

All about you

Questionnaire

To enable me to provide you with financial advice, it is important that I understand your goals, objectives and financial situation. This document is designed to record this information.

The 'All About You Questionnaire' consists of the following parts:

- PART 1: **Your personal details**
- PART 2: **Your reason for seeing us**
- PART 3: **Your current financial situation**
 - Section 1:** About you and your family
 - Section 2:** Your current financial details
 - Section 3:** Super and retirement
 - Section 4:** Wealth protection
 - Section 5:** Related entities
- PART 4: **Your investment tolerance**
- PART 5: **Adviser needs assessment**
- PART 6: **Client acknowledgement**
- PART 7: **Terms of engagement**

Client name:

Financial adviser:

Part 1: Your personal details

Personal details

	Client 1	Client 2
Title		
First name		
Middle name		
Surname		
Date of birth		
Gender		
Relationship status		
Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact information

Residential address						
			<input type="checkbox"/>	Preferred		
Postal address						
			<input type="checkbox"/>	Preferred		
Home phone		<input type="checkbox"/>	Preferred		<input type="checkbox"/>	Preferred
Mobile phone		<input type="checkbox"/>	Preferred		<input type="checkbox"/>	Preferred
Work phone		<input type="checkbox"/>	Preferred		<input type="checkbox"/>	Preferred
Email						

Other Related Entities

	Entity Name
SMSF Entity	
Company Entity	
Trust Entity	

Part 2: Your reason for seeing us

What are your reasons for seeking financial advice? What are you looking to achieve?

Please use the section below to detail why you have come to see us, and how you would like us to help you. You should also take a minute to think about your goals. What are they? What is your timeframe? Your goals may include paying off your mortgage, saving for your children's education, retiring early, buying a new home or even overseas travel.

Section 1: About you and your family

Dependants

Please list below any children you have, as well as any financial dependants. A financial dependant is someone who relies financially on you such as a child, or someone you may care for. This information helps us understand your cashflow and insurance needs, as well as any estate planning needs you may have.

- We choose not to provide these details at this time
- We do not have any financial dependants at this time

Dependant / Child									
Name				Relation					
Date of birth	-- / -- / ----			Still at school	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Living at home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Financially Dependant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Dependant / Child									
Name				Relation					
Date of birth	-- / -- / ----			Still at school	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Living at home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Financially Dependant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Are there any planned changes to your family situation?							
---	--	--	--	--	--	--	--

Employment details

Please list details of your current employment and retirement details. Please also bring to your meeting your most recent pay slips. This information helps us determine your insurance, taxation and cashflow needs.

- We choose not to provide these details at this time
- We have retired
- We are not employed at this time

	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2		
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual	<input type="checkbox"/> Part Time <input type="checkbox"/> Looking for work	<input type="checkbox"/> Permanently Unemployed <input type="checkbox"/> Not working/Retired
Employment type	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor		<input type="checkbox"/> Self-employed <input type="checkbox"/> Other
Job title / Occupation			
Employer			
Start date		Hours per week	
Unused sick leave		<input type="checkbox"/> days <input type="checkbox"/> hours	Unused annual leave
			<input type="checkbox"/> days <input type="checkbox"/> hours
Unused long service leave		<input type="checkbox"/> days <input type="checkbox"/> hours	Job Security
			<input type="checkbox"/> Secure <input type="checkbox"/> Not secure
Do you have the ability to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Can / does your income vary significantly?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Client 2 <input type="checkbox"/> Client 2		
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual	<input type="checkbox"/> Part Time <input type="checkbox"/> Looking for work	<input type="checkbox"/> Permanently Unemployed <input type="checkbox"/> Not working/Retired
Employment type	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor		<input type="checkbox"/> Self-employed <input type="checkbox"/> Other
Job title / Occupation			
Employer			
Start date		Hours per week	
Unused sick leave		<input type="checkbox"/> days <input type="checkbox"/> hours	Unused annual leave
			<input type="checkbox"/> days <input type="checkbox"/> hours
Unused long service leave		<input type="checkbox"/> days <input type="checkbox"/> hours	Job Security
			<input type="checkbox"/> Secure <input type="checkbox"/> Not secure
Do you have the ability to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Can / does your income vary significantly?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3: Your current financial details

SECTION 1: About you and your family

	Client 1	Client 2
Desired retirement age		
Please note any anticipated changes to your employment in the near future		

Health

Please list your current state of health as this will help us to your understand your insurance and estate planning needs.

We choose not to provide these details at this time.

	Client 1				Client 2			
How would you describe your health?	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Average	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Average
	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor
Do you or have you used tobacco products in the last 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please detail any physical or mental health issues that you have sought specialist treatment for e.g. depression or chronic back pain								

Estate planning

Please list details of any wills or trusts that are in place. Please also bring along bring along any additional documentation regarding these structures as this will help us understand your estate planning needs.

We choose not to provide these details at this time

We are not sure

	Client 1			Client 2		
Do you have a Will in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year last reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year last reviewed
Do you have a Testamentary Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have a Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have a Guardianship in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Social security

Please list any government income you are receiving below. This assists us in assessing your cashflow requirements and to help maximise your entitlements.

We choose not to provide these details at this time

	Client 1	Client 2
Are you receiving a Centrelink/Veterans Affairs benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did the payment commence?		
Please state the type of payment you are receiving		

Section 2: Your financial details

Lifestyle assets

Please list details of any lifestyle assets such as your family home, home contents, cars etc. Any financial/investment assets are to be documented in the following section.

- We choose not to provide these details at this time
- We are not sure

Owner	Description	Current value	Security for loan
		\$	<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

Investment assets excluding superannuation

Please list any investment assets that you own such as bank accounts, shares, investment properties etc. If you have documentation or statements, please bring these with you to our meeting. This helps us understand your current financial position, any cashflow requirements you have and helps us target any asset growth goals you have.

- We choose not to provide these details at this time
- We are not sure

Owner	Description	Current value	Income rate	Income amt	Security for loan
		\$	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are you making any regular contributions to your investment assets?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide details:</p>
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Liabilities

Owner	Description	Outstanding balance	Interest rate	Loan term	Type*	Repayment	Frequency	Interest tax deductible
		\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
		\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%
		\$	%		<input type="checkbox"/> P&I <input type="checkbox"/> IO	\$		%

* Principal & Interest / Interest Only

Income details

Please list details of all sources of your family’s income at this time. Please bring to your meeting, any pay slips or statements regarding the below items so we can gather the necessary information required for any cashflow and possibly superannuation/retirement requirements you may have.

We choose not to provide these details at this time

Type (per annum)	Client 1	Client 2	Joint
Gross salary			
Commissions / Bonus			
Centrelink / DVA payments			
Annuity / Pensions			
Investment: rental			
Investment: interest			
Investment: dividends			
Business			
Other			
TOTAL	\$	\$	\$

Expense details

Type (per annum)	Client 1	Client 2	Joint
Taxes			
Debt Long-term			
Debt Short-term			
Super contributions			
Housing			
Transport			
Insurance			
Personal			
Entertainment			
Dependants			
Tax deductible expenses			
TOTAL	\$	\$	\$

Please list below details of how much you are currently saving each year

	Client 1	Client 2	Joint
Regular Savings pa	\$	\$	\$

Please detail any expected future changes to your assets, liabilities, income & expenses in the section below

Redundancy or early retirement payments

Please list any details below for any redundancy or early retirement payments you have recently received. If you could bring along any supporting documentation with full breakdowns to your meeting that would be appreciated.

