

Client Profile - Part B

Private and Confidential

Client 1 _____

Client 2 _____

Adviser _____

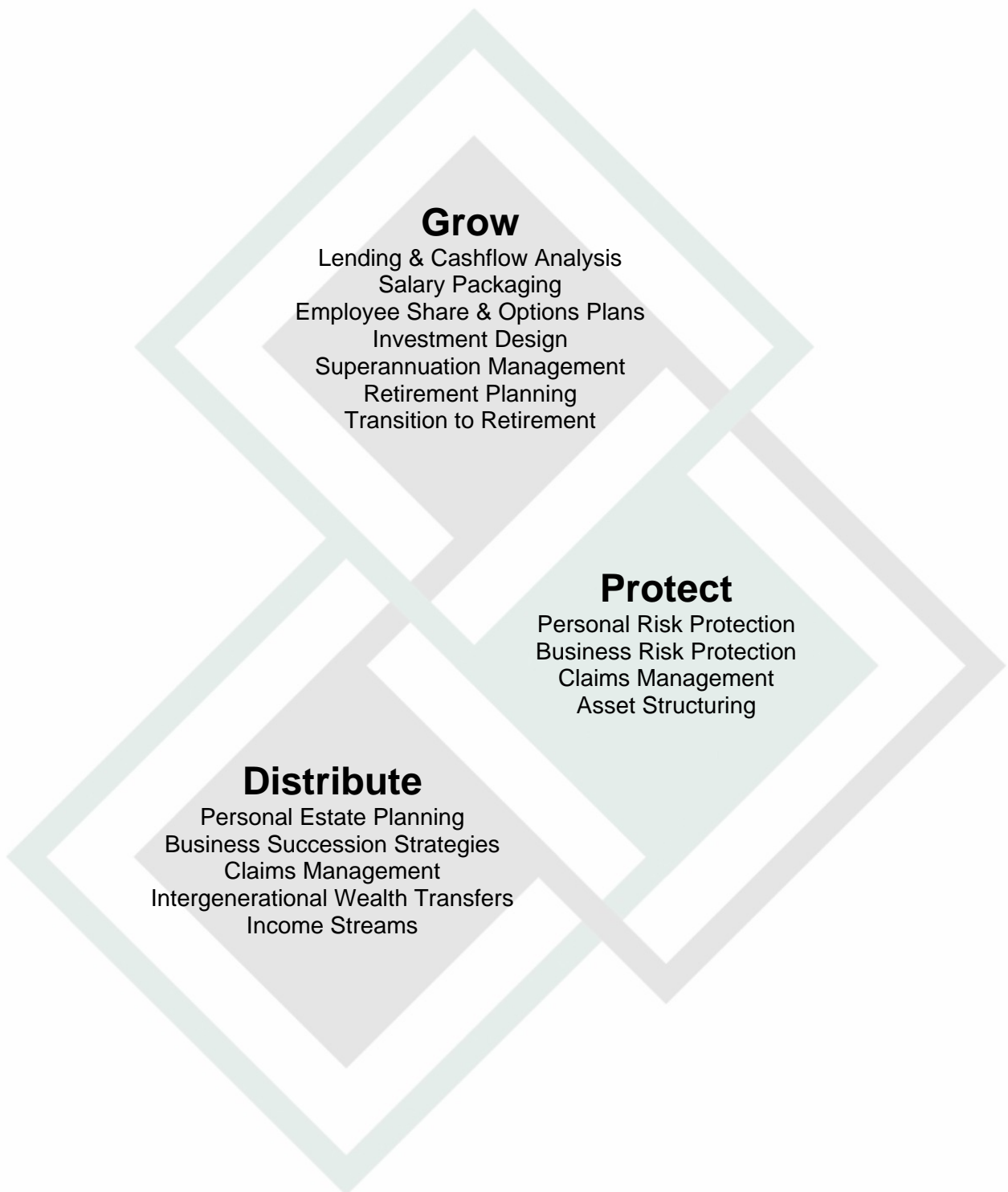
Address Level 1
208 Greenhill Road
EASTWOOD SA 5063

Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.

