

# CLIENT PROFILE

**This is an important and confidential document.** The information you have provided within this document forms the basis of any advice given by your Financial Adviser.

Issue Date:  
**FEBRUARY 2008**

## Client

Name of Client (1)

Name of Client (2)

Date Prepared

## Financial Adviser

Financial Adviser's Name

Financial Adviser's Business Address

Suburb/Town

State

Postcode

Business Telephone Number

Mobile Telephone Number

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## Personal Details

Client (1)						Client (2)					
Title	Mr	Mrs	Miss	Ms	Other _____	Title	Mr	Mrs	Miss	Ms	Other _____
Surname						Surname					
Given Names						Given Names					
Preferred Name						Preferred Name					
Date Of Birth / /						Date Of Birth / /					
Marital Status						Marital Status					
Please indicate your preferred contact:						Please indicate your preferred contact:					
<input type="checkbox"/> Home Telephone _____						<input type="checkbox"/> Home Telephone _____					
<input type="checkbox"/> Mobile _____						<input type="checkbox"/> Mobile _____					
<input type="checkbox"/> Work Telephone _____						<input type="checkbox"/> Work Telephone _____					
<input type="checkbox"/> E-mail _____						<input type="checkbox"/> E-mail _____					
<input type="checkbox"/> Facsimile _____						<input type="checkbox"/> Facsimile _____					
Residential Address						Residential Address					
Suburb/Town						Suburb/Town					
State Postcode						State Postcode					
Contact Address						Contact Address					
Suburb/Town						Suburb/Town					
State Postcode						State Postcode					

## Employment Details

Client (1)				Client (2)			
Occupation				Occupation			
Name of Employer				Employer			
Commencement Date				Commencement Date			
Is Salary packaging available? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is Salary packaging available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Leaving Date				Leaving Date			
Employment Basis <input type="checkbox"/> Employee <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self employed <input type="checkbox"/> Full time				<input type="checkbox"/> Employee <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self employed <input type="checkbox"/> Full time			
Are you an Australian resident for taxation purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'No', what country?							

## Child/Dependant Details

Name	Date of Birth	Support to Age	Austudy
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Other Professional Advisers

Name	Profession	Contact Details	Company Name

## Balance Sheet

Assets	Client (1)	Client (2)	Joint	Date Purchased	Insured?
Principal residence	\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home contents	\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor vehicle	\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caravan, boat, etc	\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collectibles	\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total A</b>	\$	\$	\$		

Direct investments		Client (1)	Client (2)	Joint
<b>Cash</b>	Bank accounts	\$	\$	\$
	Credit Unions	\$	\$	\$
	Other	\$	\$	\$
<b>Fixed Interest</b>	Term Deposits	\$	\$	\$
	Debentures	\$	\$	\$
	Bonds	\$	\$	\$
<b>Property</b>	Real Estate	\$	\$	\$
	Rental property	\$	\$	\$
	Shares	\$	\$	\$
<b>Business Assets</b>		\$	\$	\$
<b>Total B</b>		\$	\$	\$

Managed Investments (Totals only - please provide details on page 7)				
Unit trusts	\$	\$	\$	\$
Insurance policies/Bonds	\$	\$	\$	\$
Friendly society/Bonds	\$	\$	\$	\$
Personal Super/Rollovers	\$	\$	\$	\$
Employer Super	\$	\$	\$	\$
Annuities/Pensions	\$	\$	\$	\$
Other Assets	\$	\$	\$	\$
<b>Total C</b>	\$	\$	\$	\$
<b>Total all assets A+B+C</b>	\$	\$	\$	\$
<b>Overall Total</b>	\$			

Liabilities								
Type	Bank/ Lender	Owner	Loan Balance	Rate %	P&I or Interest only	State date	Term	Monthly Repayment
Mortgage								
Investment loan								
Credit cards								
Personal loans								
Business loans								
Other								
<b>Net Value (assets less liabilities) \$</b>								

