

Client Profile

Private and Confidential

Client 1 _____

Client 2 _____

Adviser Mahmoud Moustafa _____

Address 83 Sydney Road, Coburg VIC 3058 _____

Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.

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Registered Office at 105 – 153 Miller Street North Sydney NSW 2060

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Financial planning and you

Briefly outline your reasons for seeking financial advice.

1. _____
2. _____
3. _____

Are there any specific issues that are of particular importance to you?

1. _____
2. _____
3. _____

Your short term goals (within the next 2 years)

Holiday, purchase a car, purchase a house, renovations, repay mortgage, insurance, travel, start a family, change jobs

Goals	Start Date	End Date	Estimated Costs
<i>e.g. Travel around Australia</i>	<i>Sept '08</i>	<i>Feb '09</i>	<i>\$10,000</i>
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

Your medium term goals (2 to 5 years away)

Purchase a house, repay mortgage, insurance, boost retirement savings, educate children, travel, replace car

Goals	Start Date	End Date	Estimated Costs
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

Your long term goals (more than 5 years away)

Purchase a business, purchase a holiday home, asset protection, boost retirement savings, be debt free, financial independence, retire

Goals	Start Date	End Date	Estimated Costs
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

Are there any other issues that we need to take into consideration that may affect you achieving your goals?

e.g. health, job security, aging parents

Briefly detail your past experiences with Financial Planning.

What are your expectations of our services?

Do you require a cash reserve (for emergencies or discretionary spending)?

Yes / No

If so, how much do you require?

\$

Do you have a preference to Ethical Investments?

Yes / No

What is your investment time frame?

0 – 2 years

2 – 5 years

5 + years

Your retirement

	Client 1	Client 2
What is your planned retirement age?		
If you are close to retirement, what is your intended retirement date?		
What amount (in today's dollars) do you need to support your preferred retirement lifestyle?	\$	
Do you intend to leave an inheritance to your dependants?		

Your lifestyle in retirement

In addition to your day to day living expenses, please outline the lifestyle activities you wish to pursue in retirement and estimate the cost in today's dollars.

Lifestyle activity	\$
<i>e.g. Travel every two years</i>	\$10,000
	\$
	\$
	\$
Total	\$

Personal information

	Client 1	Client 2
Title	_____	_____
Surname	_____	_____
Given Names	_____	_____
Preferred Name	_____	_____
Date of Birth	_____ / _____ / _____	_____ / _____ / _____
Country of Birth	_____	_____
Residence/Domicile	_____	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status/Relationship	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown
Do you have any health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide details	_____	_____
Occupation	_____	_____
Qualifications	_____	_____
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed
Employer	_____	_____
Employer Contact Details	_____	_____
Do you wish to disclose your Tax File Number to your adviser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" document. Refer to Page 27 (Tick if completed) <input type="checkbox"/>		
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hobbies/Personal Interests	_____	_____

Dependant family members

e.g. Parents, Children

Name	Relationship	Date of Birth	Financially Dependent?	Support to Age
_____	_____	_____ / _____ / _____	Yes / No	_____
_____	_____	_____ / _____ / _____	Yes / No	_____
_____	_____	_____ / _____ / _____	Yes / No	_____

Your current estate planning details

	Client 1	Client 2
Do you have a valid Will?	Yes / No	Yes / No
Date of Will	/ /	/ /
Last reviewed?	/ /	/ /
Will location		
Executor name(s)		
Do you have a Power of Attorney?	Yes / No <input type="checkbox"/> Enduring <input type="checkbox"/> Other	Yes / No <input type="checkbox"/> Enduring <input type="checkbox"/> Other
Do you have an Enduring Power of Guardianship?	Yes / No	Yes / No
Expected inheritances:	\$	\$

For a more detailed Estate Planning collection form (to be used when referring to National Australia Trustees), refer to: Estate Plan – Supplementary Form # 17 (Tick if completed)

Your contact details

Residential Address	
Postal Address (if different from above)	
<input type="checkbox"/> Tick if same as above	
Home Phone	
Home E-mail	

	Client 1	Client 2
Mobile		
Business Phone		
Business Fax		
Business E-mail		
Preferred Contact	Home / Work / Mobile / E-mail	Home / Work / Mobile / E-mail

Your current financial position

Income

Before-tax income	Client 1		Client 2	
Salary/wages/earnings	\$	<i>per annum</i>	\$	<i>per annum</i>
Interest/dividends	\$	<i>per annum</i>	\$	<i>per annum</i>
Government support/ Veterans' Affairs e.g. Age Pension	\$	<i>per annum</i>	\$	<i>per annum</i>
Superannuation pension	\$	<i>per annum</i>	\$	<i>per annum</i>
Other e.g. Rental, Family allowance, Child maintenance	\$	<i>per annum</i>	\$	<i>per annum</i>
Total annual before-tax income	\$		\$	

Notes (Salary packaging details, bonus details, business income, child maintenance)

Non-financial assets

For Ownership, specify the manner of ownership (solely owned, joint tenants or tenant-in-common) and the name of the owner or owners.