- We choose not to provide these details at this time
- We do not have any such payments at this time

Termination details	Client 1	Client 2
Any previous termination payments received? (this financial year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, amount		
Payment date		

Notes

Please provide any additional information that you think may be relevant for our meeting.

Section 3: Super and retirement details

Superannuation assets

Please list any superannuation funds that you currently have. If you have any recent statements, please bring these along to the meeting.

- Choose not to provide these details at this time
- Do not have any superannuation assets and defined benefit funds at this time

	Fund	Fund	Fund	Fund
Owner				
Super plan				
Reference number				
Total balance				

	Client 1		Client 2	
Are you making any ongoing contributions above your employers' mandatory contributions? E.g. Salary Sacrifice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Have you made any lump sum (after tax) contributions to super in the last 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Income stream / Pension assets

Please list any retirement or pension funds (not including Centrelink payments) that you are receiving an income from. Alternatively, please supply a copy of your most recent statement.

- We choose not to provide these details at this time
- We do not have any income streams at this time

	Fund	Fund	Fund	Fund
Owner				
Fund type				
Product Provider/Name				
Member number				
Pension balance				
Pension Payment				
Payment Frequency				

	Fund	Fund	Fund	Fund
Owner				
Fund type				
Product Provider/Name				
Member number				
Pension balance				
Pension Payment				
Payment Frequency				

Section 4: Wealth protection

Insurance policies

Please list any insurance policies you currently have (this could include insurances within your superannuation fund). Alternatively, please supply a copy of the most recent renewal notice or statement.

- We choose not to provide these details at this time
- We do not have any insurance policies at this time

	Policy 1	Policy 2	Policy 3	Policy 4
Life insured				
Insurance company				
Policy number				
Term life cover - amount				
TPD cover - amount				
Trauma cover - amount				
Income protection - amount				
Total Premium				

	Policy 1	Policy 2	Policy 3	Policy 4
Life insured				
Insurance company				
Policy number				
Term life cover - amount				
TPD cover - amount				
Trauma cover - amount				
Income protection - amount				
Total Premium				

Private health cover details

Please list below any private health cover you/your family currently have in place. Alternatively, please supply a copy of the most recent renewal notice or statement.

- We choose not to provide these details at this time
- We do not have any medical insurance policies at this time

Owner	Type	Insurance provider	Premium
<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Family	<input type="checkbox"/> Hospital only <input type="checkbox"/> Extras only <input type="checkbox"/> Hospital & Extras		<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Family	<input type="checkbox"/> Hospital only <input type="checkbox"/> Extras only <input type="checkbox"/> Hospital & Extras		<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Part 4: Your investment tolerance

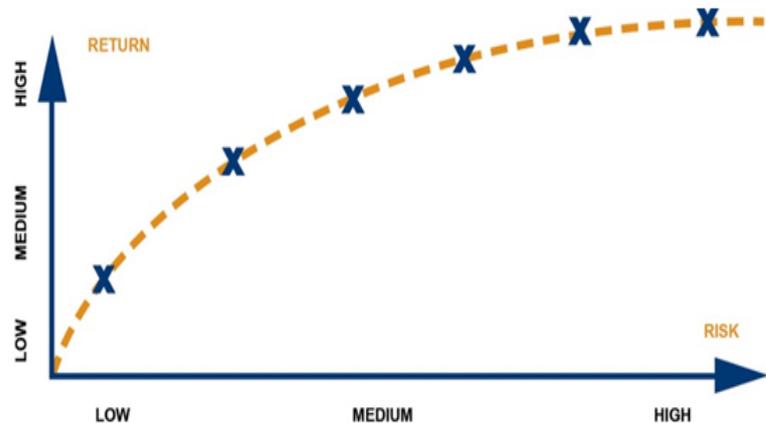
Your Risk Tolerance

The Risk Profile is designed to determine your level of tolerance to, and acceptance of, investment risk. Investment risk is the chance that the actual value of, or return from, an investment may be less than its expected value or return. The following questions assess your willingness to accept investment risk, and your capacity to take risk relative to your financial situation, goals and objectives.

Relationship between risk & return

Generally the higher the risk the higher the expected return.

Whilst returns are critical, it is important you determine the risk you are prepared to take to achieve the returns and understand the consequences of that decision on your ability to meet you goals and objectives



People have different risk profiles which can reflect variations in their current financial situation, their age and life stage, their goals and objectives (and the time in which they wish to achieve them), their financial experience and knowledge, as well as personal values and beliefs. For example, some investors find it easy to ignore movements in the market and to focus on their long-term investment goals. However, others become anxious when their investments decrease in value, even by a small amount. This means we need to understand your willingness to take on risk, and also your capacity to handle the risks associated with an investment; for example, you may need a less volatile investment for a short term goal to ensure you have the money available at the time you need it.

By more clearly determining your risk profile, we are able to provide you with advice that is tailored and appropriate for your individual circumstance.

Part 4: Your investment tolerance

Risk & return profile questionnaire

The following questions will help me determine your risk profile.

Please note that C1 = Client 1, C2 = Client 2, J = Joint, E = SMSF. Select only one response that best matches your experience/reaction.

Q1. Which of the following best describes your current situation?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have few financial commitments and looking to build wealth for the future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have financial commitments, such as a mortgage or young family, but want to optimise my finances to build wealth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My finances are under control and I want to build further wealth for the future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am preparing for retirement and looking at strategies to optimise my retirement income and wealth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have retired and depend on my investments to maintain lifestyle.

Q2. How familiar are you with investing?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am an experienced investor. I understand financial markets and take an active interest in the share market.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a good understanding. I know how super and shares work and where my money is invested.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have very little experience. I might know the balance of my super fund.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have no experience with investing.

Q3. Which statement below best describes your approach to investing?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer stable investments, like term deposits, and willing to accept lower returns to reduce the levels of fluctuation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While I prefer stable investments, I am comfortable if a small portion of my investments are in assets with higher levels of fluctuation, like shares, to achieve higher growth and protect against inflation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I accept that my investments will go up and down in value, but I would like to maintain some stable investments to smooth returns over time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I expect to see the value of my portfolio going up and down, and I am comfortable investing most of my portfolio in assets with higher levels of fluctuation to achieve higher growth.

Part 4: Your investment tolerance

Q4. When making decisions about your investments, do you think more about possible losses or possible gains?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am always concerned about possible losses to my investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a little concerned about possible losses to my investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I mostly think about possible gains to my investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I always think about possible gains to my investments.

Q5. If your investment portfolio increased over time and you felt confident of meeting your financial goals, what would you do?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take more risk within my portfolio, with the hope of achieving more of my goals, even if this has a chance of jeopardise some of my goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue to maintain my investment strategy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would sell down some of my investments to reduce the chance of jeopardising my goals, even if this means accepting a lower return.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sell down most of my investments into safer investments to ensure my goals are met, even if this means a lower return.