Apogee Financial Planning Limited
ABN 28 056 426 932
Australian Financial Services Licensee
Registered Office at 105 – 153 Miller Street North Sydney NSW 2060





Grow

Lending & Cashflow Analysis
Salary Packaging
Employee Share & Options Plans
Investment Design
Superannuation Management
Retirement Planning
Transition to Retirement

Protect

Personal Risk Protection
Business Risk Protection
Claims Management
Asset Structuring

Distribute

Personal Estate Planning
Business Succession Strategies
Claims Management
Intergenerational Wealth Transfers
Income Streams

Current Financial Position

Income – please provide us with a copy of your latest payslip and tax return

Before-tax income		Client 1		Client 2
Salary/wages/earnings	\$	<i>per annum</i>	\$	<i>per annum</i>
Salary packaged amounts – super	\$	<i>per annum</i>	\$	<i>per annum</i>
Salary packaged amounts – other	\$	<i>per annum</i>	\$	<i>per annum</i>
Interest/dividends	\$	<i>per annum</i>	\$	<i>per annum</i>
Centerlink/ Veterans' Affairs e.g. Age Pension, etc	\$	<i>per annum</i>	\$	<i>per annum</i>
Family Tax Benefit Part A & B	\$	<i>per fn or</i>	\$	<i>per fn or</i>
		<i>do you claim at tax time Y / N</i>		<i>do you claim at tax time Y / N</i>
Superannuation income streams	\$	<i>per annum</i>	\$	<i>per annum</i>
Other e.g. Rent, Board, Child maintenance	\$	<i>per annum</i>	\$	<i>per annum</i>

Note: As we will require the Tax File Number for each of your entities, please complete and sign the "Option to Quote Tax File Number" on page 29 of this Profile.

Who is your salary packaging provider? Please provide any additional salary packaging details including bonus details, employee share/options plans, business income

Are your levels of income likely to change over the next three years?

What is your opinion on taxes and what types of taxes annoy you the most?

Lifestyle Assets

	Owner	Purchase Date	Current value	Details
Residential Home	_____	_____	\$ _____	_____
Household Contents	_____	_____	\$ _____	_____
Car	_____	_____	\$ _____	_____
Second Car	_____	_____	\$ _____	_____
Motorbike	_____	_____	\$ _____	_____
Boat/Marine Equipment	_____	_____	\$ _____	_____
Caravan	_____	_____	\$ _____	_____
Collectables/Art/Antiques or Other Valuables	_____	_____	\$ _____	_____
Total Assets			\$ _____	

Comments

Financial Investments

Enter all existing investments including investment properties, cash and bank accounts, managed funds, shares, debentures, term deposits, insurance bonds, and friendly society bonds. **Do not include your residential home. Please provide a copy of your most recent statement(s) where applicable.**

Investment Description	Owner	Units/No. of Shares	Purchase Price	Current value	Date Purchased	Income %	Growth %	Franked %
Holiday home			\$	\$	/ /			
Vacant land			\$	\$	/ /			
			\$	\$	/ /			
			\$	\$	/ /			
			\$	\$	/ /			
			\$	\$	/ /			
			\$	\$	/ /			
			\$	\$	/ /			
			\$	\$	/ /			

How do you feel your financial investments are performing?

When you think about investment, what are your two biggest concerns?

What have been your worst and best investments and why?

Worst:

Best:

Financial Liabilities

Please provide a copy of your most recent statement(s) where applicable.

	Loan Amount Outstanding	Loan Limit	Lender	Held by	Loan Type (P&I or IO)	Interest Rate	Fixed (F) or Variable (V)	Loan Term Remaining	Repayments Req'd/Actual	Frequency (Wkly, F/n or Mthly)	Tax Deductible Y/N
Residential Mortgage	\$					%			\$ /		
Car Loan	\$					%			\$ /		
Personal Loan	\$					%			\$ /		
Credit / Store Card	\$					%			\$ /		
Credit / Store Card	\$					%			\$ /		
Credit / Store Card	\$					%			\$ /		
Interest Free Facility(s)	\$					%			\$ /		
HECS/HELP	\$					%			\$ /		
Investment Loan (1)	\$					%			\$ /		
Investment Loan (2)	\$					%			\$ /		
Other	\$					%			\$ /		

Comments

Current Debt Facilities – Please provide a copy of your most recent statement(s) where applicable.

	Client 1	Client 2
Does your home loan have an offset account or redraw facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any fees or charges associated with variations to your loan repayments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide details	_____	_____
Do you make extra repayments into your home loan or offset account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , how much do you have immediate access to?	_____	_____
Are you able to credit your salary directly into your loan or offset account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consistently pay off your credit card within the interest free period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the interest free period associated with your credit cards?	_____	_____

Current Entities – Please provide a copy of all Deeds and associated documentation where applicable.

The following information will provide us with a brief summary of your current entities.

