receive Centrelink/DVA benefits? If yes, which benefit?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
	<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Sole Parent <input type="checkbox"/> Newstart <input type="checkbox"/> Mature Age <input type="checkbox"/> Veterans <input type="checkbox"/> Other	<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Sole Parent <input type="checkbox"/> Newstart <input type="checkbox"/> Mature Age <input type="checkbox"/> Veterans <input type="checkbox"/> Other
Pension/Allowance:		
Fortnightly Pension/Allowance:	\$ _____	\$ _____
Start Date	/ /	/ /
Do you intend to apply for Centrelink/DVA benefits? If yes, which benefit & when?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No



RETIREMENT DETAILS

	CLIENT 1	CLIENT 2
Retirement Date:	(actual / proposed) / /	(actual / proposed) / /
Retirement Age:		
Part-time Work After Retirement:	hours/week	hours/week
Estimated Part-time Income pa:	\$	\$

INCOME AND EXPENDITURE DETAILS

Current Income (before tax)

	CLIENT 1	CLIENT 2
Gross Salary/Wages:	\$	\$
Fringe Benefits:	\$	\$
Commissions / Bonus / Profit	\$	\$
Superannuation Contributions	\$	\$
Superannuation Salary Sacrifice:	\$	\$
Rental Income:	\$	\$
Interest Income:	\$	\$
Dividend Income:	\$	\$
Super Pension Income:	\$	\$
Centrelink Income:	\$	\$
Other Income:	\$	\$
Total:	\$	\$

Is this income expected to change over the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
--	--	----



INCOME AND EXPENDITURE DETAILS

Expenditure

	Amount	Monthly Expenditure	Annual Expenditure
Household Expenses: <i>Food, clothing, electricity & gas, telephone, council & water rates, home & contents insurance.</i>	\$	\$	\$
Recreation: <i>Club subscriptions, sports, charities and gifts, entertainment.</i>	\$	\$	\$
Transport: <i>Fares & travel costs, vehicle lease or hire purchase, vehicle expenses.</i>	\$	\$	\$
Health Expenses: <i>Doctor, dentist, chemist expenses, private health cover.</i>	\$	\$	\$
Education: <i>School fees, professional subscriptions and fees.</i>	\$	\$	\$
Loan Payments: <i>Mortgage & other loans (exclude investment loan interest repayments)</i>	\$	\$	\$
Rental Payments: <i>Rental payments for accommodation or other items</i>	\$	\$	\$
Investment Property: <i>Expenses associated with an investment property Tax deductible in nature (exclude loan repayments).</i>	\$	\$	\$
Super Contributions (personal): <i>Expenses associated with an investment property Tax deductible in nature (exclude loan repayments).</i>	\$	\$	\$
Insurance Premiums: <i>Personal Risk Insurances including income protection and trauma insurance</i>	\$	\$	\$
Other Expenses: <i>Include any other expense items not listed above.</i>	\$	\$	\$
Total Expenses:	\$	\$	\$

Is this expenditure expected to change over the next 12 months?

Yes No

\$



Do you have any special expenditure requirements?

(eg. New vehicle, home improvements, holiday, child's wedding, debt repayment)

Purpose	Date Required	Amount
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$



ASSETS AND LIABILITIES

Non Financial Assets

	Owner (Client 1/ Client 2/Joint)	Asset Value	Date Purchased
Principal Residence:		\$	/ /
Home Contents:		\$	N/A
Non Income Producing Real Estate: (eg. Holiday home; vacant land)		\$	/ /
Motor Vehicles (1):		\$	/ /
Motor Vehicles (2):		\$	/ /
Boat/Caravan:		\$	/ /
Collectibles/Art/Other Valuables:		\$	/ /

Liabilities

	Loan		Owner (Client/ Partner/ Joint)	P&I or Interest Only	Fixed or V/able	Interest		
	Lender Name					Loan Term	F/M/A	Start Date
Principal Residence	\$					%		/ /
Car Loan / Lease:	\$					%		/ /
Personal Loan:	\$					%		/ /
Credit Card (1):	\$					%		/ /
Credit Cards (2)	\$					%		/ /
Investment Loan:	\$					%		/ /



