

# Confidential Client Information

#### Please read the important notice below

The Corporations Act requires that an adviser providing financial services advice must have reasonable grounds for providing that advice. This means that the adviser must conduct appropriate inquiries as to the investment objectives, financial situation and particular needs of the person concerned. 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.

Please complete as much as you can. If you are unsure please leave it blank and we will assist you at our appointment.

Client Name/s:	
Date:	

#### **AUTHORISED REPRESENTATIVES NAME:**

Accountants.com Pty Ltd
Authorised Representative No 323706

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# WHY HAVE YOU COME TO SEE US?

So that we can you have com list your 3 key	n best assist your needs please help us to understand your situation, by telling us why e to see us and how you believe we can help you, in the space below. In addition please frustrations.	
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On the following pages we ask questions that satisfy most inquiries about our clients' circumstances. If you have additional matters that are important or we should know about, please let us know about these in the notes section at the end of this booklet.

# YOUR PERSONAL DETAILS

CLIENT 1	CLIENT 2			
<b>Title:</b> □ Mr □ Mrs □ Miss □ Other	<b>Title</b> : □ Mr □ Mrs □ Miss □ Other			
Surname	Surname			
Given Names	Given Names			
Preferred Name	Preferred Name			
Date of Birth/	Date of Birth/			
Age	Age			
Country of Birth	Country of Birth			
Sex: ☐ Male ☐ Female	Sex: ☐ Male ☐ Female			
Marital Status	Marital Status			
WHERE CAN WE	CONTACT YOU?			
Home				
Address	Other Address			
Suburb/Town	Suburb/Town			
StatePostcode	StatePostcode			
Postal Address	Other Address			
Suburb/Town	Suburb/Town			
StatePostcode	StatePostcode			
Home Telephone ( )	Home Telephone ( )			
Work Telephone ( )	Work Telephone ( )			
Fax or Mobile ( )	Fax or Mobile ( )			
Mobile ( )	Mobile ( )			
e-mail	e-mail			
Do you Have Other Pr	OFESSIONAL ADVISERS?			
Accountant Name	Telephone ( )			
Address				
Solicitor Name				
Address	1 , ,			
Do we have authority to contact your professional advisers?	$\square$ Yes $\square$ No			

# YOUR FAMILY & CHILDREN

NAME	DATE OF	AGE	RELATIONSHIP	DEPENDANT	YEARS TO	STATE OF
	BIRTH				SUPPORT	HEALTH

parties ere any other parties that y	oou are responsible for and may	impact the advice we provide ?)
	Your H	EALTH DETAILS
C	LIENT 1	CLIENT 2
C.	DIENT I	CLIENT 2
<b>Health</b> □ Excellent	$\square$ Good $\square$ Poor	<b>Health</b> □ Excellent □ Good □ Poor
Existing Health Cond	itions	Existing Health Conditions
Smoker	□ Yes □ No	Smoker
Health Insurance	□ Yes □ No	Health Insurance ☐ Yes ☐ No.
Insurance Provider		Insurance Provider
Have you ever had in modified terms?	nsurance accepted on	Have you ever had insurance accepted on modified terms?
Type of Cover		Type of Cover
Details:	•••••	Details:

# LIFESTYLE IN RETIREMENT

CLIENT 1		CLIEN	т 2	
Proposed Retirement	Proposed Ret	irement		
Date//	Date	//.	•••••	
Retirement age	Retirement A	.ge	•••••	• • • • • • • • • • • • • • • • • • • •
Desired retirement income:	Desired retire	ement income:	•••••	•••••
Other Retirement considerations:				•••••
•••••	••••••	•••••	••••••	•••••
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	••••••	•••••	•••••	•••••
Your E	STATE			
P 1				
Do you have a:	CLIE	NT 1	CLIE	NT 2
Do you have a: WILL?	CLIE	NT 1	CLIE	NT 2  □ <b>No</b>
•				
WILL?	□ YES	□ NO	□ Yes	□ No
WILL? ENDURING POWER OF ATTORNEY?	□ YES	□ NO	□ Yes	□ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?	<ul><li>□ YES</li><li>□ YES</li><li>□ YES</li></ul>	□ NO □ NO □ NO	□ Yes	□ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN? If you have these documents where are they kept?	<ul><li>□ YES</li><li>□ YES</li><li>□ YES</li></ul>	□ NO □ NO □ NO	□ Yes	□ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN? If you have these documents where are they kept?	<ul><li>□ YES</li><li>□ YES</li><li>□ YES</li></ul>	□ NO □ NO □ NO	□ Yes	□ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN? If you have these documents where are they kept?	<ul><li>□ YES</li><li>□ YES</li><li>□ YES</li></ul>	□ NO □ NO □ NO	□ Yes	□ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN? If you have these documents where are they kept?	□ YES □ YES □ YES	□ NO □ NO □ NO	☐ Yes ☐ Yes	□ No □ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?  If you have these documents where are they kept?  Notes (e.g. details of your wills and when they were last reviewed, endu	□ YES □ YES □ YES	□ NO □ NO □ NO	□ Yes □ Yes □ Yes	□ No □ No □ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?  If you have these documents where are they kept?  Notes (e.g. details of your wills and when they were last reviewed, enduplan, your estate planning wishes.)	□ YES □ YES □ YES	□ NO □ NO □ NO	□ Yes □ Yes □ Yes	□ No □ No □ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?  If you have these documents where are they kept?  Notes (e.g. details of your wills and when they were last reviewed, enduplan, your estate planning wishes.)	□ YES □ YES □ YES	□ NO □ NO □ NO	□ Yes □ Yes □ Yes	□ No □ No □ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?  If you have these documents where are they kept?  Notes (e.g. details of your wills and when they were last reviewed, enduplan, your estate planning wishes.)	□ YES □ YES □ YES	□ NO □ NO □ NO	□ Yes □ Yes □ Yes	□ No □ No □ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?  If you have these documents where are they kept?  Notes (e.g. details of your wills and when they were last reviewed, enduplan, your estate planning wishes.)	□ YES □ YES □ YES	□ NO □ NO □ NO	□ Yes □ Yes □ Yes	□ No □ No □ No
WILL? ENDURING POWER OF ATTORNEY? FUNERAL PLAN?  If you have these documents where are they kept?  Notes (e.g. details of your wills and when they were last reviewed, enduplan, your estate planning wishes.)	□ YES □ YES □ YES	□ NO □ NO □ NO	□ Yes □ Yes □ Yes	□ No □ No □ No

# YOUR ASSETS AND LIABILITIES

	Assets \$	Liabilities \$	Ov	vnersl	hip
ASSETS			-		
Lifestyle Assets				l Client2	
PRINCIPAL RESIDENCE	•••••	•••••			
Motor Vehicles	•••••	•••••			
•••••	•••••	•••••			
II Cardonda	•••••	•••••			
Home Contents Collectables	•••••	•••••			
Caravan	•••••	•••••			
Boat	•••••	•••••			
Holiday Home	•••••	••••••			
Tionday Tionic	••••••	••••••	Ш	Ц	Ш
Investment Assets					
Investment Property					
	•••••	•••••			
•••••	•••••	•••••			
Cash and Bank Deposits	•••••	•••••			
Business Interests	•••••	•••••			
Shares	•••••	•••••			
Life Insurance Policies	•••••	•••••			
Superannuation	•••••	•••••			
•••••	•••••	•••••			
	•••••	•••••			
Other Assets	•••••	•••••			
•••••	•••••	•••••			
•••••	•••••	•••••			
Total Assats (A)	••••••	•••••			
Total Assets (A)	•••••				
OTHER LIABILITIES					
Personal Loans/Overdrafts, etc	•••••				
Credit Cards, etc					
Other Liabilities					
	• • • • • • • • • • • • • • • • • • • •	•••••			
•••••	• • • • • • • • • • • • • • • • • • • •	•••••			
•••••	•••••	•••••			
Total Liabilities (L)					
	( <del>-</del> )				
NET ASSETS (A) –	$\cdot$ (L) =				
\$					

 ${\it Please \ attach \ the \ latest \ statement \ for \ any \ of \ your \ Assets \ \& \ Liabilities \ where \ available.}$ 

# YOUR INVESTMENT PORTFOLIO

Investment Name/Type	Owner	Original Date	Amount Invested (\$)	Current No. Units	Sell Price	Current Value (\$)	Policy No.	Retain? Y/N
rvame, rype		Invested	πνεστεά (ψ)	110. Omts	(\$)	<b>γ</b> αιας (ψ)	110.	1/11

Please attach a copy of the latest statement for any of your investments where available.
Notes about your investments