Q6. If your investment portfolio fell in value over time and you were behind in meeting your goals, what would you do?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increase my exposure to more volatile investments, like shares, to seek higher returns and pursue my goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue to maintain my investment strategy to ride out the negative returns.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce the exposure to more volatile investments, like shares, to minimise any further losses, even if this means I wouldn't be able to meet all of my goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sell all my investments to avoid any further losses, even if it means my goals will not be met.

Q7. Assume you established a \$300,000 investment portfolio 12 months ago. What would you do if it fell 20% to \$240,000 due to market fluctuations?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediately transfer all my investments into stable investments, like cash and term deposits, to protect against further losses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfer some of my investments into stable investments to reduce my exposure to volatile investments, like shares.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain my portfolio and wait for the investment markets to recover.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Look for a way to buy more volatile assets to benefit from the market recovery.

Part 4: Your investment tolerance

Q.8 Assume your investment portfolio drops in value due to market fluctuations. How long would you wait for it to return to its previous balance before moving to a more stable investment?

C1	C2	J	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would move to a more stable investment immediately. I won't accept any fall in my portfolio.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would wait up to 12 months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would wait up to 2 years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would wait up to 5 years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would wait at least 7 years.

Risk Profile Scoring

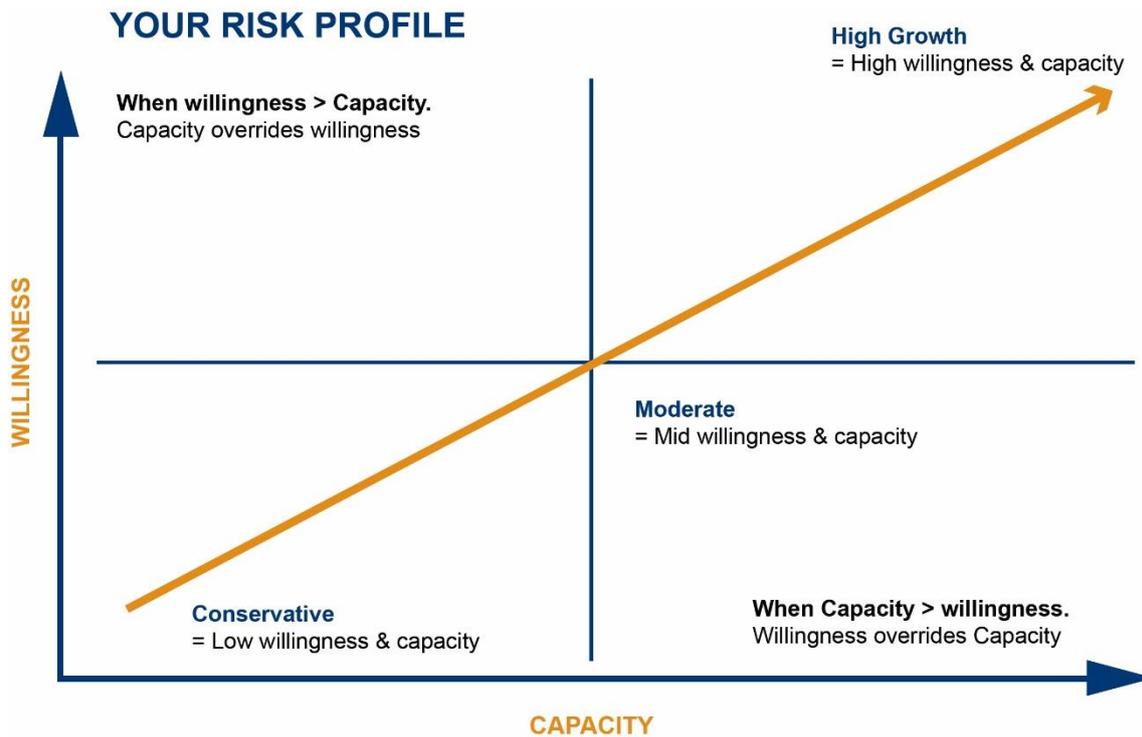
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Option 1	0	640	100	0	1000	1200	0	0
Option 2	0	480	300	200	600	840	400	240
Option 3	0	160	600	400	200	600	600	480
Option 4	0	0	1000	900	0	120	800	960
Option 5	0	N/A	N/A	N/A	N/A	N/A	N/A	1200

Score	Profile
120 - 1135	Defensive
1136 - 2020	Conservative
2021 - 3183	Moderate
3184 - 4380	Balanced
4381 - 5748	Growth
5749 - 6740	High Growth

Part 4: Your investment tolerance

Your risk / return profile

Your risk profile is generally limited by both your personal willingness to accept risk, and your financial capacity to take risk. Your capacity to take risk is usually dictated by factors such as your investment timeframe, and reliance on funds. For example, where you plan to retire in 3 years, and you will be reliant on the sum of your funds being invested to generate an income for you in retirement, your capacity to take risk will be lower than an investor who is 10 years from retirement, or who will have funds surplus to their requirements in retirement. As a result, an appropriate risk profile may be more conservative than your personal willingness to take risk. Likewise, where your financial capacity to take risk exceeds your personal willingness to accept risk, an appropriate risk profile will generally align with your more conservative willingness to accept risk.



Part 4: Your investment tolerance

Your risk tolerance

Understanding your investment risk tolerance is vital to portfolio construction and developing an appropriate asset allocation for you.

Tolerance			
	Low High		Medium
Detail	<p>Low risk investors are generally uncomfortable with fluctuating investments. Seeking to protect most or all of their capital, they sacrifice higher returns to achieve capital protection. Portfolios mainly consist of income assets, with little exposure to growth assets.</p>	<p>Medium risk investors are generally comfortable with significant ups and downs in their investment values – they understand this is required for long term gains. To achieve their goals, funds are spread across the asset classes, with growth assets of 30% to 60% proving comfortable.</p>	<p>High risk investors are comfortable with the volatility that comes with a long-term, growth-focussed investment portfolio. This type of portfolio may consist of 80% to 100% growth assets. These portfolios generally suit longer timeframes due to the risk and resulting volatility.</p>

Please indicate where you believe you fall on the following risk tolerance spectrum:

	Tolerance 					
	Low High				Medium	
Client 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

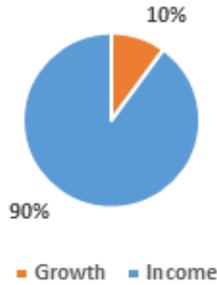
Part 4: Your investment tolerance

Count's risk profiles

Defensive

Suitable for Investors with low risk tolerance and/or short investment timeframe

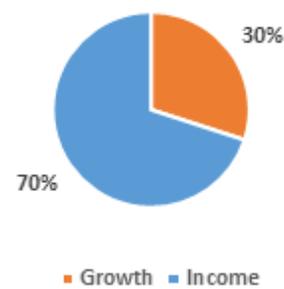
- Minimum time frame: 2 years
- Volatility: Low
- Returns: Low



Conservative

Suitable for Investors with low risk tolerance and/or short to medium investment timeframe