	Client 1	Client 2
Do you have a Self Managed Super Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details;		
Name:	_____	_____
Trustee(s):	_____	_____
Members:	_____	_____
Do you have a Private Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details below		
Name	_____	_____
Directors:	_____	_____
Shareholders:	_____	_____
Do you have a Family/Unit Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details below		
Name	_____	_____
Appointor(s):	_____	_____
Trustee(s):	_____	_____
Beneficiaries:	_____	_____

Current Estate Planning Details – please provide a copy of Wills and other documentation

	Client 1	Client 2
Do you have a valid Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will	/ /	/ /
Last reviewed?	/ /	/ /
Will location		
Executor name(s)		
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enduring <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enduring <input type="checkbox"/> Other
Name of Attorney(s)		
Do you have an Enduring Power of Guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Guardian(s)		
Expected Inheritances	\$	\$
Source of expected inheritances		
How important is it to you to leave an inheritance to your dependants?	<hr/> <hr/> <hr/>	
Would you like to leave an inheritance to anyone else?	<hr/> <hr/> <hr/>	

Cashflow Management

Accurately determining your regular expenses is vital in identifying the level of income you need for day to day living expenses and any available surpluses which may be better utilised. Please take the time to complete this as accurately as possible. If you already have a written budget in place then you may attach that.

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Discretionary or Non Discretionary	Is this expense tax deductible?
Living Expenses					
Food	\$		\$		
Clothing	\$		\$		
Medical/Dental/Pharmacy	\$		\$		
Alcohol/Cigarettes	\$		\$		
Public Transport/Taxi Fares	\$		\$		
Personal Spending - Client 1	\$		\$		
- Client 2	\$		\$		
Total Living Expenses			\$		
Entertainment Expenses					
Travel and Holidays	\$		\$		
Dining Out	\$		\$		
Recreation/Hobbies	\$		\$		
Club Memberships/Sporting Fees etc	\$		\$		
Books/Magazines/Newspapers	\$		\$		
Other Entertainment	\$		\$		
Total Entertainment Expenses			\$		
Housing Expenses					
Mortgage/Rent	\$		\$		
Council/Shire/Body Corporate/ Water Rates	\$		\$		
Electricity/Gas/Telephone etc	\$		\$		
Telephone/Internet	\$		\$		
House and Contents Insurance	\$		\$		
Home Maintenance	\$		\$		
Furnishings/Appliances	\$		\$		
Total Housing Expenses			\$		
Motor Vehicle Expenses					
Loan/Lease Repayments	\$		\$		
Registration and Third Party	\$		\$		
Insurance	\$		\$		
Petrol	\$		\$		
Maintenance/Service/Repairs	\$		\$		
Licence Fees/Fines/Parking/Road assistance	\$		\$		
Total Motor Vehicle Expenses			\$		

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Discretionary or Non Discretionary	Is this expense tax deductible?
Risk Management Cover					
Medical/Health	\$		\$		
Life and TPD Cover (outside superannuation)	\$		\$		
Income Protection Cover (outside superannuation)	\$		\$		
Trauma Cover	\$		\$		
Total Cost of Cover			\$		
Miscellaneous Expenses					
Professional Services	\$		\$		
Professional Memberships	\$		\$		
Work Related Expenses	\$		\$		
Gifts and Donations	\$		\$		
Child Care/Education Expenses	\$		\$		
Child/Spousal Maintenance	\$		\$		
Pet/Vet Fees	\$		\$		
Regular Savings Plans	\$		\$		
Capital expenses to investment properties	\$		\$		
Other Vehicle Expenses	\$		\$		
Superannuation Contributions (after tax)	\$		\$		
Other Expenses	\$		\$		
Total Miscellaneous Expenses			\$		
Total Expenses			\$		

Do you anticipate any changes in your expenditure over the next 12 months? If **Yes**, please provide details.

Do you feel there is an opportunity to save any additional funds? If **Yes**, please provide details.

Do you require a cash reserve (for emergencies or discretionary spending)?

Yes No

If so, how much do you require?

\$ _____

Retirement

What does retirement mean to you?

Does anything about retirement worry or concern you?

If you would like to retire within the next 15 years, please complete the following:

	Client 1	Client 2
What is your planned retirement age?	<hr/>	<hr/>
If you are close to retirement, what is your intended retirement date?	<hr/>	<hr/>
What amount (in today's dollars) do you need to support your preferred retirement lifestyle?	<hr/>	<hr/>

Are there any specific lifestyle activities or aspirations you wish to pursue in retirement?