## Income/Expenditure Analysis

<b>Income</b>	<b>Select</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
	Client (1)	Client (2)	Joint		
Value of salary package	\$	\$	\$		
Salary and wages (before tax) \$	\$	\$	\$		
Social security income	\$	\$	\$		
Investment income: Interest	\$	\$	\$		
Dividend	\$	\$	\$		
Rent (after expenses)	\$	\$	\$		
Annuity/Pension income	\$	\$	\$		
Distributions (eg trusts)	\$	\$	\$		
Net business income	\$	\$	\$		
Other income	\$	\$	\$		
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

Is any portion of the above income non-taxable?  Yes  No If 'Yes', provide details

Do you receive any deductible income?  Yes  No If 'Yes', provide details

<b>Expenses</b>	<b>Select</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
	Client (1)	Client (2)	Joint	Tax Deductible	
Household (rates/utilities/food)	\$	\$	\$		
Rent/Home mortgage	\$	\$	\$		
Credit cards	\$	\$	\$		
Other debt repayments	\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothing	\$	\$	\$		
Car(s)	\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	\$	\$	\$		
Health insurance premium	\$	\$	\$		
Medical expenses	\$	\$	\$		
Recreation/Entertainment	\$	\$	\$		
Education	\$	\$	\$		
Investment expenses	\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Donations	\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation	\$	\$	\$		
Regular savings plans	\$	\$	\$		
Other	\$	\$	\$		
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		
<b>Surplus/Deficit</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

Are your income and expenses likely to change significantly over the next few years?  Yes  No  
If 'Yes', why, when and by how much?

<b>Social Security Entitlements</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Comments</b>
Type of entitlement			
Have you gifted any assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', provide value and date			

## Lifetime Goals and Objectives

### What are your main reasons for seeking financial advice?

- |   |   |
|---|---|
| <input type="checkbox"/> Review insurance needs               | <input type="checkbox"/> Lump sum investment                  |
| <input type="checkbox"/> Accumulate wealth                    | <input type="checkbox"/> Redundancy/Golden handshake          |
| <input type="checkbox"/> Achieve specific goal/savings target | <input type="checkbox"/> Surplus cashflow                     |
| <input type="checkbox"/> Maximise income                      | <input type="checkbox"/> Tax minimisation strategies          |
| <input type="checkbox"/> Consolidate debts                    | <input type="checkbox"/> Review existing investment portfolio |
| <input type="checkbox"/> Share portfolio advice               | <input type="checkbox"/> Plan for Retirement                  |
| <input type="checkbox"/> Receive Social Security benefits     | <input type="checkbox"/> Other                                |

### Notes


### Short (1 to 3 years)/Medium (4 to 7 years) Term Expenditure Requirements

Please provide details of funds, which need to be reserved for future purposes

Expense Details	Description	Amount Required	Year Required
Holidays		\$	
Motor Vehicles		\$	
Gifts		\$	
Home Improvements		\$	
Weddings/Birthdays		\$	
Debt Repayment		\$	
Education		\$	
Business Purchase		\$	
Other		\$	

### Long Term (More than 7 years) Goal

On retirement, how much income do you estimate you will require to cover your annual expenditure (in today's dollars)?

Is there any lump sum expenditure you would like to make on retirement? eg Holiday, new car, etc.

Retirement Plans	Estimated Income	Expected Retirement Age
Client (1)/Joint	\$	
Client (2)	\$	

Retirement expenses and notes


## Current Health

Client (1)	Client (2)
Are you aware of any health conditions you may have which may reduce your ability to earn income or increase your medical expenses in the next 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of any health conditions you may have which may reduce your ability to earn income or increase your medical expenses in the next 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family history suggest a long life? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your family history suggest a long life? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' to any of the above, please provide details:	If 'Yes' to any of the above, please provide details:

## Risk Planning

Existing Insurance	Client (1)	Client (2)
<b>Income Protection Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company		
Policy Number		
Current monthly benefit	\$	\$
Escalation of Benefits		
Waiting period in days until benefit starts	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 720 <input type="checkbox"/> Other	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 720 <input type="checkbox"/> Other
Benefit Period - length of payment	Years or to Age	Years or to Age