# SUPER DETAILS

	Client 1	Client 2
Fund Name		
TYPE OF FUND		
DATE JOINED	//	/
Contributions (self)		
Contributions (Employer)		
Life Cover		
Current Value	\$	\$
Transfer Value	\$	\$
Policy Number		
Maturity Value Age/Date	•••••	
Fund Name		
TYPE OF FUND	••••••	•••••
DATE JOINED		
Contributions (self)	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
Contributions (Employer)	••••••	••••
Life Cover	•••••	•••••
Current Value	Φ	Φ.
	\$	\$
Transfer Value	\$	\$
Policy Number	•••••	•••••
Maturity Value Age/Date	•••••	•••••
Fund Name	•••••	
TYPE OF FUND		
DATE JOINED		
Contributions (self)	•••••	•••••
Contributions (Employer)	•••••	•••••
Life Cover		
Current Value	\$	\$
Transfer Value	\$	\$
Policy Number		
Maturity Value Age/Date		

# YOUR EMPLOYMENT DETAILS

CLIENT 1				CLIE	ent 2		
Occupation	•••••		••	Occupation			
Employment Statu	s:			Employment St	tatus :		
EMPLOYEE		Unemployed		EMPLOYE	EE 🗆	Unemployed	
Self Employed		Retired		Self Employed		Retired	
Home Duties				Home Duties			
If self employed -	Busin	ess Structure:		If self employe	d - Busine	ess Structure:	
Sole Proprietor				Sole Proprietor			
Partnership				Partnership			
Company				Company			
Trust/Unit Trust				Trust/Unit Trus	st		
Details:	••••••	•••••	•••••	Details:	••••••	•••••	••••••
•••••	•		••••••	•••••	••••••		
What are the future for this business?				What are the fu for this busines	s?	•	
••••••	••••••	••••••	·•	••••••	••••••	•••••	••••••
If Employee – Deta		employment:	••	If Employee – I		employment:	•••••
Employer				Employer			
Expected Salary in	crease	<b>:</b> :		Expected Salar	y increase	·	
Accum Sick Leave	·			Accum Sick Le	eave		
Start Date	/	/		Start Date	/	//	
				Other Benefits:			
Other Important co	onside	rations -		CLIENT	1	CLIEN	т 2
Do you intend to stay	with y	our current employer	?	$\square$ YES	$\square$ NO	☐ Yes	□ No
Do you foresee any su the next two to five yo		tial change to your inc	ome in	$\square$ YES	$\square$ NO	□ Yes	□ No
	you int	end to work again eitl	ner on	$\square$ YES	$\square$ NO	☐ Yes	□ No

# YOUR INCOME AND EXPENDITURE

INCOME	CLIENT 1 \$	CLIENT 2\$	JOINT \$
GROSS SALARY			
Investment Income			
DSS Pensions	•••••	•••••	•••••
	•••••	•••••	•••••
Non-Taxable Income	•••••	•••••	•••••
Other Income	•••••	•••••	•••••
	•••••	•••••	•••••
	•••••	•••••	••••••
TOTALS			
Expenditure			
Income Tax			
Rent / Mortgage			
Household Expenses			
Motor Vehicle Expenses			
Medical	•••••	•••••	
Education	••••••	••••••	••••••
Entertainment	•••••	••••••	•••••
	•••••	•••••	••••••
Insurance	•••••	•••••	•••••
Personal Loans	•••••	•••••	•••••
Credit Cards	••••	•••••	••••••
Other Expenses	•••••	•••••	•••••
	•••••	•••••	•••••
	•••••	•••••	•••••
TOTALS			
INCOME			
SURPLUS/DEFICIT (INCOME LESS EXPENDITURE ETC)			
Your minimum income rec	quired	\$	
Surplus income available f	or investment	\$	
advise us whether these are weekly	, fortnightly, monthly or annuc	al figures.	
income or expenses stails of any extraordinary expenses holiday. If you are receiving a gove			
19 you are receiving a gove	=		
	•••••	•••••	•••••

# INSURANCE POLICIES

POLICY DETAILS (CLIENT 1)	Life	TPD	TRAUMA	INCOME PROTECTION	BUSINESS EXPENSES
Company					
Coverage Amount					
Premium					
OWNED BY					
Waiting Period					
Benefit Period					
Last Review Date					
Adviser Name					
Owner					

