



Client Data Collection Form

Important Notice to Customers

The Corporations Law requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the customer. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Privacy Statement

This Client Data Collection Form is strictly confidential between you and AXIS Investment Centre Pty Ltd

PRIVATE AND CONFIDENTIAL

Client Name: _____

Financial Planner: _____

Date of initial interview: _____

Disclaimer

The information contained in this document is for the exclusive use of Axis Investment Centre Pty Ltd. Any use or copying of this information is prohibited unless prior written consent has been provided by the management of Axis Investment Centre Pty Ltd.

Key Details

Item	Description
Date FSG Provided	
Date of First Appointment	
Reference	

Personal Details

	Client 1	Client 2
Title		
Full Name		
Sex		
Marital Status		
Date of Birth		
Age To Retire		
Private Health Insurance		
Risk Profile		

Contact Details

	Client 1	Client 2
Address Type	Home / Business / Other	Home / Business / Other
Street Address		
Suburb		
State		
Postcode		
Phone (w)		
Phone (h)		
Phone (m)		
Fax		
Email (primary)		
Email (secondary)		

Employment Details

	Client 1	Client 2
Occupation Type	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed

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	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not Applicable
Occupation		
Employer		
Date Commenced Current Employment		

Child Details

Child's Name	DOB	Sex	Financially Dependent	Dependent Til Age	Income
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Estate Details

	Client 1	Client 2
Last Review Date		
Next Review Date		
Importance of Estate Planning?	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Will current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the date of the Will?		
Where is the Will located?		
Does the Will include provision for a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Power of Attorney

Entity	Type of PoA	Name of PoA	Relationship	Expiry Date	Last Reviewed	Location
<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2						
<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2						

Other Details

	Client 1	Client 2
Liquidity Requirement		
Retirement Income Requirement		
Health	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. years in Australia		

Objectives

- | | |
|---|--|
| <input type="checkbox"/> Tax Effective Wealth Accumulation | <input type="checkbox"/> Target Retirement at Age of _____ |
| <input type="checkbox"/> Target Retirement Income of _____ pa after tax | <input type="checkbox"/> Convenient Investment Management |
| <input type="checkbox"/> Consider Risk and Return | <input type="checkbox"/> Portfolio Diversification |
| <input type="checkbox"/> Portfolio Liquidity of _____ | <input type="checkbox"/> Planned Capital Expenditure |
| <input type="checkbox"/> Wealth Accumulation for Retirement | <input type="checkbox"/> Retirement Investment Timeframe |
| <input type="checkbox"/> Tax Effectiveness | <input type="checkbox"/> Achieve Capital Growth |
| <input type="checkbox"/> Investment Flexibility | |

Other Objectives

Entity	Objective Description

Entities

Self Managed Super Fund

Name	Trustee Type	Investment Strategy Held	Superfund Members
	<input type="checkbox"/> Approved trustee <input type="checkbox"/> All members are trustees <input type="checkbox"/> Corporate trustee	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company

Name	Company Purpose	No. Employees	Shareholders	Include in Advice
	<input type="checkbox"/> Business <input type="checkbox"/> Consulting <input type="checkbox"/> Investment <input type="checkbox"/> Creditor Protection <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Trust

Name	Trust Type	Trustee	Beneficiaries	Include in Advice
	<input type="checkbox"/> Discretionary <input type="checkbox"/> Testamentary <input type="checkbox"/> Fixed <input type="checkbox"/> Hybrid <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Advisers

Professional Adviser

Type	Name	Company	Address	Phone
<input type="checkbox"/> Solicitor <input type="checkbox"/> Accountant <input type="checkbox"/> Insurance Adviser <input type="checkbox"/> Other				

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Referral Source

Type	Name	Company	Address	Phone
<input type="checkbox"/> Solicitor <input type="checkbox"/> Accountant <input type="checkbox"/> Insurance Advisor <input type="checkbox"/> Existing Client <input type="checkbox"/> Other				

Comments

Comments

Financial Details

Investment Assets

Investment Assets - Non-Superannuation	Current Value	Owner	Regular Investment / Withdrawals
Total			

Investment Assets - Superannuation	Current Value	Owner	ESD	Components	Contributions
Total					

Lifestyle Assets

Lifestyle Asset	Current Value	Owner
Total		

Loans

Liability	Amount	Owner	Lender	Interest Rate	Repayment
Total					

Cashflow

Annual Income & Expenses

	Client 1	Client 2
Annual Income		
Employment income		
Other taxable income		
Other non-taxable income		
<i>Centrelink/DVA</i>		
Total Income		
Reportable fringe benefits		
Tax deductible expenses		
Annual Expenses	Joint	
Mortgage repayments/rent		
Vehicle lease/loan repayments		
Vehicle registration and insurance		
Fuel and servicing		
Council rates		
Electricity		
Gas		
Telephone/mobile/internet		
Children's education		
Health insurance/other medical		
Home and contents insurance		
Life/income protection insurance		
Accounting/legal fees		
Groceries		
Clothing		
Entertainment		
Memberships/subscriptions		
Voluntary super contributions		
Donations		
Holidays		
Gifts		
Other		
Total Expenses		