	Owner	Purchase Date	Amount	Details
Assets				
Residential Home	_____	_____	\$	_____
Household Contents	_____	_____	\$	_____
Non-income producing Real Estate (Holiday Home, Vacant Land)	_____	_____	\$	_____
Car(s)	_____	_____	\$	_____
Boat/Marine Equipment	_____	_____	\$	_____
Caravan	_____	_____	\$	_____
Collectables/Art/Antiques or Other Valuables	_____	_____	\$	_____
Total Assets			\$	

Notes

Your liabilities

	Loan Amount Outstanding	Lender Name	Owner (Client 1/ Client 2 / Joint)	Loan Type (P&I or I)	Interest Rate	Fixed (F) or Variable (V)	Loan Term Remaining	Repayments	Frequency (F/n or Mth)	Percentage Tax Deductible
Non Tax Deductible										
Principal Home	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Car Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Personal Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Credit Cards	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Other	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Tax Deductible										
Investment Line of Credit	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Other	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %

Notes

Your debt management needs

	Client 1	Client 2
Does your home loan have an offset account or redraw facility?	Yes / No	Yes / No
Are there any fees or charges associated with variations to your loan repayments?	Yes / No	Yes / No
If Yes , please provide details		
Have you made extra repayments into your home loan or offset account?	Yes / No	Yes / No
If Yes , how much do you have immediate access to?		
Are you able to credit your salary directly into your loan or offset account?	Yes / No	Yes / No
If No , how much extra cash would you be comfortable in using to pay off your non-deductible debt?		
What is the interest free period associated with your credit cards?		
Do you pay off your credit card within the interest free period?	Yes / No	Yes / No

Your current entities

The following information will provide us with a brief summary of your current entities.

	Client 1	Client 2
Do you have a Self Managed Super Fund?	Yes / No	Yes / No
Do you have a Private Company?	Yes / No	Yes / No
Do you have a Trust?	Yes / No	Yes / No

If you answered 'Yes' to any of these questions, please complete the details in the corresponding Supplementary Form:

Self-Managed Superannuation Fund – Supplementary Form # 2 (Tick if completed)

Private Company – Supplementary Form # 3 (Tick if completed)

Private Trust – Supplementary Form # 4 (Tick if completed)

Your annual expenditure

Living Expenses	\$ _____	Do you anticipate any changes in your expenditure over the next 12 months?
Entertainment	\$ _____	
Mortgage	\$ _____	
Housing	\$ _____	
Motor Vehicle	\$ _____	Do you feel there is an opportunity to save any additional funds? If Yes , please provide details.
Insurances	\$ _____	
Other	\$ _____	
Total	\$ _____	

For a detailed budget planner, please refer to the following Supplementary Form:

Budget Planner – Supplementary Form # 5 (Tick if completed)

Your attitude towards investment risk

Why you need to understand risk

There are a number of ways at looking at risk.

The Cambridge dictionary defines risk with elegant simplicity as 'the possibility of something bad happening.' Many investors define it by asking the question: "What are the chances of losing my money?" Neither of these two definitions is exactly correct in an investment sense. However they may define your attitude toward risk – and that is just as important.

An Australian investment website, Moneymanager (<http://moneymanager.smh.com.au>), defines risk as 'the variability of returns.' This definition is closer to that used by investment professionals. Professional investors see risk as the difference between expectations and results.

Risk can be the price you pay for returns. Just as the more work you do the more you should be paid, so the more risk you take, the higher return you should receive. This is the 'risk/return trade-off'. It is one of the key concepts on investment.

Any investment decision implies some risk. With a better understanding, you can make a more informed investment decision – accepting some risks and rejecting others. In other words – you can manage risk.

How do I answer the questionnaire?