POLICY DETAILS (CLIENT 2)	Life	TPD	TRAUMA	INCOME PROTECTION	BUSINESS EXPENSES
Company					
Coverage Amount					
Premium					
OWNED BY					
Waiting Period					
Benefit Period					
Last Review Date					
Adviser Name					
Owner					

ue to the complex nature of Insurance policies please attach the latest statement or policy document for any of your insurances here available.	
otes about your insurances	

# YOUR PERSONAL GOALS & FINANCIAL OBJECTIVES (IN THE NEXT 12 MONTHS) **IMMEDIATE:** SHORT TERM: (DURING YEAR 1 AND 2) (OVER 3 YEARS UP TO 5 YEARS) MEDIUM TERM: LONG TERM: (5 YEARS & ABOVE)

#### Risk Profile

Personal Investment Preferences				
Time Horizons				
At Call	\$			
1 Year	\$			
2 – 3 Years	\$			
3 – 4 Years	\$			
5 – 7 Years	\$			
7 Years Plus	\$			
Retirement	\$			
Total Investment	\$			

#### **Risk Profile Questionnaire**

The following questions are designed to determine your risk profile taking into account your financial needs, circumstances and objectives. This is an important process in assisting to identify an appropriate investment strategy and make recommendations that suit your specific requirements.

#### Please circle your preferences

#### Question 1 (Your liquidity requirements, i.e. having access to your funds)

Apart from short term and anticipated liquidity needs, how long do you envisage before requiring access to **most** of your funds?

- 1. Less than one year.
- 2. 1 to less than 3 years.
- 3. 3 to less than 5 years.
- 4. 5 years plus.

#### **Question 2 (your investment experience)**

How familiar are you with investment markets?

- 1. No experience at all.
- 2. Not familiar but am willing to consider investment alternatives.
- 3. I understand that the markets fluctuate and different market sectors have different income, growth and taxation characteristics. I recognise the importance of diversification.
- 4. Experience with all investment sectors and understand the various factors which may influence performance.

#### Question 3 (Your attitude to risk)

Which of the following best describes your attitude to the volatility or returns?

- 1. I prefer lower capital growth in order to avoid volatile returns.
- 2. I aim to achieve steady capital growth and will accept some volatility of returns.
- 3. I am prepared to take on higher volatility for the opportunity of greater returns.
- 4. I am interested in aggressive growth startegies, including borrowing for investment purposes, and understand the possibility of negative returns.

#### **Question 4 (your investment objectives)**

What do you want your investments to achieve?

- 1. Security of capital with minimal opportunity for capital growth.
- 2. Generate an income stream with less emphasis on growth.
- 3. Achieve steady capital growth with less emphasis on income.
- 4. High capital growth and minimal income.

#### **Question 5 (your concerns about inflation)**

How concerned are you that the value of your capital and the purchasing power of your investment income should keep pace with or exceed the rate of inflation?

- 1. Not concerned.
- 2. Slightly concerned.
- 3. Moderately concerned.
- 4. Highly concerned.
- 5. Extremely concerned.

#### **Question 6 (Your concerns about taxation)**

Are you prepared to invest in tax-advantaged investments that may fluctuate in value, in order to minimise your income tax?

- 1. No I do not want to purchase any investments that may lead to capital fluctuation.
- 2. Maybe I would prefer stable, reliable capital value and returns with some tax savings, if possible.
- 3. Yes I can accept some fluctuation in capital value from time to time in exchange for some tax advantages.
- 4. Definitely my main objective is to minimise income tax and I am prepared to accept capital fluctuation to achieve this.

#### **Question 7 (Your investment preference)**

Which of the following best describes your attitude to choosing an investment?

- 2. I prefer investments that do not have any capital fluctuation associated with them.
- 4. I prefer to diversify with a mix of investments, which have an emphasis on low capital fluctuation. I can accept having a small proportion of the portfolio invested in assets which have a higher degree of short term fluctuations in order to potentially achieve a slightly higher return over the longer term. I understand that these types of investments can produce a negative return in at least 1 year in every 9 years.
- 6. I prefer to have a spread of investments in a balanced portfolio. I understand that this type of portfolio can produce a negative investment return in at least 1 year in every 7 years.
- 8. I prefer to diversify my investments with an emphasis on more investments, which have potentially higher returns, but still having a small amount of stable investments. I understand that these types of investments can produce a negative return in at least 1 year in every 5 years.
- 10. I prefer to select investments that have a higher degree of capital fluctuation so that I can earn higher returns over the long term. I understand that this higher volatility means that a negative return can occur in at least 1 year within every 3 years.

