



**Personal Details**

<b>Client (1)</b>	<b>Client (2)</b>
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            /    /
Place of Birth	Place of Birth
Marital Status	Marital Status
Please indicate your preferred contact: <input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Mobile            _____ <input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Fax                    _____ <input type="checkbox"/> Email _____	Please indicate your preferred contact: <input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Mobile            _____ <input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Fax                    _____ <input type="checkbox"/> Email _____
Residential Address	Residential Address
Postal Address (if different from above)	Postal Address (if different from above)
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Retirement Age	Preferred Retirement Age

**Child / Dependant Details (include Dependant Spouse)**

<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Support to Age</b>
		/    /	
		/    /	
		/    /	
		/    /	

**Other Professional Advisers**

Name	Profession	Contact Number	Company Name

**Employment Details**

Client (1)	Client (2)
Employment Status <input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired	Employment Status <input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Occupation	Occupation
Employer Name	Employer Name
Employer Address	Employer Address
Commencement Date            /            /	Commencement Date            /            /

**\*\*If you are Self Employed or a Business Owner, please provide the additional information requested on Page 4 and 5. If you are not, skip ahead to Page 6.\*\***

## Self Employed / Business Owners Only

### Company Details

<b>Client (1)</b>	<b>Client (2)</b>
Company Name	Company Name
ABN / ACN	ABN / ACN
Employer Address	Employer Address
Postal Address (if different from above)	Postal Address (if different from above)

### Diagram of Business Structure

Please illustrate Business Structure in the space provided below.

## Self Employed / Business Owners Only

Business Interests	Client (1)	Client (2)
Industry		
Ownership Structure		
Incorporation Date	/ /	/ /
Shareholder Changes since Incorporation  If so, details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outstanding Personal Loan(s) for Business Purchase	\$	\$
Cash at Bank	\$	\$
Stock Value	\$	\$
Plant / Equipment Value	\$	\$
Business Loans / Liabilities	\$	\$
Personal Loans <u>to</u> the Business	\$	\$
Personal Loans <u>from</u> the Business	\$	\$
Personal Guarantees & Description	\$	\$
Revenue (Last Financial Year)	\$	\$
Net Profit (Last Financial Year)	\$	\$
Value of Business Today	\$	\$
Buy / Sell Agreement  If so, funding details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Assets and Liabilities Analysis

### Bank Accounts, Term Deposits, Debentures & Bonds

Owner	Product Provider	Current Value	Annual Interest Rate	Purchase Date	Term
		\$	%	/ /	
		\$	%	/ /	
		\$	%	/ /	
		\$	%	/ /	
		\$	%	/ /	
		\$	%	/ /	
		\$	%	/ /	
		\$	%	/ /	

### Real Estate

Owner	Property Location	Current Value	Rental Income	Purchase Price	Purchase Date	Mortgage
		\$	\$	\$	/ /	Yes / No
		\$	\$	\$	/ /	Yes / No
		\$	\$	\$	/ /	Yes / No
		\$	\$	\$	/ /	Yes / No

### Superannuation

Owner	Product Provider	Current Value	Employer Contributions	Personal Contributions
		\$	\$ p.a.	\$ p.a.
		\$	\$ p.a.	\$ p.a.
		\$	\$ p.a.	\$ p.a.
		\$	\$ p.a.	\$ p.a.

## Assets and Liabilities Analysis (continued)

### Shares

Owner	Company Name	No. Shares Purchased	Total Purchase Cost	Purchase Date	No. of Shares Now Held	Current Value
			\$	/ /		\$
			\$	/ /		\$
			\$	/ /		\$
			\$	/ /		\$

### Managed Investments (Unit Trusts, Insurance Bonds, etc.)

Owner	Product Provider	Investment Type	No. Units Purchased	Purchase Date	Total Purchase Cost	Current Value
				/ /	\$	\$
				/ /	\$	\$
				/ /	\$	\$
				/ /	\$	\$