Lifestyle Activity or Aspiration	Estimated Cost \$
<i>e.g. Travel every two years</i>	<i>\$10,000</i>
<hr/>	\$
<hr/>	\$
<hr/>	\$
<hr/>	\$
Total	\$

Investment Risk and Volatility

Why you need to understand risk

There are a number of ways at looking at risk.

The Cambridge dictionary defines risk with elegant simplicity as 'the possibility of something bad happening.' Many investors define it by asking the question: "What are the chances of losing my money?" Neither of these two definitions is exactly correct in an investment sense. However they may define your attitude toward risk – and that is just as important.

An Australian investment website, Moneymanager, defines risk as 'the variability of returns.' This definition is closer to that used by investment professionals. Professional investors see risk as the difference between expectations and results.

Risk can be the price you pay for returns. Just as the more work you do the more you should be paid, so the more risk you take, the higher return you should receive. This is the 'risk/return trade-off'. It is one of the key concepts on investment.

Any investment decision implies some risk. With a better understanding, you can make a more informed investment decision – accepting some risks and rejecting others. In other words – you can manage risk.

How do I answer the questionnaire?

The questions have been provided to you in a multiple-choice format. Please provide only one answer to each question. As you have a limited choice of answers, you may find that none are your preferred answer to a particular question. Please do your best to select an answer from those available.

Section 1

1.1 What is your marital status?

- Never married
- Divorced
- Separated
- Widowed
- Defacto
- Married
- Do not wish to answer

If you and your partner have different answers, consider using different coloured pens to mark the answer.

1.2 In which sector are you currently employed or sector you were previously employed?

- Unemployed
- Labourers
- Production and transport workers
- Clerical, service and sales
- Tradespersons
- Managers and professionals
- Do not wish to answer

Section 2

2.1 I usually get what I want in life.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.2 If I do not succeed on a task, I tend to give up.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.3 I never try anything that I am not sure of.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.4 A person can get rich by taking risk.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.5 Persistence and hard work usually lead to success.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

Section 3

3.1 When considering taking financial risks, how do you view yourself?

- A very low risk taker
- A low risk taker
- A moderately low risk taker
- An average risk taker
- A moderately high risk taker
- A high risk taker
- A very high risk taker

3.2 Which of the following statements best describes your investment knowledge and understanding when considering investment?

- I have profited from investing in shares and managed funds based on my own research and knowledge
- I have invested in shares and managed funds and I have gained a significant amount of knowledge through this experience
- I have invested in shares and managed funds in the past and I have gained some knowledge through this experience
- I have had investments in shares and managed funds without gaining much knowledge in this area
- I have never invested in shares or managed funds and I have virtually no knowledge in this area

3.3 Investment is too difficult to understand.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.4 I am more comfortable putting my money in a bank account than in the share market.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.5 Making money in shares and bonds is based on luck.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.6 The best way to reduce financial risk is to diversify.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.7 During times of higher inflation it can be more expensive to borrow money due to high interest rates.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.8 Many types of investments can fluctuate up and down in value. Financial services professionals state that you should be able to endure downturns in the value of your investments over short term periods. Based on the answers below, by how much could your investment fall in value over a short term period before you feel uncomfortable?

- I would be uncomfortable with any fall in the value of my investments
- Up to a 5% fall in value
- Up to a 10% fall in value
- Up to a 25% fall in value
- Up to a 33% fall in value
- Up to a 50% fall in value
- A fall in value of more than 50%

Section 4

4.1 When you have made a significant financial decision, which of the following best describes how you usually feel after making such a decision?

- Very pessimistic
- Somewhat pessimistic
- Neither pessimistic nor optimistic
- Somewhat optimistic
- Very optimistic

4.2 If you were confronted with a significant financial decision in relation to an investment would you be more concerned about the potential losses or the potential gains?

- Always the potential losses
- Usually the potential losses
- Equally concerned about the losses and gains
- Usually the potential gains
- Always the potential gains

4.3 Have you ever invested a significant amount of money into an investment that fluctuates up and down in value, how did it make you feel when the investment fell in value?

- Highly anxious
- Moderately anxious
- Slightly anxious
- Not worried at all

- I have never invested in this type of investment

4.4 When financial decisions you have made in the past have not turned out to be as successful as you had planned, which of the following statements best describes how you felt?