These questions are optional and will not impact on the outcome of the risk profile questionnaire, however they may be used to confirm your understanding of the risk profile. Question 8 (your desired rate of return – generally the expectations of high returns requires a higher acceptance of investment risk and volatility) What average long term rate of return do you reasonably expect to achieve from your investments? 1. Less than 5% 2. 5-7%3. 7 - 10%4. Above 10% (please state expected range eg. 120-12%) **Question 9** (Your investment risk time frame – in two parts) For how long would you be prepared to see your investments under perform before you cashed them in or wanted to switch? Part a) If the under performance was consistent with the market or specific sectors; Part b) If the under performance was out of step with the market or specific sectors; NB: There are often different tolerance time frames for each scenario. Part a) 1. I would cash in or switch if there was any loss in value. 2. Less than 1 year. 3. Up to two years. 4. More than two years. Part b) 1. I would cash in or switch if there was any loss in value. 2. Less than 1 year. 3. Up to two years. 4. More than two years. Total Score: \_\_\_\_\_ **Additional Notes** 

#### **Client Risk Profiles:**

#### Defensive (8 to 11)

Your investment style would suggest that you do not wish to take any investment risk. Your main priority is the safeguarding of your investment capital, and you are prepared to sacrifice higher returns for peace of mind. Generally, the most appropriate strategy for someone with a **Defensive** approach to investing is 100% in income producing assets. With your investment style it is important you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 20 years. A defensive approach is also appropriate when the term of the investment is between 2 to 3 years.

#### Conservative (12 to 17)

Your investment style would suggest that you are prepared to accept a small amount of risk however, your priority remains the preservation of your capital over the medium to long term. Generally, the most appropriate strategy for someone with a **Conservative** approach to investing is to invest 70% in income and 30% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 8 years. A conservative approach is also appropriate when the term of the investment is between 2 to 3 years.

#### Moderate (18 to 25)

Your investment style would suggest that you have some understanding of the investment markets and their behaviour, and are prepared to take short term risk in order to gain longer term capital growth. Generally, the most appropriate strategy for someone with a **Moderate** approach to investing is to invest 40% in income and 60% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 6 years. A moderate approach is also used when the term of the investment is between 3 to 4 years.

#### Growth (26 to 31)

Your investment style would suggest that you are seeking a greater growth component in your investment portfolio, and although you remain cautious towards taking extreme levels of risk, your general understanding of the investment market enables you to feel comfortable with short term risk. Your priority is consistent capital growth with some income to smooth volatility in your returns. Generally, the most appropriate strategy for someone with a **Growth** approach to investing is to invest 20% in income and 80% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 5 years. A growth approach is also used when the term of the investment is between 4 to 5 years.

#### Aggressive, International Shares, Australian Shares(32 to 35)

Your investment style would suggest that you are most interested in maximising the value of your investments through the long term capital growth, although you do not wish to make unbalanced investment decisions. You are prepared to sacrifice short term safety in order to maximise long term capital growth. Generally, the most appropriate strategy for someone with an **Aggressive** approach to investing is to invest 100% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 4 years. An aggressive approach is also used when the term of the investment is between 5 to 7 years.

#### **Asset Classes**

The asset allocation for each risk profile is as follows:

Asset Class	Defensive	Conservative	Moderate	Growth	Aggressive	International Shares	Australian Shares
Cash	65%	25%	5%	5%	0%	0%	0%
Fixed Interest - Bonds	20%	30%	20%	5%	0%	0%	0%
Fixed Interest – Other*	15%	15%	15%	0%	0%	0%	0%
Australian Shares	0%	15%	30%	45%	50%	0%	100%
International Shares	0%	10%	20%	35%	50%	100%	0%
Property	0%	5%	10%	10%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%

Notes: A 10% variation on each sector is acceptable when structuring your portfolio.

An allocation of 10% in portfolios moderate, growth and aggressive can be allocated to alternative investments. Alternative investments include agricultural investments, fund of fund hedge funds and single strategy hedge funds.

Growth portfolios and aggressive portfolio can reduce Australian shares and international shares exposure and include up to 20% fixed interest other.