### Termination Payments

	Client (1)	Client (2)
Redundancy	\$	\$
Unused Long Service Leave Entitlements	\$	\$
Unused Annual Leave Entitlements	\$	\$
Bonuses & Other Payments	\$	\$
<b>Total Termination Payment</b>	<b>\$</b>	<b>\$</b>

## Assets and Liabilities Analysis (continued)

### Loans

Owner	Loan Type	Property Secured Against	Current Loan Value	Annual Interest Rate	Lender
			\$	%	
			\$	%	
			\$	%	
			\$	%	
			\$	%	
			\$	%	
			\$	%	
			\$	%	

### Other Liabilities

Owner	Item	Amount	Date Payable
		\$	/ /
		\$	/ /
		\$	/ /
		\$	/ /
		\$	/ /

### Notes

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## Assets and Liabilities Snapshot

(Totals only – please provide full details in Assets and Liabilities Analysis section)

<b>Assets</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
<b>Cash or Equivalent</b>			
Cash / Cheque Accounts	\$	\$	\$
Term Deposits	\$	\$	\$
Savings Accounts	\$	\$	\$
Lump Sum Payments	\$	\$	\$
<b>Total Cash</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Real Estate</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Principal Residence	\$	\$	\$
Investment Property	\$	\$	\$
	\$	\$	\$
Other	\$	\$	\$
<b>Total Real Estate</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Direct / Managed Investments</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Shares (Current Market Value)	\$	\$	\$
Managed Fund / Unit Trust	\$	\$	\$
Debentures / Bonds	\$	\$	\$
Superannuation	\$	\$	\$
Pension / Annuities	\$	\$	\$
<b>Total Direct / Managed Invest</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Business Interest</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Business Value, Goodwill	\$	\$	\$
Stock, Debtors, Work in Progress	\$	\$	\$
Cash at Bank, Securities	\$	\$	\$
Plant / Equipment, Furniture / Fittings	\$	\$	\$
Other ( )	\$	\$	\$
<b>Total Business Interests</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### Assets and Liabilities Snapshot (Continued)

<b>Personal Property</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Home Contents	\$	\$	\$
Motor Vehicle	\$	\$	\$
Caravan, Boat, etc.	\$	\$	\$
Antiques, Jewellery, Collectibles	\$	\$	\$
Other ( )	\$	\$	\$
<b>Total Personal Property</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>Liabilities</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Mortgage	\$	\$	\$
Investment Loans	\$	\$	\$
Personal Loans	\$	\$	\$
Business Loans	\$	\$	\$
Credit Cards	\$	\$	\$
Other ( )	\$	\$	\$
<b>Total Liabilities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>Net Value (Assets less Liabilities)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
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## Income / Expenditure Analysis

Please indicate:  Weekly  Fortnightly  Monthly  Yearly

**Please maintain your chosen frequency for entire Income / Expenditure section.**

<b>Income</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Salary / Wages (Gross)	\$	\$	\$
Business Income (Net)	\$	\$	\$
Commission / Bonuses	\$	\$	\$
Personal Pension / Annuity	\$	\$	\$
Government Benefits / Allowances	\$	\$	\$
Interest / Dividends	\$	\$	\$
Trust Income	\$	\$	\$
Rental Income	\$	\$	\$
Other ( )	\$	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>Fixed Expenditure</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Rent / Mortgage Repayments	\$	\$	\$
Other Debt Repayments	\$	\$	\$
Income Tax	\$	\$	\$
Motor Vehicle / Boat Insurance	\$	\$	\$
House & Contents Insurance	\$	\$	\$
Personal Risk Insurance	\$	\$	\$
Private Health Insurance	\$	\$	\$
<b>Total Fixed Expenditure</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Income / Expenditure Analysis (continued)**