Life & Total and Permanent Disablement (TPD) Insurance	Client (1)	Client (2)
Insurance Company		
Policy Number		
Policy Owner		
Does your life insurance include TPD cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Sum insured		
Life	\$	\$
TPD	\$	\$
Current premium and frequency	\$	\$

Trauma Insurance	Client (1)	Client (2)
Insurance Company		
Policy Number		
Current Sum insured		
Current premium and frequency	\$	\$

Health Insurance	Client (1)	Client (2)
Name of Fund		
Type of Cover		
Current premium and frequency	\$	\$

## Risk Planning (continued)

General Insurance	Insurer	Sum Insured	Premium pa	Market Value	Renewal Date
Family Home	\$	\$	\$	\$	
Holiday Home	\$	\$	\$	\$	
Investment Property	\$	\$	\$	\$	
Home Contents	\$	\$	\$	\$	
Personal Property	\$	\$	\$	\$	
Motor Vehicle	\$	\$	\$	\$	
Caravan/Boat	\$	\$	\$	\$	

Family and Asset Protection Goals				
In the event of death	Client (1)		Client (2)	
How long would income be required by your partner?	<input type="checkbox"/> Life of partner		<input type="checkbox"/> Life of partner	
<input type="checkbox"/> Maintain capital <input type="checkbox"/> Capital Drawdown	Term	Yrs	Term	Yrs
How much is required to clear/reduce debt?				
Home mortgage	\$		\$	
Other	\$		\$	
Any other capital requirements?				
Education	\$		\$	
Estate Planning	\$		\$	
Childcare/Housekeeper/Nanny	\$		\$	
Other	\$		\$	
In the event of trauma (eg cancer) or total and permanent disability (TPD)	Trauma	TPD	Trauma	TPD
How much is required for medical expenses?	\$	\$	\$	\$
How much is required to clear/reduce debt?				
Home Mortgage	\$	\$	\$	\$
Other	\$	\$	\$	\$
Any other capital requirements?				
Home Modifications	\$	\$	\$	\$
Education	\$	\$	\$	\$
Housekeeper/Nanny	\$	\$	\$	\$
Childcare	\$	\$	\$	\$
Other	\$	\$	\$	\$
Please provide the following				
Accrued sick leave days?				
Accrued leave days (eg annual leave, long service)				
Do you have salary continuance through super?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What are the main duties of your occupation?				
Are you involved in hazardous pursuits? (If 'Yes', please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What assets are to be realised on death?				

Summary Benefit Type	Capital Required	Less assets to realise, eg super, cash, etc	Surplus/Shortfall +/-
Death	\$	\$	\$
TPD	\$	\$	\$
Trauma	\$	\$	\$

## Current Investments

Please list all of your current investments. If any are to be sold and reinvested, please indicate the investments involved as 'Sell' in the column provided. Accurate details of these investments are essential for full portfolio and cash flow analysis.

Cash and Fixed Interest Investments	Owner	Current Value	Interest Rate %pa	Purchase Date	Term	Reinvest Income	Hold/Sell
		\$	%	/ /		<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	
		\$	%	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Direct Property Investments	Owner	Current Value	Rental Income	Purchase Price	Purchase Date	Mortgage	Hold/Sell
		\$	\$	\$	/ /	<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	
		\$	\$	\$	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Shares and Managed Funds	Owner	Current Value	Asset Allocation	Purchase Date	Total Units	Reinvest Income	Hold/Sell
		\$	\$	/ /		<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	
		\$	\$	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Super and Rollover Funds	Beneficial Owner	Current Value	Asset Allocation	Annual Payment	Type of Payment	State Date	Hold/Rollover
		\$	\$	\$		<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	
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Pension/Annuity Details	Owner	Current Value	Start Date	Term	RCV	ETP	Hold/Rollover
		\$	/ /			<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	
		\$	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Investment/Retirement Planning

The Investor Risk Profile you have completed will give you an indication of your attitude towards investment risk. Your comfort level will be categorised as either:

- Defensive                                       Growth  
 Conservative                                       High Growth  
 Balanced

Please refer to the Investor Risk Profile for a definition of these categories.

