

## CONFIDENTIAL CLIENT INFORMATION

**SCOPE OF ADVICE / OBJECTIVES:**

An easily managed portfolio	Increase wealth in lead up to retirement	To maintain a cash reserve in the bank	Optimise access to Centrelink benefits	To minimise tax payable on income	Easy access to your funds	Preserve your estate for your children	An ongoing relationship with Muirfield
L — M — H	L — M — H	L — M — H	L — M — H	L — M — H	L — M — H	L — M — H	L — M — H

Please tick Low, Medium or High priority.

**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](http://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: \_\_\_\_\_

## 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
[ _____ ]	[ ___/___/___ ]	[ ____ ]	[ ____ ]	[ _____ ]	[ ____ ]
[ _____ ]	[ ___/___/___ ]	[ ____ ]	[ ____ ]	[ _____ ]	[ ____ ]
[ _____ ]	[ ___/___/___ ]	[ ____ ]	[ ____ ]	[ _____ ]	[ ____ ]
<b>GRANDCHILDREN</b>		Number: [ _____ ]	Age Range : [ _____ ]	[ _____ ]	[ _____ ]

PARENTS – CLIENT	PARTNER
Are your Parents Living: Mother [ <input type="checkbox"/> ] Father [ <input type="checkbox"/> ]	Are your Parents Living: Mother [ <input type="checkbox"/> ] Father [ <input type="checkbox"/> ]
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 \$ _____
CLK Payment Type: _____	CLK Payment Type: _____
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:				
Insurance Premium:				
Current Accumulation/s:				
Portfolio/Risk Profile:				
Benefit Type:				
Costs (MER's etc):				

## 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				
Other Investments:				
1				
2				
3				
4				
5				
6				
<b>TOTAL ASSETS</b>				

LIABILITIES	OWNER	OTHER DETAILS	TOTAL \$	REPAY \$
Mortgage				
Investment Property				
Personal Loan				
Credit Card				
Business Loan				
<b>TOTAL LIABILITIES</b>				

## 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 _____	\$ _____	

## PERSONAL INTERESTS

Sport:	Hobbies:
Travel:	
Cultural:	
Client: Football Team _____	Golf handicap: _____
Partner: Football Team _____	Golf handicap: _____
Bowls: C    P    Tennis: C    P    Theatre: C    P    Fishing: C    P	
Caravanning: Y    N    Other: _____	

## 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: \_\_\_\_\_

	<u>1</u> Secure Income, Minimal Capital Growth, Preservation of Account Balance	<u>2</u> Stable Income, Modest Capital Growth, Med-Long Term Security	<u>3</u> Variable Income, Moderate Capital Growth, Some Fluctuations in Account Balance	<u>4</u> Modest Income, High Growth potential, Regular Variations in Account Balance	<u>5</u> Lower Income Higher Growth potential High Volatility in Account Balance
<b>Initials</b>					
Aust Cash	32	30	17	7	6
Aust Fixed Int	33	23	17	12	1
Intl Fixed Int	11	9	6	4	2
Aust Shares	13	19	34	41	50
Intl Shares	3	11	18	25	30
Property	8	8	8	11	11
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

<b>NB: Is your risk profile for this investment different to your overall risk profile? YES / NO</b>
<b>Details if YES:</b>

**RECOMMENDATIONS**

[Empty box for recommendations]

**PLAN PREPARATION COST**

[Empty box for plan preparation cost]

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_