CASH AND INVESTMENTS

Bank Accounts

Bank	Account <i>(savings / deeming / offset)</i>	Owner	Balance	Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

Term Deposits

Bank	Owner	Balance	Term and Maturity	Rate
		\$		%
		\$		%
		\$		%
		\$		%

Shares

Company	Owner	Purchase Date / Price	Balance / Number of Shares



Managed Funds

Company	Owner	Purchase Date / Price	Balance
			\$
			\$
			\$
			\$

Investment Property

Details / Suburb:	Owner	Purchase Date	Purchase Price	Outstanding Mortgage	Rental Return	Personal Use
		/ /	\$	\$	\$	Yes / No
		/ /	\$	\$	\$	Yes / No
		/ /	\$	\$	\$	Yes / No

Trust Structures

Are you a trustee or beneficiary of a discretionary trust?

CLIENT 1

Yes No

CLIENT 2

Yes No

Name of Trust:

Relationship to the trust:

Business Interests

Are you a director or associated with a privately controlled company?

Yes No

Yes No

Name of Company:

Relationship to the Company:

Notes



Superannuation – Current Account

	CLIENT 1	CLIENT 2
Fund Name & Portfolio Type:		
Employer Contribution:		
Personal Contribution:		
Salary Sacrifice Contribution:		
Employer Sponsored Plan:		
Current Balance:	\$	\$
Death Cover:		
Disablement Cover:		
Income Protection Cover:		
Is Your Contribution Tax Deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Superannuation – Fund 2

	CLIENT 1	CLIENT 2
Fund Name & Portfolio Type:		
Current Balance:	\$	\$
Death Cover:		
Disablement Cover:		
Income Protection Cover:		
Are you still contributing to this fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Superannuation – Fund 3

	CLIENT 1	CLIENT 2
Fund Name & Portfolio Type:		
Current Balance:	\$	\$
Death Cover:		
Disablement Cover:		
Income Protection Cover:		
Are you still contributing to this fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Superannuation – Self Managed Super Fund

	CLIENT 1	CLIENT 2
Fund Name:		
Trustee:		
Date Commenced:	/ /	/ /
Member Balance:	\$	\$
Investments:		
Death Cover:		
Disablement Cover:		
Income Protection Cover:		
Accumulation / Pension:		

Superannuation - Defined Benefit Scheme

	CLIENT 1	CLIENT 2
Fund Name:		
Employer Contribution:		
Employee Contribution:		
Salary Sacrifice Contribution:		
Date Employment Commenced:	/ /	/ /
Superannuation Salary:		
Benefit Multiple:		
Current Balance:	\$	\$
Balance at Retirement:	\$	\$
Death Cover:		
Disablement Cover:		
Super Pension Option:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Indexation:	<input type="checkbox"/> Yes (%) <input type="checkbox"/> No	<input type="checkbox"/> Yes (%) <input type="checkbox"/> No



Previous Contributions:

Fund Name & Member	Date Contributed	Type of Contribution	Amount:
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Superannuation and Rollover Withdrawals – under age 60

For tax purposes, list any that have been previously withdrawn from either superannuation lump sums.

Withdrawal Date	CLIENT 1	CLIENT 2
/ /	\$	\$
/ /	\$	\$
/ /	\$	\$



INCOME STREAMS

SUPERANNUATION PENSIONS

	CLIENT 1	CLIENT 2
Pension Type: <i>(Allocated Pension/Transition to Retirement)</i>		
Name of Fund:		
Current Balance:	\$	\$
Income:	\$	\$
Frequency of Payment:		
Purchase Price:	\$	\$
Start Date:	/ /	/ /
Investment:		
Commutable: Yes / No:		

ANNUITIES

	CLIENT 1	CLIENT 2
Annuity Type: <i>(Complying, Superannuation, Ordinary Money)</i>		
Residual Value:	\$ / % RCV	\$ / % RCV
Term:		
Purchase Price:	\$	\$
Pension Start Date:	/ /	/ /
Frequency of Payment:		
Income Amount:	\$	\$
Commutable: Yes / No:		



TERMINATION PAYMENTS

Employer Termination Payments (Non ETP)