<b>Variable Expenditure</b>	<b>Client (1)</b>	<b>Client (2)</b>	<b>Joint</b>
Credit Card Repayments	\$	\$	\$
Household (Rates, Utilities, Food)	\$	\$	\$
Motor Vehicle (Maintenance / Running Costs) & Transport	\$	\$	\$
Medical Expenses	\$	\$	\$
Clothing & Personal Items	\$	\$	\$
Recreation / Entertainment	\$	\$	\$
Holidays / Travel	\$	\$	\$
Education	\$	\$	\$
Donations	\$	\$	\$
Additional Super Contributions	\$	\$	\$
Regular Savings Plan	\$	\$	\$
Other	\$	\$	\$
<b>Total Variable Expenditure</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Expenditure (Fixed plus Variable Expenditure)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Cashflow Surplus / Deficit (Income less Expenditure)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## Risk Planning

### Existing Insurance

<b>Income Protection Insurance</b>	<b>Client (1)</b>	<b>Client (2)</b>
Sum Insured	\$	\$
Annual Premium	\$	\$
Waiting Period		
Benefit Period		
Optional Policy Benefits		
Insurer		
Policy Number		
<b>Life &amp; TPD Insurance</b>	<b>Client (1)</b>	<b>Client (2)</b>
Policy Owner		
Sum Insured		
Life	\$	\$
TPD	\$	\$
Annual Premium	\$	\$
Optional Policy Benefits		
Insurer		
Policy Number		
<b>Trauma Insurance</b>	<b>Client (1)</b>	<b>Client (2)</b>
Policy Owner		
Sum Insured	\$	\$
Annual Premium	\$	\$
Optional Policy Benefits		
Insurer		
Policy Number		

## Risk Planning (continued)

### Existing Insurance (continued)

Health Insurance	Client (1)	Client (2)
Cover Type	<input type="checkbox"/> Hospital <input type="checkbox"/> Hospital plus Extras	<input type="checkbox"/> Hospital <input type="checkbox"/> Hospital plus Extras
Annual Premium	\$	\$
Insurer		

General Insurance	Owner	Sum Insured	Annual Premium	Renewal Date	Insurer
Principal Residence		\$	\$	/ /	
Investment Property		\$	\$	/ /	
		\$	\$	/ /	
Home Contents		\$	\$	/ /	
Personal Property		\$	\$	/ /	
Motor Vehicle		\$	\$	/ /	
Caravan / Boat		\$	\$	/ /	

### Basic Coverage - Insurance Needs Calculation Assumptions

Please indicate whether the amounts detailed below are sufficient:

Income Protection	Client (1)	Client (2)
75% of Annual Salary	Max Available	Max Available
Life and Total & Permanent Disablement (TPD)	Client (1)	Client (2)
Repayment of all debts		
\$10,000 for Final / Funeral Expenses		
\$15,000 for Medical Expenses / Home Modifications		
\$30,000 p.a. * per dependant, until youngest dependant is 18		
Trauma	Client (1)	Client (2)
Repayment of all debts		
\$15,000 for Medical Expenses / Home Modifications		

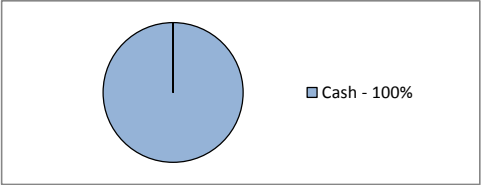
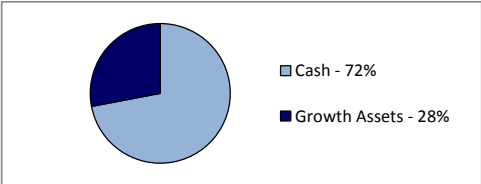
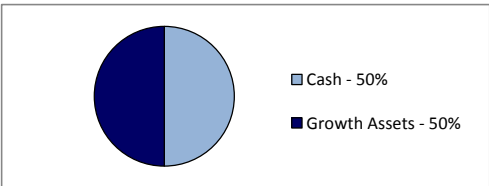
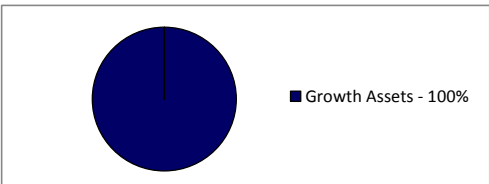
\*This amount can vary widely according to your lifestyle requirements. Discussion with your Adviser will lead to a more precise figure.