The questions have been provided to you in a multiple-choice format. Please provide only one answer to each question. As you have a limited choice of answers, you may find that none are your preferred answer to a particular question. Please do your best to select an answer from those available.

Section 1

1.1 What is your marital status?

- Never married
- Divorced
- Separated
- Widowed
- Defacto
- Married
- Do not wish to answer

If Client 1 & Client 2 have different answers, consider using different coloured pens to mark the answer. If the clients' risk profiles differ, this must be noted on the client file.

1.2 In which sector are you currently employed or sector you were previously employed?

- Unemployed
- Labourers
- Production and transport workers
- Clerical, service and sales
- Tradespersons
- Managers and professionals
- Do not wish to answer

Section 2

2.1 I usually get what I want in life.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.2 If I do not succeed on a task, I tend to give up.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.3 I never try anything that I am not sure of.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.4 A person can get rich by taking risk.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

2.5 Persistence and hard work usually lead to success.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

Section 3

3.1 When considering taking financial risks, how do you view yourself?

- A very low risk taker
- A low risk taker
- A moderately low risk taker
- An average risk taker
- A moderately high risk taker
- A high risk taker
- A very high risk taker

3.2 Which of the following statements best describes your investment knowledge and understanding when considering investment?

- I have profited from investing in shares and managed funds based on my own research and knowledge
- I have invested in shares and managed funds and I have gained a significant amount of knowledge through this experience
- I have invested in shares and managed funds in the past and I have gained some knowledge through this experience
- I have had investments in shares and managed funds without gaining much knowledge in this area
- I have never invested in shares or managed funds and I have virtually no knowledge in this area

3.3 Investment is too difficult to understand.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.4 I am more comfortable putting my money in a bank account than in the share market.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.5 Making money in shares and bonds is based on luck.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.6 The best way to reduce financial risk is to diversify.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.7 During times of higher inflation it can be more expensive to borrow money due to high interest rates.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

3.8 Many types of investments can fluctuate up and down in value. Financial services professionals state that you should be able to endure downturns in the value of your investments over short term periods. Based on the answers below, by how much could your investment fall in value over a short term period before you feel uncomfortable?

- I would be uncomfortable with any fall in the value of my investments
- Up to a 5% fall in value
- Up to a 10% fall in value
- Up to a 25% fall in value
- Up to a 33% fall in value
- Up to a 50% fall in value
- A fall in value of more than 50%

Section 4

4.1 When you have made a significant financial decision, which of the following best describes how you usually feel after making such a decision?

- Very pessimistic
- Somewhat pessimistic
- Neither pessimistic nor optimistic
- Somewhat optimistic
- Very optimistic

4.2 If you were confronted with a significant financial decision in relation to an investment would you be more concerned about the potential losses or the potential gains?

- Always the potential losses
- Usually the potential losses
- Equally concerned about the losses and gains
- Usually the potential gains
- Always the potential gains

4.3 Have you ever invested a significant amount of money into an investment that fluctuates up and down in value, how did it make you feel when the investment fell in value?

- Highly anxious
- Moderately anxious
- Slightly anxious
- Not worried at all
- I have never invested in this type of investment

4.4 When financial decisions you have made in the past have not turned out to be as successful as you had planned, which of the following statements best describes how you felt?

- Highly anxious
- Moderately anxious
- Slightly anxious
- Not worried at all

4.5 If you have ever borrowed money to make an investment other than your home, what type of investment was it?

- An investment property
- Managed Funds
- Shares
- A mix of two or more of the above
- I have never borrowed to invest in any of these investments

4.6 Based on your answer to question 4.5, how did borrowing to invest make you feel?

- Very stressed
- Somewhat stressed
- Did not concern me
- Confident
- Excited
- Not applicable

Section 5

5.1 Suppose you unexpectedly inherited a large sum of money, you are debt free and wanted to invest the money for your future. Which of the following investments would you consider most appropriate?

- Invest the majority in cash and term deposits
- Invest the majority in real estate
- Invest the majority in shares
- A mix of two or more of the above
- Spend it all

5.2 Suppose that two years ago you purchased shares in a company that was recommended to you by experts due to the future business prospects of that company. After a two year period of the share market in a downward trend (a bear market) the shares of the company were trading at a lower price than what you paid for them. You subsequently receive expert advice that confirms that even though the share price is lower due to the share market conditions over the last two years, the future prospects of the company are even stronger than previously advised. Given that your shares in this company are already trading at a loss, would you buy more shares in this company based on the latest expert advice?