	CLIENT 1	CLIENT 2
Redundancy/Early Retirement: <i>(tax free amount)</i>	\$	\$
Unused Annual Leave: <i>(net of tax)</i>	\$	\$
Unused Long Service Leave: <i>(net of tax)</i>	\$	\$

Eligible Termination Payments (ETP)

	CLIENT 1	CLIENT 2
Start Date:	/ /	/ /
Termination Date:	/ /	/ /
Years of Service:		
Expected Payment:	\$	\$



INSURANCE

Life and TPD Cover

	CLIENT 1	CLIENT 2
Insurer:		
Policy Owner:		
Policy Type:		
Sum Insured:	\$	\$
Premium:	\$ per	\$ per
Premium Type:	<input type="checkbox"/> Stepped Level <input type="checkbox"/>	<input type="checkbox"/> Stepped Level <input type="checkbox"/>
Own Occupation or Any		
Will the client work after the TPD of the spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disability/Income Protection

	CLIENT 1	CLIENT 2
Insurer:		
Policy Owner (self/super):		
Policy Type:		
Monthly Benefit:	\$	\$
Premium:	\$ per	\$ per
Premium Type:	<input type="checkbox"/> Stepped Level <input type="checkbox"/>	<input type="checkbox"/> Stepped Level <input type="checkbox"/>
Benefit Period:		
Waiting Period:		
Date Commenced:	/ /	/ /

Trauma Cover (Critical Illness)

	CLIENT 1	CLIENT 2
Insurer:		
Policy Owner:		
Sum Insured:	\$	\$
Premium:	\$ per	\$ per



General Insurance

	Insurer	Sum Insured	Premium
Home:		\$	\$
Contents:		\$	\$
Vehicle(s):		\$	\$
Private Health Insurance:		\$	\$
Other: <i>(eg. Professional indemnity; business)</i>		\$	\$



ESTATE PLANNING

Wills and Power of Attorneys

	CLIENT 1	CLIENT 2
Do you have a current will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was it last reviewed?	/ /	/ /
Does the will incorporate a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Enduring Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the survivor of the couple work after the death of the other partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a review of your Estate Planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Key Estate Planning Succession Issues

Please outline any issues or concerns that may impact your estate planning:




- | | |
|--|---|
| <input type="checkbox"/> Keeping Assets in the bloodline | <input type="checkbox"/> Passing Control of Business / Trust Assets |
| <input type="checkbox"/> Stepped / Blended Family | <input type="checkbox"/> Legal / Professional Risk |
| <input type="checkbox"/> Family Disputes / Tensions | <input type="checkbox"/> Unsettled Property Disputes |
| <input type="checkbox"/> Vulnerable Dependants | <input type="checkbox"/> Poor Health |

Funding Estate

Please indicate sources of funds you would expect to make up your estate (EG: family home, superannuation, insurance proceeds):



Family Tree

SYMBOLS:  = MEMBERS OF FAMILY  = DIRECTION OF CONNECTION  = FILL WITH NAME/INFO



WHAT ARE YOU HOPING TO ACHIEVE?

List your current goals in order of importance.

For example, consolidating your superannuation funds, saving funds for children's education, protecting your family, repaying mortgage sooner, providing for your retirement, etc.

Rank	Details
1	
2	
3	
4	
5	
6	
7	

Please indicate any preferences you have in relation to product costs and features/benefits, keeping in mind there may be a trade-off between the two

I don't have any preferences

Adviser Notes:

Savings Goals:

What are you currently saving for:

Amount and Frequency of Regular Savings:

\$

Target Lump Sum / Income Requirement:

\$

Time Frame:



ATTITUDES TO INVESTING

Determining Your Investment Risk Profile

When investing it is important that you consider the level of risk as well as the return on an investment in view of your circumstances and investment goals. Risk means different things to different investors. For some, investment risk means the likelihood of a loss of capital, while for others it is the level of volatility of an investment, or the risk of an asset not producing enough to live on.

This Investment Risk Profile questionnaire has been designed to assist you in making an investment decision. It asks some questions regarding your goals, time frames and comfort with investments to provide a guide to your investor profile. Your investor profile then determines a benchmark asset allocation for your investments. Please complete the questions below by choosing the answer which most closely describes you.