## Investor Risk Profiler

The following questions are intended to help develop a profile of you as an investor. Your responses will assist us in determining an investment strategy most likely to suit your needs.

Investment Time Horizon	Client (1)	Client (2)
Keeping in mind your primary financial goals, in approximately how many years would you expect to need this money?		
(a) 0 – 2 years		
(b) 2 – 4 years		
(c) 4 – 7 years		
(d) more than 7 years		

Risk / Return Trade-off	Client (1)	Client (2)
In order to receive the potential for higher returns in the long-term, you must be willing to accept the possibility of your superannuation balance fluctuating in the short-term. Please indicate the option below that you are most comfortable with:		
(a) In exchange for the potential of receiving an <b>estimated long-term (pre-tax) average return of 8.3% p.a.</b> , I would be willing to accept the <b>possibility of my investment portfolio balance fluctuating by up to 30% in any one year.</b>		
(b) In exchange for the potential of receiving an <b>estimated long-term (pre-tax) average return of 6.1% p.a.</b> , I would be willing to accept the <b>possibility of my investment portfolio balance fluctuating by up to 20% in any one year.</b>		
(c) In exchange for the potential of receiving an <b>estimated long-term (pre-tax) average return of 5.2% p.a.</b> , I would be willing to accept the <b>possibility of my investment portfolio balance fluctuating by up to 10% in any one year.</b>		
(d) I am <b>not comfortable putting my investment portfolio balance at risk of negative fluctuation</b> and accept that this <b>limits the long-term annual return and potential growth of my investment.</b>  The <b>estimated long-term (pre-tax) average return of 4% p.a.</b> (100% Cash investment).		

Investment Portfolio Construction	Client (1)	Client (2)
Please tick the box to the right of your preferred Asset Allocation.		
<p><b>Cash Asset Allocation</b> (no risk and very low projected return)</p>  <p>A pie chart representing 100% Cash allocation. The chart is a single light blue circle. A legend to the right shows a light blue square next to the text 'Cash - 100%'.</p>		
<p><b>Conservative Asset Allocation</b> (low risk and low projected long-term return)</p>  <p>A pie chart representing a conservative asset allocation. It is divided into two segments: a larger light blue segment (72%) and a smaller dark blue segment (28%). A legend to the right shows a light blue square for 'Cash - 72%' and a dark blue square for 'Growth Assets - 28%'.</p>		
<p><b>Balanced Asset Allocation</b> (medium risk and medium projected long-term return)</p>  <p>A pie chart representing a balanced asset allocation. It is split evenly into two segments: a light blue segment (50%) and a dark blue segment (50%). A legend to the right shows a light blue square for 'Cash - 50%' and a dark blue square for 'Growth Assets - 50%'.</p>		
<p><b>Growth Asset Allocation</b> (high risk and high projected long-term return)</p>  <p>A pie chart representing 100% Growth Assets allocation. The chart is a single dark blue circle. A legend to the right shows a dark blue square next to the text 'Growth Assets - 100%'.</p>		





## Client Statement & Authority

I/We have received a copy of the Financial Services Guide (FSG) and have read and understood it.

I/We agree to myFinancialAdvisor 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 Financial Services Guide (FSG).

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

### Limited Advice

We require Limited Advice Only  Yes  No

I/We require limited advice only. Accordingly, this Client Profile has been completed only to the extent that is necessary for my/our Adviser to provide the required Limited Advice, and does not take into account my/our full individual objectives, complete financial situation and particular needs.

### Financial Plan Preparation Fee

I agree that:

- if I approve of the implementation of this Plan's recommendations, there will be no charge for the preparation of the Plan,
- if I do not approve of the implementation of this Plan's recommendations, mFA reserves the right to charge me a:

\$5,500 (including GST) prospective client Plan Preparation Fee, or

\$2,750 (including GST) existing client Plan Preparation Fee.

Client (1) Signature

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Client (2) Signature

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Adviser Signature

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Date

/ /

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Date

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Date

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