MUIRFIELD
FINANCIAL SERVICES

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CONFIDENTIAL CLIENT INFORMATION

SCOPE OF ADVICE:

IMPORTANT NOTICE TO CLIENT/S:

The Corporations Act requires that an adviser making an investment recommendation must have reasonable grounds for making that recommendation. This means that we must conduct an appropriate investigation as to your investment objectives, financial situation and particular needs. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose. Information regarding our Privacy Policy is available via our website www.muirfieldfs.com.au or on request.

We must warn you that provision of insufficient information may result in our being unable to make a recommendation, or that a recommendation made may not be quite appropriate to your circumstances.

Client Acknowledgement:

1. A Copy of the Financial Services Guide (current at date of signature) has been received.
2. I have read the "Important Notice to Client/s".

Client Name: ______________________________

Client Signature: ______________________________ Date: ______ / ______ / ________

Employee Representative: ______________________________

Para Planner: ______________________________

Signature: ______________________________

Referred by: ______________________________

PERSONAL DETAILS

CLIENT	PARTNER
Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐	Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐
Surname:	Surname:
Given Names:	Given Names:
Preferred Name:	Preferred Name:
Birth Date: Age:	Birth Date: Age:
Marital Status: Smoker:	Marital Status: Smoker:
Your Health:	Your Health:

Home Address:

Suburb: Postcode: State:

Phone Nos: Home: Bus: Mob:

Email:

FAMILY

CHILDREN / DEPENDENTS

NAME	D.O.B.	AGE	MARITAL STATUS	OCCUPATION	HEALTH

GRANDCHILDREN Number: Age Range :

PARENTS – CLIENT	PARTNER
Are your Parents Living: Mother ☐ Father ☐	Are your Parents Living: Mother ☐ Father ☐
Age:	Age:
State of Health:	State of Health:

OCCUPATION AND SALARY

CLIENT	PARTNER
Current Occupation:	Current Occupation:
Employer's Name:	Employer's Name:
Time Fraction:	Time Fraction:
Leave/LSL/Redundancy:	Leave/LSL/Redundancy:
Salary Package: $	Salary Package: $
Salary Pack Items:	Salary Pack Items:
Other Income: $	Other Income: $
Taxable Income: $	Taxable Income: $
CLK / DVA $	CLK / DVA $
Foreign Pension $	Foreign Pension $

BUSINESS DETAILS

Business Structure: Sole Proprietor ☐ Partnership ☐ Company ☐ Trust / Unit Trust ☐ SMSF ☐

Trust / Business Name:

Date Commenced:

SUPERANNUATION

Owner:				
Super Fund:				
Serv Comm Date:				
Retirement Date:				
Contribution Rate:				
Insurance Type & Cover:				
Current Accumulation/s:				
Portfolio/Risk Profile:				
Benefit Type:				

ASSETS AND LIABILITIES

ASSETS	OWNER	OTHER DETAILS	TOTAL $	INCOME
Principal Residence				
Investment Property 1				
2				
Vacant Land				
Motor Vehicle 1				
2				
Personal / Contents				
Boat / Caravan				
Bank Account 1				
2				
3				
4				
Investments 1				
2				
3				
4				
5				
6				
TOTAL ASSETS				

LIABILITIES	OWNER	OTHER DETAILS	TOTAL $	REPAY
Mortgage				
Investment Property				
Personal Loan				
Credit Card				
Business Loan				
TOTAL LIABILITIES				

PERSONAL INSURANCE DETAILS

TYPE	OWNER C / P / S	LIFE INSURED	COMPANY	TYPE S / O / WoL	PREMIUM $	COVER	CASH VALUE $	MATURES
Life								
TPD								
Trauma								
Inc Prot								
Priv Health								
General								

OTHER INFORMATION

CLIENT	PARTNER
Do you have:-	Do you have:-
1. A Will? Yes ☐ No ☐	1. A Will? Yes ☐ No ☐
Is it Current? Yes ☐ No ☐	Is it Current? Yes ☐ No ☐
Executor/s: ____	Executor/s: ____
2. Medical Power of Attorney? Yes ☐ No ☐	2. Medical Power of Attorney? Yes ☐ No ☐
3. Financial Power of Attorney? Yes ☐ No ☐	3. Financial Power of Attorney? Yes ☐ No ☐
____	____
4. A Testamentary Trust? Yes ☐ No ☐	4. A Testamentary Trust? Yes ☐ No ☐
ACCOUNTANT: ____	SOLICITOR: ____

CASHFLOW NEEDS

Your Current Income Requirements (annual)	$	____		
Your Future Income Requirements (annual)	$	____	From:	____
Extraordinary Capital Requirements:	Item	____	$	____
	Item	____	$	____

To assist in the development of your investment objectives, we discussed your attitude and concerns in the following areas. Your concerns are rated from 1-5, a higher rating indicating a greater concern.

OBJECTIVES

Objective	Rating	Details
Ease of Management		
Current Income		
Tax		
Access to Funds		
Retirement Planning		
Estate		
Access to Ongoing Advice		
Insurance Needs		

NOTES:

CLIENT RISK PROFILE / MARKET EXPOSURE

All investments involve some form of risk. Traditionally, the lower the risk, the lower the potential return. There are four main investment classes:

Income assets:	Cash & Fixed Interest (Australian & Overseas)
Growth assets:	Property & Shares (Australian & Overseas)

A well balanced investment portfolio generally has an exposure to all the major investment classes. By carefully selecting and managing a spread of investments, we aim to meet your goals and objectives and to maximise potential returns whilst managing the investment risk to levels that are consistent with your attitudes and circumstances.

WHAT TYPE OF INVESTOR ARE YOU? **Name:** ___________________________________

	1 Secure Income, Minimal Capital Growth, Preservation of Account Balance	2 Stable Income, Modest Capital Growth, Med-Long Term Security	3 Variable Income, Moderate Capital Growth, Some Fluctuations in Account Balance	4 Modest Income, High Growth potential, Regular Variations in Account Balance	5 Lower Income Higher Growth potential High Volatility in Account Balance
Initials					
Aust Cash	45	40	25	20	5
Aust Fixed Int	20	20	12	5	5
Intl Fixed Int	20	10	8	5	5
Aust Shares	8	20	32	40	45
Intl Shares	3	5	18	20	30
Property	4	5	5	10	10
Return Objective	CPI + 2%	CPI + 3%	CPI + 5%	CPI + 6%	CPI + 8%
Major discomfort begins with a fall of:	Any fall	5-10%	10-20%	20-30%	30-50%
Likely range of return	-3 to 18%	-4 to 21%	-6 to 26%	-8 to 28%	-11 to 31%
Likelihood of negative return	1 year in 22	1 year in 9	1 year in 7	1 year in 6	1 year in 5
Time Horizon	1-2 years	2-3 years	3-4 years	4-5 years	5 years +

Note: The figures above are to be used as a benchmark only. Variations around these percentages will occur.

NOTES ON CLIENT RISK PROFILE / MARKET EXPOSURE

NB: Is your risk profile for this investment different to your overall risk profile? **YES** ☐ **NO** ☐

Details if YES:

RECOMMENDATIONS

COSTS AND FEES

Client Name: ______________________

Client Signature: ______________________

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