1. For how long would you expect most of your money to be invested before you would need to access it?

- Less than 12 months 10
- Between 1 and 3 years 20
- Between 3 and 5 years 30
- Between 5 and 7 years 40
- Longer than 7 years 50

Score

2. If you consider current interest rates what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?

- A reasonable return without losing any capital * 10 1-3% 20
- 4-6% 30 7-9% 40 Over 9% 50

Score

3. Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?

- You would cash it in if there was any loss in value* 0 Less than 1 year 10
- Up to 3 years 20 Up to 5 years 30 Up to 7 years 40
- Up to 10 years 50

Score

4. How familiar are you with investment markets?

- Very little understanding or interest 10
- Not very familiar 20
- Have had enough experience to understand the importance of diversification 30
- I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics 40
- I am experienced with all investment classes and understand the various factors that may influence performance. 50

Score



5. There is generally a greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?

- Preferably guaranteed returns, ahead of tax-savings 10
- Stable, reliable returns with minimal tax savings 20
- Some variability in returns, some tax savings 30
- Moderate variability in returns, reasonable tax savings 40
- Higher variability but potentially higher returns, maximising tax savings 50

Score

6. What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?

- Horror – Security of your capital is critical and you do not intend to take risks.* 10
- You would cut your losses and transfer your funds to more secure investment sectors. 20
- You would be concerned, but would wait to see if the investments improve. 30
- This was a risk you understood – you would leave your investments in place expecting performance to improve. 40
- You would invest more funds to take advantage of the lower unit/share prices expecting future growth. 50

Score

7. Which of the following best describes your purpose for investing?

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use aggressive investments to provide income. 50
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio. 40
- You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available. 30
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement. 20
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds. 20
- You want to provide a regular income and/or totally protect the value of your investment capital.* 10

Score

Total Profile

Your Score here determines your Investor Risk Profile. An explanation of the profile in relation to your score is detailed over page and will also be provided as part of your written recommendation.



Investor Profile	Benchmark Asset mix**
<p>Very Conservative “Cash” (0-100 Points) May be suitable for investors with a short-term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.</p>	100% Cash
<p>Conservative “Fixed Interest” (101-140 Points) May be suitable for investors with an investment horizon of at least 3 years and a low risk tolerance, seeking higher than cash returns over the investment timeframe.</p>	100% Defensive
<p>Moderately Conservative “Capital Stable” (141- 170 Points) May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.</p>	70% Defensive 30% Growth
<p>Moderate “Conservative Growth” (171-200 Points) May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well-diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.</p>	50% Defensive 50% Growth
<p>Assertive “Balanced” (201-250 Points) May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what a share fund would likely generate.</p>	30% Defensive 70% Growth
<p>Moderately Aggressive “Growth” (251- 300 Points) May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.</p>	15% Defensive 85% Growth
<p>Aggressive “Share” (301-350 Points) May be suitable for investors with an investment horizon of at least 7 years and high risk tolerance, comfortable with a share portfolio dominated by Australian and international shares.</p>	100% Growth

** This demonstrates the benchmark Defensive/Growth asset mix for each investor profile. Defensive assets, such as cash and fixed interest are expected to grow at a slower rate over the longer term but are expected to experience less volatility. Growth assets, such as property and shares have historically grown at a rate greater than inflation over time and usually produce higher returns than defensive assets but can also demonstrate greater volatility in the short term.



OTHER ADVISERS

Please include the details of your other professional advisers.

	Name	Phone	Email	Consent to Contact: Yes / No
Accountant:				
Solicitor:				
Stockbroker:				
Other:				

OUR ACKNOWLEDGEMENTS

Information in this form

The information provided in this form (Fact Find Questionnaire and any supplementary pages) is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Profile and any supplementary pages, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product that may be inappropriate for the needs identified.

At **my request** the areas that I require advice on are:

- retirement planning
- estate planning
- superannuation
- investment planning
- budgeting
- life, trauma insurance and income protection insurance
- gearing
- direct equities
- instalment warrants

Financial Services Guide

I/We have read and understood the Financial Services Guide version 9.0 prior to obtaining financial planning services and/or recommendations.

Statement of Advice Preparation Fee

The fee for the preparation of the Statement of Advice has been set at \$2,200 and I/we authorise my/our adviser of IT Financial Services to proceed on this basis.