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Other / Irregular Income

Income Item	Entity	Date Received	Frequency	Amount	Taxable
<input type="checkbox"/> Inheritance <input type="checkbox"/> Part-time retirement income <input type="checkbox"/> House downgrade <input type="checkbox"/> Other _____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other / Irregular Expense

Expense Item	Entity	Date Incurred	Frequency	Amount
<input type="checkbox"/> Boat purchase <input type="checkbox"/> Car purchase <input type="checkbox"/> Education <input type="checkbox"/> Holiday <input type="checkbox"/> Home renovations <input type="checkbox"/> Other _____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			

Insurance

Policy Type	Level of Cover	Insured	Premium

Annuities

Owner	Product	Purchase Date	ESD	RCV	Reversion'y	Current Balance	Annuity Amount	Indexation
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

Termination Payments

Annual Leave

Owner	Description	ETP Date	Amount	Leave Type
				<input type="checkbox"/> Normal <input type="checkbox"/> Special

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Redundancy

Owner	Redundancy Type	ETP Date	Eligible Service Date	Amount
	<input type="checkbox"/> Redundancy <input type="checkbox"/> Ex Gratia <input type="checkbox"/> Golden Handshake <input type="checkbox"/> Other			

Long Service Leave

Owner	Description	ETP Date	Eligible Service Date	Amount	Leave Type
					<input type="checkbox"/> Normal <input type="checkbox"/> Special

Defined Benefits

Owner	Description	Accrued Multiple	Accrual Rate	Super Salary

Risk Profile Questionnaire

1. **How long do you intend to invest your savings?**
 - a) short term (1-2 years) (1 point)
 - b) medium term (2-5 years) (2 points)
 - c) medium to long term (5-7 years) (3 points)
 - d) long term (more than 7 years) (4 points)
2. **Will you need to access these funds during the term of the investment?**
 - a) Yes (1 point)
 - b) No (2 points)
3. **Inflation erodes the value of your savings. Growth investing can counter the eroding effect of inflation but will also expose you to the risk of short-term losses.**
 - a) I am comfortable with this trade off to beat inflation (3 points)
 - b) I am conscious of the risks inflation presents, but would prefer a middle ground (2 points)
 - c) Inflation may erode my savings but I have no tolerance for loss (1 point)
4. **Which of the following risk/return scenarios would you be most comfortable with?**
 - a) Low risk/return (maximum return 6% p.a, minimum return 3% p.a.) (1 point)
 - b) Moderate risk/return (maximum return 8% p.a, minimum return -5% p.a.) (2 points)
 - c) Above average risk/return (maximum return 12% p.a, minimum return -10% p.a.) (3 points)
 - d) High risk/return (maximum return 20% p.a, minimum return -25% p.a.) (4 points)
5. **What would you do if your investment dropped in value by 15%?**
 - a) move the entire investment to cash (1 point)
 - b) move some of the investment to cash (2 points)
 - c) do nothing (3 points)
 - d) buy more of the investment (4 points)
6. **What is the most aggressive investment you have ever made?**
 - a) Shares (5 points)
 - b) Managed Funds (4 points)
 - c) Investment property (3 points)
 - d) Own home (2 points)
 - e) Cash in the bank/Term deposit (1 point)
7. **If you were investing in a share portfolio, which of the following would suit you best?**
 - a) A portfolio of potentially high-returning shares whose value could rise or fall dramatically (4 points)
 - b) A blue chip portfolio that pays regular dividends (3 points)
 - c) A mixture of the above two options (2 points)
 - d) I am not interested in shares. (1 point)

Total points: _____

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Associated Risk Profile:

- Conservative (less than 10 points)
- Moderately Conservative (between 10 and 13 points)
- Balanced (between 14 and 17 points)
- Growth (between 18 and 21 points)
- High Growth (between 22 and 25 points)

Do you agree with this assessment of your risk profile? _____

If not, what do you believe your risk profile should be? _____

Client Acknowledgement

The information provided in this fact find and attachments is complete and accurate to the best of my knowledge. I/we understand that any investment made or policy purchased without the completion of this fact find, or following partial or inaccurate completion may not be appropriate to my/our needs. I/we appreciate that, in these circumstances I/we may lose the risk to seek compensation from Axis Investment Centre Pty Ltd for any loss suffered by me/us as a consequence of incomplete or inaccurate information being provided. I/we also acknowledge that personal circumstances can change and will contact the adviser when or if this occurs.

We understand that there will be a fee of \$_____ incurred for the preparation of any such strategic financial plan.

CLIENT 1 SIGNATURE: _____ DATE: _____

CLIENT 2 SIGNATURE: _____ DATE: _____