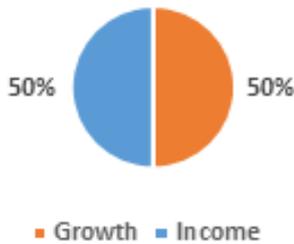
- Minimum time frame: 3 years
- Volatility: Low - Moderate
- Returns: Low - Moderate



Moderate

Suitable for Investors with a moderate risk tolerance and/or medium investment timeframe

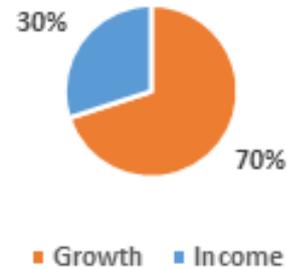
- Minimum time frame: 5 years
- Volatility: Low - Moderate
- Returns: Low - Moderate



Balanced

Suitable for Investors with a moderate risk tolerance and/or long investment timeframe

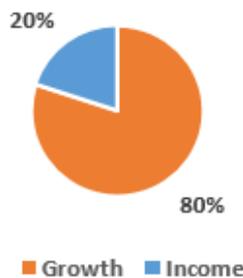
- Minimum time frame: 6 years
- Volatility: Moderate - High
- Returns: Moderate - High



Growth

Suitable for Investors with moderate to high risk tolerance and/or long investment timeframe

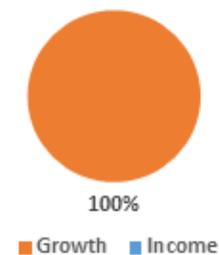
- Minimum time frame: 8 years
- Volatility: High
- Returns: High



High Growth

Suitable for Investors with a high risk tolerance and/or long investment timeframe

- Minimum time frame: 10 years
- Volatility: High
- Returns: High



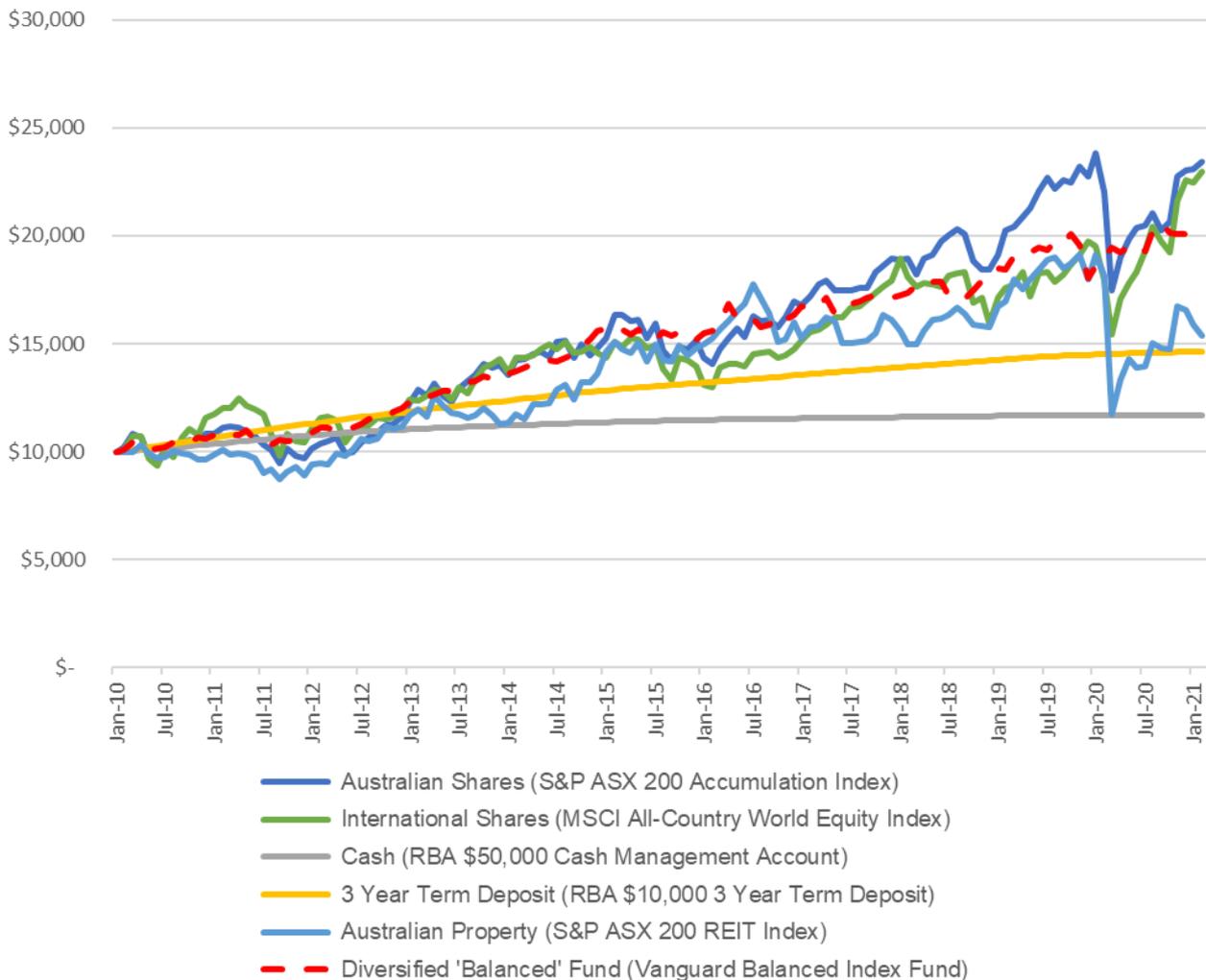
Part 4: Your investment tolerance

Historical asset class returns

The graph below demonstrates the cumulative impact of investing in different asset classes.

The addition of extra asset classes to an investment can enhance returns and reduce risk as not all asset classes have the same risk return profile. Some assets perform strongly in periods of growth, whilst others perform better when the economy is slowing. This is known as correlation, which effectively measures how assets perform in relation to one another. Having multiple assets in a portfolio can smoothen the ride for investors as they are not subject to risks related to the single asset. The following graph shows the growth of \$10,000 of various asset classes over the past decades (Jan 1996 to Dec 2015) and illustrates the 'smoother' returns that can be achieved with a 'Diversified' portfolio.

Value of \$10,000 Invested Since 1 January 2010



Part 5: Adviser Assessment

Adviser Needs Assessment

These questions are to be filled in by your adviser with your guidance and input based on the data collected already.

Client goals and objectives

Please record the client's specific goals and objectives below, including the timeframe over which the client hopes to achieve them and who the objective is applicable to.