Authority for current Adviser

I/We authorise my adviser of IT Financial Services to contact any of my/our existing advisers whose details I/we have provided.

Statement of Advice & Related Documents Consent

Where required, your financial adviser will provide you with a Statement of Advice outlining the advice provided to you. Your initial and all future Statements of Advice will refer to

- various **Understanding Series (Documents)** that set out general information about investment fundamentals such as risk, return and diversification (if applicable) and the benefits, costs and risks associated with various strategies recommended to you.
- **Product Disclosure Statements (PDS)** in the event a financial product has been recommended. The PDS sets out general risks, features and fees of the product(s) being recommended to you.

Receipt of Documents(s):

I/we consent to the following documents being made available to me electronically:

- ✓ The Statement of Advice
- ✓ Product Disclosure Statements
- ✓ Understanding Series

In consenting, I/we acknowledge that:

- (i) I/we am able to access the Documents electronically either online or via my nominated email address; and
- (ii) If I/we wish to obtain a printed copy of the Documents I/we can contact my financial adviser who will provide these documents to me at no cost.

OR

- I/we wish to obtain The Statement of Advice and the **Documents** referred to within it in printed form.

Information and Privacy Agreement

I/We agree that:

1. Subject to the authorisation of the preparation of a Statement of Advice, I am/we are to receive the following financial planning services from the adviser named in this Client Profile & LifeStyle Questionnaire and understand that my/our personal information (including any sensitive information such as health information and membership of professional organisations [**"sensitive information"**]) is being collected primarily for these purposes:
 - retirement planning
 - estate planning
 - superannuation
 - investment planning
 - budgeting
 - managed investment schemes
 - life, trauma insurance and income protection insurance
 - gearing
 - direct equities
 - instalment warrants



- banking including credit and debit products
- arranging for the acquisition and disposal of all relevant products of the type described above; and
- an ongoing review service for my/our investment portfolio or life insurance program.

Your adviser will only provide you with advice that your adviser is permitted to offer you.

2. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information):
 - to organisations involved in providing my/our adviser with marketing services and to their service providers (for example posting services), so that my/our adviser may offer me/us products and services that might meet my/our financial needs; and
 - to other organisations in connection with the sale or proposed sale of all or part of the adviser's business and to the use of that personal information by those organisations for those purposes.
 - to other professionals who may need to be engaged in order to implement certain components of my adviser's business succession advice.
3. I/We also consent to the collection of my/our personal information for the purpose of my/our adviser providing the services stated above. This consent also relates to my/our sensitive information.
4. If I/we have provided personal information about an individual (such as a partner, dependant, employer, or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the Privacy Notification Statement (**PNS**) that was provided to me/us with the Financial Services Guide and made them aware that the PNS applies to their personal information that has been collected for the purpose of my adviser providing me/us with the financial advice I/we have requested.
5. If I/we have provided sensitive information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our adviser and my/our adviser's service providers.
6. I consent to the release of my personal information (including my sensitive information) to my spouse or partner.

Delete any item or consent in paragraphs 1 to 6 above which you do not agree with.

Client 1 Signature _____ Date / /

Client 1 Name _____

Client 2 Signature _____ Date / /

Client 2 Name _____

Adviser Signature _____ Date / /

Adviser Name _____



Information Release Form

Account Name: _____

Account Number: _____

Fund Name: _____

Fund Phone Number/ Fax: _____

To Whom It May Concern,

I, _____

Of _____

Date of birth _____

Authorise that all relevant information about my investments, insurances, superannuation, bank accounts and/or other financial information be released, upon request, to:

Adviser* Name:

Including the following adviser's staff:

Adviser's address and contact details:

IT Financial Services PO Box R866

ROYAL EXCHANGE NSW 1225

Phone: (02) 9258 7500

Please accept a photocopy, facsimile or electronic copy of this form as my authority. The original signed form will be held on file at the adviser's address above.

Client's Signature:

Date: _____

* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.