- Highly anxious
 Moderately anxious
 Slightly anxious
 Not worried at all

4.5 If you have ever borrowed money to make an investment other than your home, what type of investment was it?

- An investment property
 Managed Funds
 Shares
 A mix of two or more of the above
 I have never borrowed to invest in any of these investments

4.6 Based on your answer to question 4.5, how did borrowing to invest make you feel?

- Very stressed
 Somewhat stressed
 Did not concern me
 Confident
 Excited
 Not applicable

Section 5

5.1 Suppose you unexpectedly inherited a large sum of money, you are debt free and wanted to invest the money for your future. Which of the following investments would you consider most appropriate?

- Invest the majority in cash and term deposits
 Invest the majority in real estate
 Invest the majority in shares
 A mix of two or more of the above
 Spend it all

5.2 Suppose that two years ago you purchased shares in a company that was recommended to you by experts due to the future business prospects of that company. After a two year period of the share market in a downward trend (a bear market) the shares of the company were trading at a lower price than what you paid for them. You subsequently receive expert advice that confirms that even though the share price is lower due to the share market conditions over the last two years, the future prospects of the company are even stronger than previously advised. Given that your shares in this company are already trading at a loss, would you buy more shares in this company based on the latest expert advice?

- Definitely not
 Probably not
 Not sure
 Probably
 Definitely

5.3 A retirement income stream provides regular income usually in the form of a pension payment and is generally purchased using your savings and superannuation benefits. Retirement income streams come in many forms and vary as to the level of flexibility and control that a person has over the income stream, the underlying investment and whether or not your beneficiaries will receive the remaining value of your investment in the event of your death. Assume you invested your life savings into a retirement income stream, what are the features that would be the most important to you?

- Ability to access your capital at any time and retain control over the investment strategy, however the income stream would not be guaranteed for life
- Receiving a lower less flexible income stream that is guaranteed to last the life-time of you and your partner with no residual value paid to your estate in the event of your deaths
- Do not have a preference

5.4 Investment gearing is the process of borrowing money to invest, although gearing can increase the potential return significantly and often provide taxation benefits; it also significantly increases the level of risk. Suppose a financial planner recommended that you borrow money to invest in a portfolio of managed funds and shares, which of the following would best describe your reaction?

- I would see this as an opportunity to significantly increase my wealth and would not be concerned about the increased risk
- I would consider the opportunity but would feel uneasy about the increased risk
- I would never agree to borrow money to invest as I consider the risk too high

5.5 One of the major aspects of financial planning is to organise your financial affairs to minimise the impact of taxation and maximise any available Government benefits such as the age pension or similar benefit. After organising your financial affairs in this way, a change in legislation could leave you in a worse position or no better off. In consideration of this issue would you organise your affairs in this way in order to qualify for a Government benefit or to minimise taxation, and bear the risk that the legislation may change?

- I would not take a risk if there were any chance that legislation could change and leave me in a worse position.
- I would take a risk if there was a relatively low chance that the legislation could change leaving me in a worse position
- I would only take a risk if there was at least a 50% chance or greater that I would be in a better position.

5.6 Suppose that you have set an objective to retire at a particular age and have also determined the life style you require in retirement. Your financial planner has advised you that in order to achieve the life style you require in retirement at the specified age, you will need to make investments of a higher risk than you would normally feel comfortable with. Which of the following options would you feel most comfortable with?

- I would rather take a higher risk investment than alter my retirement objectives
- I would rather take a combination of higher risk investment as well as altering my retirement objectives
- I would rather alter my retirement objectives than take any more risk

Superannuation & Risk Management Details

Please provide a copy of your most recent statement(s) where applicable.

Superannuation Fund	Owner	Current Account Balance	Plan / Member Number
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Do you have choice of fund? Client 1 Yes No Client 2 Yes No

Risk Protection (held within Super)	Client 1	Client 2
Life Cover	\$ _____	\$ _____
Total & Permanent Disablement (TPD)	\$ _____	\$ _____
Salary Continuance/ Income Protection	\$ _____ benefit period _____ Waiting period _____	\$ _____ benefit period _____ Waiting period _____
In which fund(s) is this protection cover held?	_____	_____

Contribution Details	Client 1	Client 2
Accumulation Superannuation Funds		
Contributions (Per Annum)	\$ _____ Employer	\$ _____ Employer
	\$ _____ SGC (___%)	\$ _____ SGC (___%)
	\$ _____ Salary Sacrifice (___%)	\$ _____ Salary Sacrifice (___%)
	\$ _____ Post-tax (___%)	\$ _____ Post-tax (___%)
To which fund (s) are these contributions made each year?	_____	_____
Beneficiaries names	_____	_____
Binding /Non Binding	_____	_____

Life and Total & Permanent Disability (TPD) Cover

Do you have Life and TPD cover outside of superannuation? Yes No

Please provide a copy of your most recent statement(s) where applicable.