Objective			
Who/What does the objective apply to?	<input type="checkbox"/> Client 1	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
	<input type="checkbox"/> Client 2	<input type="checkbox"/> Company	<input type="checkbox"/> SMSF
What is the objective?			
When does the client want to achieve this?	<input type="checkbox"/> Now	<input type="checkbox"/> ____ year(s)	
If the client will be referred to another adviser, please provide details:			

Objective			
Who/What does the objective apply to?	<input type="checkbox"/> Client 1	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
	<input type="checkbox"/> Client 2	<input type="checkbox"/> Company	<input type="checkbox"/> SMSF
What is the objective?			
When does the client want to achieve this?	<input type="checkbox"/> Now	<input type="checkbox"/> ____ year(s)	
If the client will be referred to another adviser, please provide details:			

Part 5: Adviser Assessment

Objective

Who/What does the objective apply to?	<input type="checkbox"/> Client 1	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
	<input type="checkbox"/> Client 2	<input type="checkbox"/> Company	<input type="checkbox"/> SMSF
What is the objective?			
When does the client want to achieve this?	<input type="checkbox"/> Now	<input type="checkbox"/> ____ year(s)	
If the client will be referred to another adviser, please provide details:			

Objective

Who/What does the objective apply to?	<input type="checkbox"/> Client 1	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
	<input type="checkbox"/> Client 2	<input type="checkbox"/> Company	<input type="checkbox"/> SMSF
What is the objective?			
When does the client want to achieve this?	<input type="checkbox"/> Now	<input type="checkbox"/> ____ year(s)	
If the client will be referred to another adviser, please provide details:			

Part 5: Adviser Assessment

Adviser Identified Needs

Have you identified any needs that are in your client's best interests and which have not yet been considered? Needs should be personal and specific for your client.

Adviser identified need			
Who/What does the objective apply to?	<input type="checkbox"/> Client 1	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
	<input type="checkbox"/> Client 2	<input type="checkbox"/> Company	<input type="checkbox"/> SMSF
What is the need?			
What explanation of this need was given to the client including the consequences if this need is not addressed?			
Would your client like this need to be considered further?			<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No
If partially, what are the limitations?			
If no, why not?			
When does the client want to achieve this?	<input type="checkbox"/> Now <input type="checkbox"/> ___ Years		
If the client will be referred to another adviser, please provide details:			

Part 5: Adviser Assessment

Adviser identified need

Who/What does the objective apply to?

Client 1

Joint

Trust

Client 2

Company

SMSF

What is the need?

What explanation of this need was given to the client including the consequences if this need is not addressed?

Would your client like this need to be considered further?

Yes Partially No

If partially, what are the limitations?

If no, why not?

When does the client want to achieve this?

Now ___ Years

If the client will be referred to another adviser, please provide details:

Part 5: Adviser Assessment

Other Information about your Estate Planning needs

	Client 1	Client 2
Will location		
Solicitor name and location		
Power of attorney type	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Normal <input type="checkbox"/> General	<input type="checkbox"/> Limited <input type="checkbox"/> Other <input type="checkbox"/> Unsure
Guardianship type	<input type="checkbox"/> Limited <input type="checkbox"/> Initial	<input type="checkbox"/> Temporary <input type="checkbox"/> Enduring
Guardianship functions	<input type="checkbox"/> Accommodation <input type="checkbox"/> Health Care <input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Services <input type="checkbox"/> Unsure
Year last updated		
Guardian name		

Other Information about your Social security needs

	Client 1	Client 2
Have you gifted any none within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the amount and the date it was gifted?		
Are you claiming the Family Tax Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Part A <input type="checkbox"/> Part B	<input type="checkbox"/> No <input type="checkbox"/> Part A <input type="checkbox"/> Part B

Other Information for taxation purposes

	Client 1	Client 2
Do you have a HECS debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Do you claim the private health cover rebate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an application to vary a PAYG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax payments outstanding		
Tax losses carried forward		
Capital losses carried forward		

Part 5: Adviser Assessment

Other Information about your redundancy or early termination payment

	Client 1	Client 2
Redundancy / early retirement – tax free		
Redundancy / early retirement superannuation payment – taxable		
Ex-gratia / golden handshake		
Other		
Total	\$	\$
Preserved amount		
Superannuation pension (p.a)		
Payment date		
Unused long service leave	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross
Unused annual leave	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross
Other		
Total	\$	\$

Part 5: Adviser Assessment

Other Additional information about your investment

Understanding your preferences	Client 1	Client 2
<p>How would you describe your preferred investment style?</p>	<p><input type="checkbox"/> I prefer a low cost investment approach, which aims to provide returns in line with the market and does not require active management.</p> <p><input type="checkbox"/> I prefer a simple investment approach to investing, with a diversified portfolio that aims to provide returns above the market and does not require active management.</p> <p><input type="checkbox"/> I prefer a more dynamic portfolio, which aims to generate returns above the market, but which requires active management by myself or my Adviser</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> I prefer a low cost investment approach, which aims to provide returns in line with the market and does not require active management.</p> <p><input type="checkbox"/> I prefer a simple investment approach to investing, with a diversified portfolio that aims to provide returns above the market and does not require active management.</p> <p><input type="checkbox"/> I prefer a more dynamic portfolio, which aims to generate returns above the market, but which requires active management by myself or my Adviser</p> <p><input type="checkbox"/> Other</p>
<p>Please list any investments you have a preference for e.g. Listed securities/Ethical investments</p>		
<p>Please list any investments you wish to avoid</p>		
<p>Do you require any other specific features or options with respect to your investment(s)?</p>		
<p>Is how you pay for your advice an important consideration?</p>		
<p>Are there any investments that the client wishes to retain?</p>		
<p>Are there any investments that are not to be included in the client asset allocation? If any, provide reasons</p>		
<p>Are there any investments that are not to be included in the client tax and cashflow? If any, provide reasons</p>		
<p>Further comments:</p>		

Part 5: Adviser Assessment

Other additional information about your insurance

The following questions are designed to gather information on the priorities for yourself and/or your family in the event your employment income stops as a result of an unexpected medical event. For example, due to:

- A serious but *temporary* medical event from which you fully recover. For example, a diagnosis of cancer, its treatment and a gradual recovery over a period of 2 years.

A serious but *permanent* medical event, such as total and permanent disability or premature death.

	Client 1	Client 2
Do you currently or have you in the past 12 months used tobacco or any other substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (kgs/metres squared)	Height: cms Weight: kgs BMI:	Height: cms Weight: kg BMI:
Are you aware of any reason that could affect your application for cover? (e.g. health, dangerous pastimes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Are you taking any prescription medication on an ongoing basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any serious health event in the past from which you have now recovered? (e.g. surgery, cancer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
	Did you fully recover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you fully recover? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sought treatment in the last 10 years for any health related concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, please provide details:		
	Did you fully recover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you fully recover? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you now, or have you ever had, exclusions or loadings applied to an insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever had an insurance application declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Part 5: Adviser Assessment

Understanding your expectations:

	Client 1	Client 2
<p>How important is the cost of your insurance?</p>	<input type="checkbox"/> I prefer basic "essential" cover, at minimal cost. <input type="checkbox"/> I am willing to compromise on cost to obtain more comprehensive cover with some additional benefits. <input type="checkbox"/> I am not concerned with cost. I would prefer to ensure there are no gaps in my cover, even if this means reducing my living expenses. <input type="checkbox"/> Other	<input type="checkbox"/> I prefer basic "essential" cover, at minimal cost. <input type="checkbox"/> I am willing to compromise on cost to obtain more comprehensive cover with some additional benefits. <input type="checkbox"/> I am not concerned with cost. I would prefer to ensure there are no gaps in my cover, even if this means reducing my living expenses. <input type="checkbox"/> Other
<p>Are you willing to fund insurance premiums from your cash flow? Or do you prefer to fund your insurance via superannuation where possible?</p>	<input type="checkbox"/> I prefer to minimise the impact on my cashflow by paying insurance premiums from superannuation where possible. I understand that this will impact my retirement balance. <input type="checkbox"/> I prefer to pay insurance premiums from surplus income/retained savings where possible. <input type="checkbox"/> I prefer whatever structure results in the most cost effective premium outcome. <input type="checkbox"/> I have no preference.	<input type="checkbox"/> I prefer to minimise the impact on my cashflow by paying insurance premiums from superannuation where possible. I understand that this will impact my retirement balance. <input type="checkbox"/> I prefer to pay insurance premiums from surplus income/retained savings where possible. <input type="checkbox"/> I prefer whatever structure results in the most cost effective premium outcome. <input type="checkbox"/> I have no preference.
<p>Do you foresee any potential changes in your financial situation in the future? (e.g. changes in employment, planned expenditure or paying off debts or expecting inheritances)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Part 5: Adviser Assessment

Your financial protection in case of disability due to injury and/or significant illness:

	Client 1	Client 2
What proportion of your income would you prefer you or your family to receive?		
In case of permanent disability would you want your debts paid off?		
Would you want a lump sum for medical, rehabilitation, & home renovation costs?		
Are there any assets that you would want to sell in case of permanent disability?		
How long could maintain your standard of living without your primary income?		
Please detail your expectations for funding your children ongoing education		

Ongoing income and financial protection for your estate / family in case of unexpected death:

	Client 1	Client 2
What proportion of your income would you prefer your family to receive?		
Please list any debts you want paid off upon your death		
Detail any lump sum required for other costs (e.g. funeral expenses)?		
Please list any assets that you would want to sell in case of unexpected death?		

Please include any other considerations below (e.g. if you would like a specific product or benefit amount)

Client 1

Client 2

Part 5: Adviser Assessment

Client risk capacity

After considering the client's:

- Goals and objectives;
- Investment timeframe;
- Level of investment assets available to meet their goals; and
- Life stage, availability of future income (Salary/business income), the client has a relatively:

Please note that C1 = Client 1, C2 = Client 2, J = Joint, E = SMSF

C1	C2	J	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High financial capacity to absorb losses before jeopardising their goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium financial capacity to absorb losses before jeopardising their goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low financial capacity to absorb losses before jeopardising their goals.

Please record your discussion with your client about risk and risk profiling.

Detail what you have discussed with your client about risk profiling and include any implications or concerns.

Part 5: Adviser Assessment

Agreed risk profile

Client 1		Client 2	
Joint		SMSF	

Risk profile

If the client requires an allocation to a specific asset class, please complete the table below.

	Client 1	Client 2	Joint	SMSF
Alternatives	%	%	%	%
Infrastructure	%	%	%	%
Australian equities	%	%	%	%
Cash	%	%	%	%
Fixed interest	%	%	%	%
International equities	%	%	%	%
Property	%	%	%	%

Comment to support the risk profile

Part 5: Adviser Assessment

Conflicts of client's needs, goals, objectives & risk profile

Conflicts between a client's needs, goals, objectives, their risk profile or financial situation should be resolved before giving advice. Where conflicts cannot be resolved, consider if providing advice is in the best interest of the client. This section is **mandatory** where conflicts are identified.

Provide detail of conflict:

Describe how the conflict arose:

Has the conflict been discussed with the client?

Yes

No

Detail the outcome of that discussion

Has the conflict been resolved?

Yes

No

If no, can I still give advice in the client's best interests?

Yes

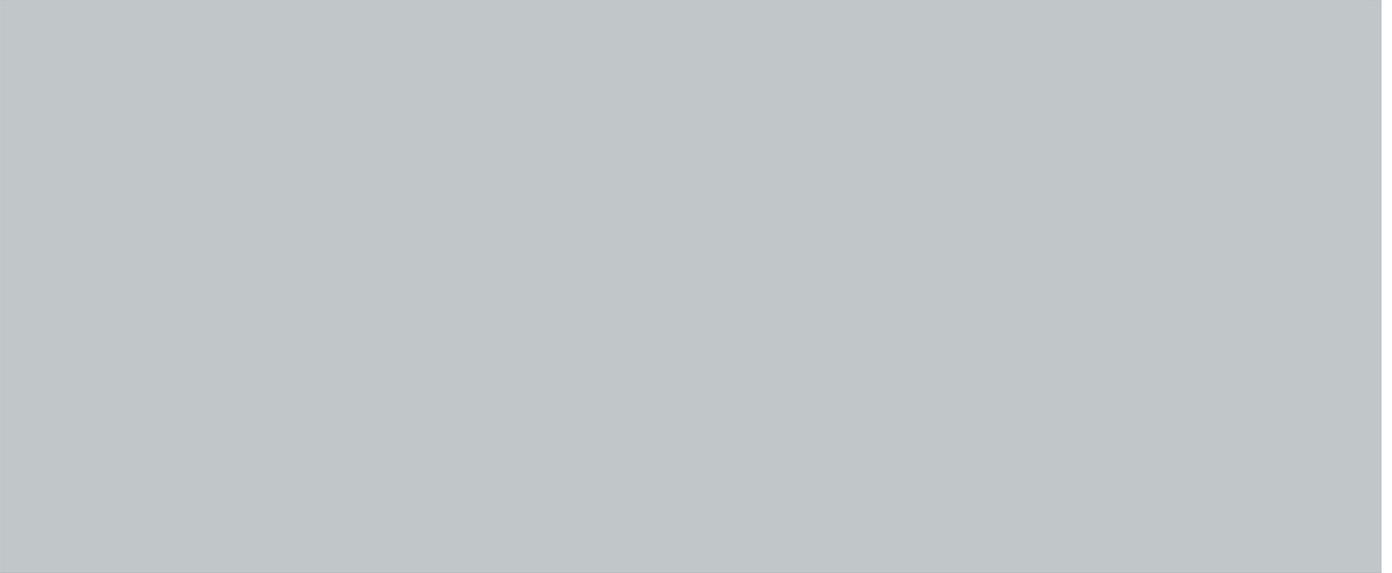
No (decline advice)

If yes, detail why the advice will still be in the client's best interests

Part 5: Adviser Assessment

Notes

Please provide any additional information that you think may be relevant to your needs assessment of the client.



Part 6: Client Acknowledgment

Acknowledgement and declaration

The following declaration signifies your understanding of the fact-finding process, the completeness and accuracy of information you have provided, and how this information will be used. Please read this document carefully and ensure you understand it before signing.

You acknowledge that:

- The information in this 'All About You Questionnaire' is, to the best of your knowledge, an accurate and complete record of the information sought.
- You have disclosed all sources of funds you are seeking advice on, including any borrowings.
- You have received, read and understood our Financial Services Guide (FSG) Part 1 Version _____ on _____ and Part 2 Version _____ on _____.
- Where you have previously received advice from this adviser, you have informed them of all changes to your circumstances which might be considered significant. This includes changes which might impact your income, expenses, assets or liabilities, and changes to personal circumstances such as your goals and objectives, and family situation including important life-stage events.
- The details of how we collect and use your personal information is explained in the FSG provided to you and you have read and understood this information.