Information Release Form

Account Name: _____

Account Number: _____

Fund Name: _____

Fund Phone Number/ Fax: _____

To Whom It May Concern,

I, _____

Of _____

Date of birth _____

Authorise that all relevant information about my investments, insurances, superannuation, bank accounts and/or other financial information be released, upon request, to:

Adviser* Name:

Including the following adviser's staff:

Adviser's address and contact details:

IT Financial Services PO Box R866

ROYAL EXCHANGE NSW 1225

Phone: (02) 9258 7500

Please accept a photocopy, facsimile or electronic copy of this form as my authority. The original signed form will be held on file at the adviser's address above.

Client's Signature:

Date: _____

* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.



OPTION TO QUOTE TAX FILE NUMBER

Most investment and superannuation application forms request the applicant to provide their Tax File Number (TFN). As you will be receiving ongoing service from Apogee Financial Planning we offer you the option of authorising Apogee Financial Planning to hold your TFN, and/or details of your exemption status, in our records. The collection, use and disclosure of TFNs are strictly controlled by taxation and superannuation laws and the Privacy Act. As an authorised representative of Apogee Financial Planning, your adviser is authorised to collect TFNs under the Income Tax Assessment Act 1997. You are not required to provide us with your TFN and it is not an offence if you choose not to do so. If you do not provide us with your TFN and you wish to quote your TFN on investment and/or superannuation application forms, you will need to bring your TFN with you when calling into our office to complete these documents.

Important Information

Investment Bodies

Investment bodies are authorised to collect TFNs under the Income Tax Assessment Act 1997. It is not an offence if you choose not to provide your TFN to an investment body. However, if you do not quote your TFN, or exemption status, tax will be deducted from your income distributions at the highest marginal rate.

Some persons/entities are exempted from the TFN quotation arrangements, if the exemption status is notified to the investment body:

<ul style="list-style-type: none"> Persons receiving any part of an age, service, widow pension or other types of qualifying pension/benefit 	<i>state type of pension/ benefit received.</i>
<ul style="list-style-type: none"> Children under the age of 16, where the investment is NOT public company share/s and the income will be less than \$420 pa 	<i>state age.</i>
<ul style="list-style-type: none"> Entities not required to lodge income tax returns 	<i>state reason not required to lodge return.</i>
<ul style="list-style-type: none"> Non-residents 	<i>state country of residence.</i>

Superannuation Bodies and Approved Deposit Funds

Superannuation Bodies and Approved Deposit Funds are authorised to collect TFNs under the Superannuation Industry (Supervision) Act 1993. It is not an offence if you choose not to provide your TFN, however, if you do not provide your TFN:

- you may pay more tax on your superannuation benefit than you have to (you will get a refund at the end of the financial year in your income tax assessment);
- your fund is generally required to reject your non-concessional (after-tax) contributions;
- your concessional (pre-tax including employer) contributions may be taxed at 46.5%; and
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund, or to amalgamate any multiple superannuation accounts.



Your Election

Please record your TFN, and/or exemption status, at the bottom of this page.

I instruct Apogee Financial Planning to hold my Tax File Number in their records. I authorise Apogee Financial Planning, or other recipients approved by Apogee Financial Planning, to disclose my TFN, or exemption status, to me, the Australian Taxation Office and investment bodies.

Note: Apogee Financial Planning, is not permitted to disclose your TFN to superannuation bodies; Approved Deposit Funds or assistance agencies.

I acknowledge that:

- I have read and understood the information above; and
- this authority will remain in force until cancelled by me in writing.

If signing under Power of Attorney, I hereby certify that I have not received notice of revocation of that Power.

Full name of client 1 (individual/entity)	
Full name of client 2 (individual/entity)	
Address	

Client 1
Signature

Client 2
Signature

Company Seal
(if applicable)

Client 1 Tax File Number:

Client 2 Tax File Number::

My exemption status is (if applicable):