To assist further in identifying an appropriate financial planning strategy for you, please rate the following concerns on a scale of one to ten (1 - 10), where 1 is a low concern and 10 equals a high concern for you.

Concerns	Priority	Concerns	Priority
<b>Security of Capital</b> Concern about losing capital as a result of fluctuations in the value of your portfolio		<b>Ease of Withdrawal</b> Ready access to your funds	
<b>Wealth Accumulation</b> A priority to maximise the returns from your portfolio		<b>Comfort</b> Trust in reputation and service provided by adviser and investment companies	
<b>Income</b> Your portfolio must produce an immediate income stream		<b>Simplicity</b> Easy to understand financial solutions	
<b>Tax Efficiency</b> Concern about the amount of tax you pay		<b>Communication</b> To be kept well informed about your investments	

Please indicate any other concerns, conditions or preferences you may have in relation to your investment portfolio.

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Have you ever borrowed money to invest?    Yes    No

If 'Yes', please provide details

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## Superannuation Planning

The client/s chose not to receive superannuation planning advice

Current Situation	Client (1)	Client (2)	Comments/Details
Gainfully employed within last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Superannuation Salary			
Employer Contributions (% or \$)			
Personal After-Tax Contributions (% or \$)			
Salary Sacrifice Contributions (% or \$)			
Defined Benefit Fund Current multiple Accrual rate			
Eligible Service Date (applicable for ETPs)			
Date Joined Fund			

### Existing Superannuation Benefit (excluding termination payments)

	Client (1)		Client (2)	
	Fund 1	Fund 2	Fund 1	Fund 2
Fund Name				
Investment Options				
Current Entitlements				
Effective Date of Current Entitlements				
Concessional contributions				
Non-concessional contributions				
Preserved Amount				
Life Insurance Included (amount)				
Continuation Option available				
TPD Insurance Included (amount)				
Continuation Option available				
Income Protection Insurance Included (amount)				
Continuation Option available				
Have you made a binding Beneficiary nomination?	<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
Nominated Beneficiary				

### Notes

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## Estate Planning

The client/s chose not to receive estate planning advice

	Client (1)	Client (2)
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Will last received	/ /	/ /
Name of Executor		
Does your will consider Centrelink implications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your will consider taxation implications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have family or children with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Enduring Power of Attorney? (EPOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Attorney		
In which state of Australia was the EPOA prepared?		
Funeral Plan/Bond	\$	\$
Have you established a Testamentary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have established a Testamentary Trust, what was the main purpose of setting up this trust?		
Are you expecting to receive any Inheritances? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details		

## Client Statement & Authorisation

I/We have received a copy of the Financial Services Guide (FSG) and have read and understood it, including the section titled 'How do you handle the personal information I provide you'.

I/We agree to Guardian Financial Planning collecting, using and disclosing my/our personal information in accordance with the Privacy Act.

I/We will inform any other individual, such as dependants, spouse, partner that I/We have provided information about them, and make them aware of the information provided in the 'How do you handle the personal information I provide you'.

I/We request that you provide written financial advice based on the information supplied by you in this 'Client Profile', and acknowledge it as being a correct assessment of my/our current financial position.

**Limited Advice**

I/We require only limited advice as specified in this Client Profile document. As your adviser has not undertaken a comprehensive analysis of your investment objectives, financial situation, particular needs and risk protection requirements this Client Profile is incomplete. Accordingly before acting on any advice provided you need to consider the appropriateness of the advice, in light of your personal and financial situation.

**Plan Preparation Fee**

I/We acknowledge that the cost of preparing written advice will be \$ \_\_\_\_\_ payable to Guardian Financial Planning.

Client (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Letter of Authority

**To Whom It May Concern**

I/We \_\_\_\_\_

of \_\_\_\_\_

Request that all information relating to my investments, insurances, superannuation, bank accounts or other financial information be released to Guardian Financial Planning on request.

Yours faithfully

Client (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