	Client 1	Client 2
Company	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Date of Commencement	_____ / _____ / _____	_____ / _____ / _____
Total Premium	\$ _____ per _____	\$ _____ per _____
Stepped/Level Premium	_____	_____
Level of cover - Life	\$ _____	\$ _____
- TPD	\$ _____	\$ _____
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nominated Beneficiaries	_____	_____
Any or Own Occupation	<input type="checkbox"/> Own <input type="checkbox"/> Any	<input type="checkbox"/> Own <input type="checkbox"/> Any
Loading/Exclusions	_____	_____
Would you continue to work in the event of the death or TPD of your spouse/partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Protection or Living Expenses Cover

Do you have Income Protection cover? Yes No

Please provide a copy of your most recent statement(s) where applicable.

	Client 1	Client 2
Company	_____	_____
Policy Owner	_____	_____
Benefit – Agreed or Indemnity	_____	_____
Policy Number	_____	_____
Date of Commencement	_____ / _____ / _____	_____ / _____ / _____
Total Premium	\$ _____ per _____	\$ _____ per _____
Stepped/Level Premium Type	_____	_____
Monthly Benefit	\$ _____	\$ _____
Benefit Period	_____	_____
Waiting Period	_____	_____
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loadings/Exclusions	_____	_____

How long do you think you could continue to meet your living expenses if you were unable to work: _____ weeks

Accrued days of (a) sick leave _____ (b) annual leave _____ (c) long service leave _____

Trauma Cover

Do you have Trauma Cover? Yes No

Please provide a copy of your most recent statement(s) where applicable.

	Client 1	Client 2
Company	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Date of Commencement	_____ / _____ / _____	_____ / _____ / _____
Total Premium	\$ _____ per _____	\$ _____ per _____
Stepped/Level Premium	_____	_____
Level of cover	\$ _____	\$ _____
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loading/Exclusions	_____	_____

General Insurance

	Insurer	Policy Type	Sum Insured	Premium	Commencement Date	Renewal Date
Home	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Contents	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Car	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
2 nd Car	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Investment/Business Property	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Other (e.g. Professional indemnity, Business)	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Would you be interested in receiving comparative quotes?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health and Medical History _____ (name)

1. What is your height and weight? Height cm Weight kgs
2. Have you smoked tobacco or any other substance in the last 12 months? Yes No
3. Are you left handed or right handed? Left Right
4. Have you ever had any symptoms of, investigation or treatment for, or received a diagnosis for:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Heart attack, angina, chest pain or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Asthma, bronchitis, emphysema?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression, anxiety, panic attacks, stress (requiring advice from a doctor or counsellor), psychosis, schizophrenia or any other mental illness or nervous disorder..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy, fainting attacks or fits of any kind?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Recurrent indigestion, ulcer, Hepatitis (A, B, C or D)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Cancer, tumour, lump or growth of any kind or breast lumps (even if you have not seen a doctor)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any impairment of sight or hearing including symptoms such as tinnitus or blurred vision?
(This does not include long or short sightedness corrected by glasses)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. back or neck pain or strain, sciatica or any other disorder of the spine or neck or any other disorder of the joints, muscles, ligaments, cartilage or limbs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Arthritis, gout, fibromyalgia, tendonitis, tenosynovitis, RSI or any regional pain syndrome or chronic fatigue?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Diabetes or abnormal blood sugar?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Psoriasis, eczema or any other disorder of the skin, or any other allergic or chemical sensitivity reaction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. High blood pressure, heart murmur or any other heart or blood vessel disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Tuberculosis or any other lung or respiratory system disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Paralysis, Multiple Sclerosis, recurrent headaches or any other disorder of the nervous system?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Passage of blood from the bowel, vomiting of blood or any other disorder of the liver, gall bladder, bowel, intestine, stomach or pancreas?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Prostate disorder, sexually transmitted disease, renal colic or stone, blood in the urine, or any other disorder of the kidneys, bladder or reproductive organs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Sleep apnoea, or any other sleeping disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Thyroid disorder or any other glandular disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Any sickness, injury or physical impairment not previously mentioned?..... | <input type="checkbox"/> | <input type="checkbox"/> |
5. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)?..... Yes No
6. Have you ever had or are you considering having a genetic test?..... Yes No
7. Are you considering consulting a doctor, health professional, seeking a medical examination, advice, treatment, tests or an operation?..... Yes No
8. Other than already stated, during the last 3 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, Physiotherapist, natural therapist or any other health care professional, been in hospital, had any operation or had any tests (eg, x-ray, ECG etc)?..... Yes No
9. Has your mother or father, or any brother or sister had breast, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, muscular dystrophy, Familial Adenomatous Polyposis, polycystic kidney or any other hereditary disease?..... Yes No

If 'yes', please provide details in the following table.