You understand that:

- If incomplete or inaccurate information has been provided during the consultation process, there is a possibility that any recommendation given to you may not be appropriate for your circumstances.
- Any tools, calculators or worksheets shown to you by your financial adviser, and any conversations you have had with your adviser are for the primary purpose of assisting us to better understand your needs and explore various strategies. Representations made during these fact-finding sessions do not constitute advice and are not to be relied on or acted upon. When your personal advice is finalised, it will be provided to you in a written Statement of Advice or Record of Advice prior to implementation.
- Your adviser is an Authorised Representative of Count Financial Limited ("Count"), Authorised Financial Services License no. 227232.
- If you provide us personal information about a Beneficial Owner, you are authorised to do so and will inform them of the contents of this information.

Name:

Signature: _____

Date: __/__/____

Name:

Signature: _____

Date: __/__/____

Part 7: Terms of Engagement

This document sets out the terms and conditions under which you agree to enter into a formal agreement to receive services. Please read this document carefully and ensure you understand before proceeding.

Advice Preparation

Based on the information you have provided to us, we will prepare and present to you, a Statement of Advice or Record of Advice which covers the areas selected below.

	Advice Area	Benefits of Advice
	Cashflow Management	Cashflow advice can result in better long-term financial outcomes by optimising your income and expenses and considering the impact of directing your cashflow for different purposes. Taking into consideration your goals and objectives, we will advise you on an appropriate way to direct your surplus cashflow, such as regular contributions to super, regular savings, or paying down debt. We may also make recommendations aimed at reducing your expenses or maximising your income such as the receipt of social security or tax minimisation strategies.
	Debt Management	Debt management advice can result in improved long-term capital growth and cashflow. Where relevant, we will consider whether it is better for you to pay off debt than use your assets and cashflow for things like investing and contributing to superannuation, depending on your circumstances. We may also advise you which debts should be repaid first where you hold different types of debt to get the best outcome. We may also refer you to a specialist if we believe you may require advice to refinance, modify, or take out new debt.
	Non-superannuation Investment	Non-superannuation investment advice can help you meet your savings goals faster. Advice in this area may include recommending an appropriate way to meet your non-retirement savings and investment objectives such as saving for a home, future education expenses or for a wedding. We may also consider a regular savings or investment strategy and recommend products and strategies that will suit your needs and tolerance for risk.
	Superannuation	Superannuation advice can improve your retirement savings through a combination of contribution strategies and investment solutions tailored to your needs. We will advise you on an appropriate method to invest your super to help you achieve your retirement objectives while balancing any other needs you may have.
	Personal Risk Protection	Having appropriate insurance arrangements in place can ensure you and your family do not fall into financial hardship should you suffer injury, illness, or death. We will advise you on an appropriate strategy to mitigate the financial risk to you or your family should you be unable to work due to temporary or permanent illness or injury, or should you unexpectedly pass away. We will consider levels and types of cover, and specific insurance products, which are tailored to your needs.
	Retirement Planning	Retirement planning advice can help to maximise the longevity of your funds through a combination of minimising tax, accessing social security, and efficiently structuring your super and investment portfolio moving into retirement. We will consider how you can manage your assets to meet your income needs in retirement and ensure you can maintain your desired standard of living for as long as possible.
	Estate Planning	Estate Planning advice is an important way of ensuring that your family and loved ones inherit your assets when you are gone. We will consider whether you have appropriate arrangements in place to ensure your assets are allocated in accordance with your wishes, in the event of your death, and in some cases we may refer you to a specialist or solicitor, depending on your needs.
	Other (specify)	

Part 7: Terms of Engagement

Following our recent meeting, we are delighted to present your Terms of Engagement, which outlines the scope and terms of our formal agreement for services. Please review these terms and if you are happy that they accurately reflect our discussions, kindly sign and return it as soon as possible.

Agreed Scope of Advice

Based on our discussions and the information you have provided to us; we will address the advice areas indicated below:

Y/N	Advice Area	Benefits of Advice
	Cashflow Management	Cashflow advice aims to enhance long-term financial outcomes by optimising your income and expenses. Our recommendations will consider how you can effectively allocate surplus cashflow to achieve your goals and objectives. Recommendations may involve minimising your expenses, regular savings, maximising income through social security benefits, contributing to super or implementing tax minimisation strategies.
	Debt Management	Debt management advice aims to enhance long-term capital growth and cashflow. Where relevant, we assess whether it is more beneficial for you to prioritise debt repayment over utilising your assets and cashflow for investments and superannuation contributions, based on your specific circumstances. We may also advise you on debt repayment prioritisation where you hold different types of debt to get the best outcome. We may also refer you to a specialist for refinancing, modifying, or acquiring new debt.
	Non-superannuation Investment	Non-superannuation investment advice can help you meet your savings goals faster, such as saving for a home, future education expenses or a wedding. We may consider a regular savings or investment strategy and recommend products and strategies that will suit your needs and tolerance for risk.
	Superannuation	Superannuation advice can improve your retirement savings through a combination of contribution strategies and investment solutions tailored to your needs. Our goal is to guide you with effectively investing your superannuation to align with your retirement objectives while considering your other financial needs.
	Personal Risk Protection	Having appropriate insurance arrangements in place can prevent financial hardship or provide additional funds for your needs should you suffer injury, illness, or death. We will advise you on an appropriate strategy to mitigate the financial risk to you or your family should you be unable to work due to temporary or permanent illness or injury, or should you unexpectedly pass away.
	Retirement Planning	Our retirement planning advice considers strategies to maximise the longevity of funds for your retirement. We will consider tax, social security benefits and structuring of your superannuation, retirement and investment assets to support your retirement income needs, so that you can maintain your desired standard of living for as long as possible.
	Estate Planning	Estate Planning advice is an important way of ensuring that your assets are distributed to your family and loved ones according to your wishes. We will consider the adequacy of your existing arrangements to ensure proper allocation of assets in the event of your death. Depending on your specific requirements, we may refer you to a specialist or solicitor, to address any additional needs.
	Other (specify)	

Limitations of scope, and specific risks to you

Part 7: Terms of Engagement

Agreed Fee Services

This section sets out the services that we have agreed to provide to you, including the preparation of advice, and any support services.

Included?	Service	Service description
	Advice Preparation	We will prepare and present to you, a Statement of Advice or Record of Advice which covers the Scope of Advice areas selected above.
	Advice Implementation	We will provide comprehensive support throughout the implementation of the advice, ensuring it is executed correctly and in a timely manner. This typically includes assistance completing product application forms, handling administration processes, and navigating the insurance underwriting process.
	Other	

Ongoing or Fixed Term Services

<delete this section if not relevant>

Based on our discussions, we understand that you require regular advice or assistance provided for [an ongoing period of greater than 12 months/a fixed term of 12 months or less](#).

A separate Ongoing Service Agreement/ Fixed Term Agreement will need to be signed. It incorporates the scope of advice and services that are detailed in this document and additional terms and conditions.

If your needs change, a new Terms of Engagement may be required.