\* Fixed Interest Other means 1<sup>st</sup> and 2<sup>nd</sup> Mortgage Funds, Income and Property Development Funds (Defensive and conservative portfolios can not contain 2<sup>nd</sup> Mortgage and Development Funds.

	Acknowledgement of Completed Risk Profile		
	I acknowledge that I have answered the questions in t	the Risk Profiler to the best of my knowledge.	
Name:			
Signature:			
Name:		-	
Signature:		-	
Date:			

### **DECLARATIONS**

# YOUR TAX FILE NUMBERS

From time to time we will be requested to supply your Tax File Numbers to product issuers. Please indicate whether you grant us authority to do this and retain it on our files.

	TAX FILE NUMBER	AUTHORITY
CLIENT 1:		☑ or 🗷
CLIENT 2:		or 🗷
Tax File Numbers will only be u	used where written authority has been obto	uined from you.
<ul> <li>mold my Tax File Number in recommendations related purpos</li> <li>Matters for superannuation i Application forms</li> <li>Matters for non-superannuat Application forms</li> <li>That I/we have been informed not an offence and know the</li> <li>That the manner of obtaining</li> </ul>	declaration, I/We are authorising our We a secure location and use it for the follows/documents, in accordance with the legislativestment purposes as required by the Superior investment purposes as required by the ed of the legal basis for collection and are a consequences of not providing a TFN. By the TFN was not reasonably intrusive.	llowing financial product and strative requirements: perannuation Laws; such as inclusione Taxation Laws; such as inclusione ware that declining to provide a Taxation Laws.
Signed:	Signed:	
Date:	Date:	
2400		

- I/We would like to be kept informed of any new products or services as they arise.	Ø	or	×
<ul> <li>I/We authorise you to provide personal financial information to third parties as required.</li> </ul>	$\square$	or	×
- I/We authorise you to provide all personal information in relation my financial investments to my spouse.	$\square$	or	×

I/We wish to be placed on a "No Call/No Contact Register" which entitles me/us not to be contacted regarding any financial products without my express consent, unless otherwise directed. Tick 4 if applicable.

Tax F

# CLIENT DECLARATION

	will be charged for the preparation on a Financial Plan.
•	Fact Find is complete and accurate to the best of my/our knowledge (except where chosen not to provide the information).
recommendation or advice given	ge that by either, not fully or accurately completing the Fact Find, that any by the adviser in these circumstances may be inappropriate to my/our needs and I commitment to a financial product that may be inappropriate for the needs
	received the Wealthsure Pty Ltd Financial Services Guide ("FSG") inclusive of a ivacy Disclosure Statement ("PDS").
disclosure of my/our information	ed a copy of the Wealthsure Pty Ltd PDS and I/we agree to the collection, use and as outlined in the PDS. I confirm that I/we agree to the collection use and an and to our advisers as listed below, where this is required by my adviser in the ne/us.
Client Declaration	
- I/We Have completed all areas of t information.	his document and agree to provide you, my adviser, with all relevant
Signed:	Signed:
TD 4	D 4
Date:	Date:
Adviser Declaration I have provided you with a copy any financial product and strateg collected.  As a recipient of TFN information ensure:  That the client(s) is informed and the consequences of not provide the consequences of the consequence of the consequen	of the Wealthsure Pty Ltd Financial Services Guide and Privacy Policy prior to by recommendations being made and personal and sensitive information being on, I as a Wealthsure Authorised Representative have taken reasonable steps to of the legal basis for collection, that declining to provide a TFN is not an offence roviding a TFN.  The TFN was not reasonably intrusive.  It only be disclosed to Fund Managers and Life Insurance Companies as relevant
Adviser Declaration I have provided you with a copy any financial product and strateg collected.  As a recipient of TFN information ensure:  That the client(s) is informed and the consequences of not provided the consequences of the TFN with the manner of obtaining the consequence of the TFN with the manner of the term with the term of the term with the term of th	of the Wealthsure Pty Ltd Financial Services Guide and Privacy Policy prior to by recommendations being made and personal and sensitive information being on, I as a Wealthsure Authorised Representative have taken reasonable steps to of the legal basis for collection, that declining to provide a TFN is not an offence roviding a TFN. The TFN was not reasonably intrusive. It only be disclosed to Fund Managers and Life Insurance Companies as relevant on and Taxation Laws.

ADDITIONAL NOTES