Family member (relationship to you)	Condition/Sickness (for cancer/heart disease, specify type)	Age at onset (approx)	Age at death (if applicable)

10. Females only
- a. Have you ever had an abnormal pap smear or breast ultrasound or mammogram?.....Yes No
- If 'yes' please provide details of test(s), result(s) and date(s).
- b. Are you currently pregnant?.....Yes No
- (i) If 'yes' due date
- (ii) Have there been or are there expected to be any complications?.....Yes No
- If 'yes' please provide details.

Health and Medical History _____ (name)

1. What is your height and weight? Height cm Weight kgs
2. Have you smoked tobacco or any other substance in the last 12 months? Yes No
3. Are you left handed or right handed? Left Right
4. Have you ever had any symptoms of, investigation or treatment for, or received a diagnosis for:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Heart attack, angina, chest pain or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Asthma, bronchitis, emphysema?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression, anxiety, panic attacks, stress (requiring advice from a doctor or counsellor), psychosis, schizophrenia or any other mental illness or nervous disorder..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy, fainting attacks or fits of any kind?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Recurrent indigestion, ulcer, Hepatitis (A, B, C or D)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Cancer, tumour, lump or growth of any kind or breast lumps (even if you have not seen a doctor)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any impairment of sight or hearing including symptoms such as tinnitus or blurred vision?
(This does not include long or short sightedness corrected by glasses)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. back or neck pain or strain, sciatica or any other disorder of the spine or neck or any other disorder of the joints, muscles, ligaments, cartilage or limbs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Arthritis, gout, fibromyalgia, tendonitis, tenosynovitis, RSI or any regional pain syndrome or chronic fatigue?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Diabetes or abnormal blood sugar?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Psoriasis, eczema or any other disorder of the skin, or any other allergic or chemical sensitivity reaction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. High blood pressure, heart murmur or any other heart or blood vessel disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Tuberculosis or any other lung or respiratory system disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Paralysis, Multiple Sclerosis, recurrent headaches or any other disorder of the nervous system?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Passage of blood from the bowel, vomiting of blood or any other disorder of the liver, gall bladder, bowel, intestine, stomach or pancreas?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Prostate disorder, sexually transmitted disease, renal colic or stone, blood in the urine, or any other disorder of the kidneys, bladder or reproductive organs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Sleep apnoea, or any other sleeping disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Thyroid disorder or any other glandular disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Any sickness, injury or physical impairment not previously mentioned?..... | <input type="checkbox"/> | <input type="checkbox"/> |
5. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)?..... Yes No
6. Have you ever had or are you considering having a genetic test?..... Yes No
7. Are you considering consulting a doctor, health professional, seeking a medical examination, advice, treatment, tests or an operation?..... Yes No
8. Other than already stated, during the last 3 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, Physiotherapist, natural therapist or any other health care professional, been in hospital, had any operation or had any tests (eg. x-ray, ECG etc)?..... Yes No
9. Has your mother or father, or any brother or sister had breast, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, muscular dystrophy, Familial Adenomatous Polyposis, polycystic kidney or any other hereditary disease?..... Yes No

If 'yes', please provide details in the following table.

Family member (relationship to you)	Condition/Sickness (for cancer/heart disease, specify type)	Age at onset (approx)	Age at death (if applicable)

10. Females only
- a. Have you ever had an abnormal pap smear or breast ultrasound or mammogram?.....Yes No
- If 'yes' please provide details of test(s), result(s) and date(s).
- b. Are you currently pregnant?.....Yes No
- (i) If 'yes' due date
- (ii) Have there been or are there expected to be any complications?.....Yes No
- If 'yes' please provide details.

Our Acknowledgments

Information in this form

The information provided in this form (Client Profile 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 an investment policy that may be inappropriate for the needs identified.

The areas that I/we believe I/we require advice on are:

- | | |
|--|--|
| <input type="checkbox"/> Risk Management – Personal | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Risk Management – Business Buy-Sell & Keyperson | <input type="checkbox"/> Business Succession |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Superannuation |
| <input type="checkbox"/> Salary Packaging | <input type="checkbox"/> Self Managed Superannuation |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> General Insurance |

Financial Services Guide

I/We have read and understood the Financial Services & Credit Guide version 5.0 prior to obtaining financial planning services and/or recommendations.