This section sets out the fees which are applicable to this agreement. Fees charged through an Ongoing Service Arrangement or Fixed Term Agreement will be detailed in those respective documents. Our Financial Services Guide (FSG) provides general information about the fees we charge and explains the way your fees may be calculated.

One-off Fees

Fees outlined here may be individually itemised, or bundled into one fixed fee, and are charged as a one-time fee. Where fees are based on an hourly rate, the fee is an estimate only based on the rates as disclosed in the Financial Services Guide provided to you. Where, due to unforeseen circumstances, the fee is, or is likely to be, greater than anticipated, we will discuss this with you as soon as possible, but always prior to invoicing.

Fee description	Fee basis	Fee (inc GST)	
		Fixed	Estimate

Part 7: Terms of Engagement

Advice Preparation Fee	Fixed		
Advice Implementation Fee	Fixed		
Advice Preparation and Implementation Fee	Fixed		
Total cost			

Payment Methods

Fees can be paid upfront or in arrears and may be paid via the following methods:

- Deducted from your investment(s)
- Bank transfer
- Credit/debit card

Where fees are to be paid through your superannuation, we may require that a portion of fees are paid with non-super monies. If there are multiple parties to this agreement, we may request that fees be split across multiple superannuation accounts or paid with non-super monies. This is because superannuation laws restrict the way money in superannuation accounts can be used before you retire or reach retirement age.

What to Expect

The timeframe for preparing your advice may vary depending on its complexity of the advice, but generally we aim to provide it to you within 30 days of completing a financial needs analysis. In some cases, where we need to obtain information from third parties, the preparation time may be longer. However, we will keep you informed of any changes to the expected timeframes.

We may arrange a further appointment with you to present and explain our advice and provide you with an advice document. We will take steps to ensure you fully understand and are comfortable with any recommendations we make. The advice will record your objectives, financial situation and needs which are relevant to the advice being provided, as well as the recommendations we are making and how they are likely to place you in a better position. In certain circumstances and where you already have a Statement of Advice (SoA), we may instead document the further advice using a Record of Advice (RoA). We will then assist you to implement the advice if this service is included as part of this agreement.

If you request that we vary our advice, we will first consider if we believe this is in your best interests. Depending on the nature and significance of your request, a new SoA/RoA may be required, which may incur additional fees. If this is the case, we will discuss this with you and present you with a new Terms of Engagement prior to proceeding.

Our Commitment to You

As an authorised representative of Count, we are required by law to always act in your best interests with respect to the advice we provide to you. This means that during the process of collecting information from you, conducting research, and formulating recommendations, we must always prioritise your interests ahead of our own (or the interests of any other party) and must ensure that we do not fail to take any step which would reasonably be regarded as being in your best interests.

Collection and use of personal information

Part 7: Terms of Engagement

To provide you with advice and service, we are required to collect personal information about you including identification documents such as your passport or driver licence. Additionally, we may also need to collect sensitive information, such as health and lifestyle information, usually for insurance purposes. If we need to obtain sensitive information from you, we will ask for your consent, by signing this document, and it will be stored safely. We may not be able to provide you with services if you are unwilling to provide this information.

Further details of how we collect and use your information are explained to you in the Financial Services Guide, previously provided to you. Details are also available in our Privacy Policy which is available at www.count.au/privacy or alternatively you may request a copy from us.

Our business also offers the following services and in the event, you require any of these additional services, we may share your information with these other parts of our business:

- Accounting services
 - Mortgage broking services
 - Other(specify)
-

Please note that any services listed here are not endorsed by, nor the responsibility of Count.

Sending Information Overseas

We may disclose your information overseas to service providers or other third parties who operate or hold data outside Australia, or when required for a particular transaction or by overseas law. Australian law may not apply to some of these overseas parties. Please see our Privacy Policy at www.count.au/privacy for information about how your information may be sent outside of Australia.

Communication

You consent to receiving by online delivery certain advice and product documents. Online delivery may include text in an email or an attachment to an email, or an email with a hyperlink to the document or a written notice that may be paper or electronic with a reference to a website address where the document can be found.

Your preference for delivery of available electronic documents both now and in the future is by:

- Hand – given at your meeting(s);
- Mail – sent to you in hardcopy;
- Email – sent to you as a PDF document; or
- Website – you will follow the links we have provided to our website to obtain a copy(s).

Documents may include, but are not limited to, Financial Services Guides, Statements of Advice, Records of Advice or Fee Disclosure Statements and Product Disclosure Statements or other product materials. In some circumstances, you may also receive other communications by online delivery, such as confirmation of transactions, periodic statements or ongoing disclosures of significant information or material events.

You consent to the use of electronic and digital signatures where permitted by law, and you understand that applying your electronic or digital signature to a document will be regarded as equivalent to applying your handwritten signature. We may request that you sign documents digitally or electronically for purposes including but not limited to; confirming your agreement to enter into a contractual arrangement, acceptance, and agreement to proceed with advice and services we provide, and agreements to vary terms of an existing contractual arrangement.

Part 7: Terms of Engagement

Tax File Number (TFN) Storage Consent

You permit Count Financial Limited ("Count") and its Authorised Representative to retain your TFN on file, subject to the following conditions:

- Count agrees to only use the TFN for purposes approved by law. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any benefit you may be entitled to, for superannuation surcharge purposes and providing information to the Commissioner of Taxation. Count is also permitted to retain your TFN to quote on applications for future investments that you may make. These purposes may change in the future.
- In addition, the TFN will only be disclosed to the Trustee and Fund Managers that act on your behalf, and any other Government authority that requires your TFN.
- You understand that you are under no obligation to provide your TFN and declining to quote your TFN is not an offence.
- If you do not provide your TFN:
 - You may pay more tax on your benefits, and you may also have to pay the superannuation surcharge.
 - It may be more difficult to administer your benefits if we do not have your TFN, if you wish to amalgamate your superannuation accounts, or you have insufficient identification to claim or inquire about your benefits.
 - You may pay more tax on dividends and distributions from investments that you hold.

These consequences may change in the future.

- Count will only collect and use your TFN in accordance with the Count Limited Privacy Policy. It will also comply with the conditions of the Tax Administration Act.
- Count agrees to implement the necessary security to ensure that your TFN is not disclosed to any party not noted above; or misused by anyone.
- Count agrees to remove and destroy all records of your TFN -upon your instruction.

Part 7: Terms of Engagement

Acceptance of Terms - Client Acknowledgement

We confirm that we have read, understand, and accept the terms and conditions as set out in this document and wish to proceed with the services as described.

If signing on behalf of a Beneficial Owner, we are authorised to do so and will inform them of the contents of this document.

I confirm that I have read, understand, and accept the terms and conditions as set out in this document and wish to proceed with the services as described.

If signing on behalf of a Beneficial Owner, I am authorised to do so and will inform them of the contents of this document.

Name: _____ **Signature:** _____ **Date:** / /

Name: _____ **Signature:** _____ **Date:** / /

Adviser Acknowledgement

I declare that this document is an accurate and complete record of the information provided to me by the client/s.

Name: _____ **Signature:** _____ **Date:** / /

Service Provider

Scott Wilding
CornucopiaFP PTY LTD
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