Direct Debit Request Service Agreement

<p>This Service Agreement contains the terms and conditions on which you authorise Apogee Financial Planning Ltd (AFSL 230689) ("Apogee") to debit money from your account and the obligations of the parties covered under this Service Agreement. You should read this Service Agreement and ensure you understand the terms and conditions. Please direct all enquiries about your direct debit to your adviser.</p>	
Definitions	<p>account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between you and us.</p> <p>business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by you to us is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the direct debit request between us and you</p> <p>us or we means Apogee, the Debit User you have authorised by signing a direct debit request.</p> <p>you means the customer who signed the direct debit request .</p> <p>your adviser means the financial adviser, financial planner who placed this request on your behalf</p> <p>your financial institution is the financial institution where you hold the account that you have authorised for us to arrange to debit.</p>
Our Obligations	<p>1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. Please refer to the direct debit request and this agreement for the terms of the arrangement between you and us.</p> <p>1.2 We will arrange to debit funds from your account as authorised in the direct debit request.</p> <p>1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day funds will be debited from your account, please contact your financial institution.</p>
Changes to this Agreement by us	<p>2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.</p>
Changes to this Agreement by you	<p>3.1 Subject to clauses 3.2 and 3.3 below, you may change the arrangements under a direct debit request by contacting your adviser.</p> <p>3.2 You may stop or defer a debit payment by notifying your adviser in writing at least ten (10) business days before the next debit day.</p> <p>3.3 You may also cancel your authority for us to debit your account at any time by notifying your adviser in writing at least ten (10) days before the next debit day.</p>
Your Obligations	<p>4.1 It is your responsibility to ensure that there are sufficient cleared funds available in your account to allow debit payments in accordance with the direct debit request.</p> <p>4.2 If there are insufficient cleared funds in your account to meet a debit payment:</p> <p>(a) You may be charged a fee and/or interest by your financial institution;</p> <p>(b) You may also incur fees or charges imposed or incurred by us; and</p> <p>(c) You must arrange for the debit payment to be made by another method or arrange for sufficient cleared funds to be in your account by an agreed time so that we can process the debit payment.</p> <p>(d) For the purposes of paragraph 4.2(c) above, arrangements for debit payment to be made by another method are to be made through your adviser.</p> <p>4.3 You should check your financial institution account statement/s to verify that the amounts debited from your account are correct.</p> <p>4.4 If your account details change, you must inform your adviser in writing at least 14 days before the next debit day.</p> <p>4.5 If Apogee is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay Apogee an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.</p>
Your Rights	<p>5.1 If you believe that there has been an error in debiting your account, you should immediately notify your adviser direct.</p> <p>5.2 If, as a result of our investigations, we conclude that your account has been incorrectly debited, your account will be adjusted accordingly, and this will be arranged through your financial institution. You will be notified in writing of the amount by which your account has been adjusted.</p> <p>5.3 If, as a result of our investigations, we conclude that your account has not been incorrectly debited, you will be provided with reasons and any evidence for this finding.</p> <p>5.4 Any queries you may have about an error made in debiting your account should be directed to your adviser in the first instance so that she/he can attempt to resolve the matter between us and you. If your adviser cannot resolve the matter, you may then refer it to your bank or financial institution. They will obtain details of the transaction in dispute from you, and they may lodge a claim on your behalf.</p> <p>5.5 If your query has not been resolved to your satisfaction, please write to MLC Service and Solutions, addressed as follows: The Manager MLC Servicing Solutions PO Box 200 North Sydney NSW 2059 Please mark the envelope 'Notice of Complaint' Every effort will be made to resolve your complaint as quickly as possible. You will be notified if there is anything that may prevent this from happening. If your complaint has not been resolved or if you are dissatisfied with the decision, you may seek assistance from an External Dispute Resolution scheme. Please note that external dispute resolution schemes will only address a complaint if it has been previously lodged with the organisation and remains unresolved or if you are dissatisfied with the decision.</p>
Confirming your accounts	<p>6.1 Please check:</p> <p>(a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions; and</p> <p>(b) that the account details which you have provided are correct by checking them against a recent account statement; and</p> <p>(c) With your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.</p>
Confidentiality	<p>7.1 Any information you provide, including your account details, on your direct debit request will be kept confidential. Reasonable efforts will be made to keep any such information about you secure, and to ensure that employees or agents who have access to information about you are restricted from unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 We will only disclose information that we have about you:</p> <p>(a) to the extent specifically required by law; or</p> <p>(b) For the purposes of this agreement (including disclosing information in connection with queries or claims).</p>
Notice	<p>8.1 If you wish to inform us about anything relating to this agreement, please write to your adviser in the first instance.</p>