Statement of Advice Consent

Where required, your financial adviser will provide you with a Statement of Advice outlining the advice provided to you.

Receipt of Statements of Advice

I/we confirm that:

- I/we consent to the Statement of Advice being made available to me/us electronically. In consenting, I acknowledge that:
- (i) I/we am able to access the Document electronically; and
 - (ii) If I/we wish to obtain a printed copy of the Document I/we can contact my financial adviser who will provide this document(s) to me/us at no cost.

OR

- I/we wish to obtain the Statement of Advice in printed form.

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 (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.

Receipt of Documents(s) referred to in Statements of Advice

I/we confirm that:

- I/we consent to receiving **Documents** referred to in Statements of Advice being made available to me/us electronically. In consenting, I/we acknowledge that:
- (iii) I/we am able to access the Documents electronically; and
 - (iv) 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 **Documents** referred to in Statements of Advice in printed form.

Authority for current Adviser

I/we authorise representatives of Wealth By Design to contact any of my/our existing advisers whose details I/we have provided. An Information Release Form has been signed authorising this.

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 ["**adviser**"] and understand that my/our personal information (including any sensitive information such as health information, membership of professional organisations and sexual preferences and practices ["**sensitive information**"]) is being collected primarily for these purposes:
 - ✦ retirement planning
 - ✦ estate planning
 - ✦ superannuation
 - ✦ investment planning
 - ✦ budgeting
 - ✦ managed investment schemes
 - ✦ risk protection cover (life, total and permanent disability, trauma, income protection)
 - ✦ gearing
 - ✦ direct equities
 - ✦ instalment warrants
 - ✦ salary sacrifice/packaging
 - ✦ 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 risk protection 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.
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 in 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/we consent to the other partner included in this profile to be informed of all matters relating to the information gathered/required to be gathered.

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

Client 1 Name _____

Client 1 Signature _____

Date / /

Client 2 Name _____

Client 2 Signature _____

Date / /

Adviser Name _____

Adviser Signature _____

Date / /

Information Release Form

To Whom It May Concern,

I/We, _____

Date of Birth ____/____/____

I/We, _____

Date of Birth ____/____/____

of _____

request that all relevant information on my/our investments, risk protection, superannuation, bank accounts or other financial information be released to Representatives of Wealth By Design on request.

Wealth By Design address and contact numbers are;

Level 1, 208 Greenhill Road, EASTWOOD SA 5063

T 08 8373 0099

F 08 8373 1924

Thank you.

Client 1 Signature

Client 2 Signature

____/____/____

Date

____/____/____

Date

* The adviser certifies that this information will be used only for the preparation of financial planning services for the aforementioned client

Valid until revoked in writing by the Client/s

This page left blank intentionally

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 Limited** we offer you the option of authorising **Apogee Financial Planning Limited** 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 Limited, Wealth Design (Australia) Pty Ltd** 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); and
- a surcharge of up to 15% may be payable on contributions made by or for you (the surcharge may not be payable if you provide your TFN and in some circumstances the surcharge may be reclaimed through the Australian Taxation Office); 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 tick ONE of the boxes below to indicate your choice of the options available. If you tick boxes 2 or 3, please record your TFN, and/or exemption status, at the bottom of this page.

1. I instruct **Apogee Financial Planning Limited** NOT to hold my Tax File Number in their records.
2. I instruct **Apogee Financial Planning Limited** to hold my Tax File Number in their records. I authorise **Apogee Financial Planning Limited** or other recipients approved by **Apogee Financial Planning Limited**, to disclose my TFN only to me.
3. I instruct **Apogee Financial Planning Limited** to hold my Tax File Number in their records. I authorise **Apogee Financial Planning Limited**, or other recipients approved by **Apogee Financial Planning Limited**, to disclose my TFN, or exemption status, to me, the Australian Taxation Office and investment bodies:

Note: Apogee Financial Planning Limited 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):

This page left blank intentionally



Grow

Debt Management & Cashflow Analysis
Salary Packaging
Employee Share & Options Plans
Investment Design
Superannuation Management
Retirement Planning
Transition to Retirement

Protect

Personal Risk Protection
Business Risk Protection
Claims Management
Asset Structuring

Distribute

Personal Estate Planning
Business Succession Strategies
Claims Management
Intergenerational Wealth Transfers
Income Streams