- Definitely not

- Probably not
- Not sure
- Probably
- Definitely

5.3 A retirement income stream provides regular income usually in the form of a pension payment and is generally purchased using your savings and superannuation benefits. Retirement income streams come in many forms and vary as to the level of flexibility and control that a person has over the income stream, the underlying investment and whether or not your beneficiaries will receive the remaining value of your investment in the event of your death. Assume you invested your life savings into a retirement income stream, what are the features that would be the most important to you?

- Ability to access your capital at any time and retain control over the investment strategy, however the income stream would not be guaranteed for life
- Receiving a lower less flexible income stream that is guaranteed to last the life-time of you and your partner with no residual value paid to your estate in the event of your deaths
- Do not have a preference

5.4 Investment gearing is the process of borrowing money to invest, although gearing can increase the potential return significantly and often provide taxation benefits; it also significantly increases the level of risk. Suppose a financial adviser recommended that you borrow money to invest in a portfolio of managed funds and shares, which of the following would best describe your reaction?

- I would see this as an opportunity to significantly increase my wealth and would not be concerned about the increased risk
- I would consider the opportunity but would feel uneasy about the increased risk
- I would never agree to borrow money to invest as I consider the risk too high

5.5 One of the major aspects of financial planning is to organise your financial affairs to minimise the impact of taxation and maximise any available Government benefits such as the age pension or similar benefit. After organising your financial affairs in this way, a change in legislation could leave you in a worse position or no better off. In consideration of this issue would you organise your affairs in this way in order to qualify for a Government benefit or to minimise taxation, and bear the risk that the legislation may change?

- I would not take a risk if there were any chance that legislation could change and leave me in a worse position.
- I would take a risk if there was a relatively low chance that the legislation could change leaving me in a worse position
- I would only take a risk if there was at least a 50% chance or greater that I would be in a better position.

5.6 Suppose that you have set an objective to retire at a particular age and have also determined the life style you require in retirement. Your financial adviser has advised you that in order to achieve the life style you require in retirement at the specified age, you will need to make investments of a higher risk than you would normally feel comfortable with. Which of the following options would you feel most comfortable with?

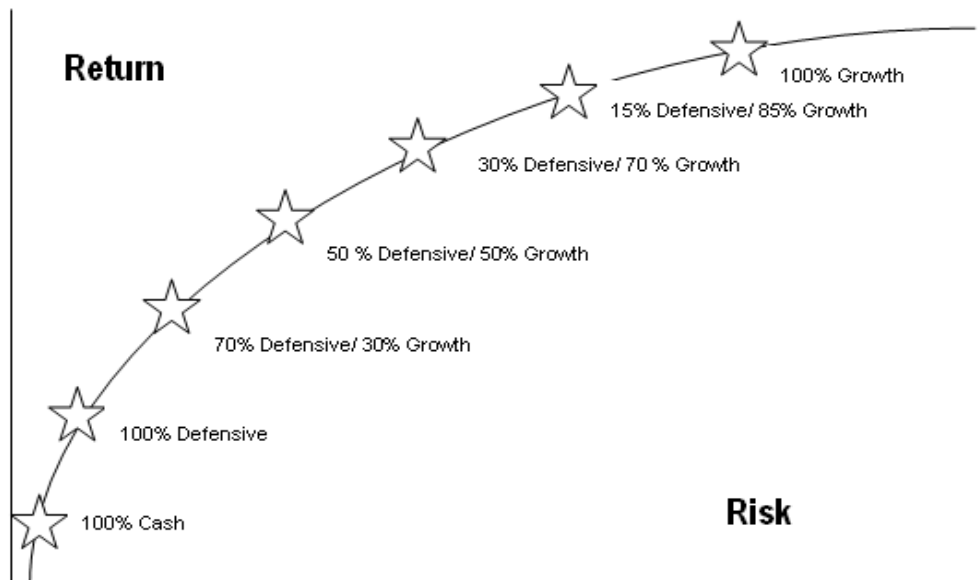
- I would rather take a higher risk investment than alter my retirement objectives
- I would rather take a combination of higher risk investment as well as altering my retirement objectives
- I would rather alter my retirement objectives than take any more risk

Risk & return discussion tools

Having an understanding of what you want your investments to achieve is an important part of the financial planning process.

You must be rational and ensure that your investments assist you in achieving your goals. To do this you must focus on **objective** and **time frame**.

Risk Profile: Spectrum of Return/Risk (for illustrative purposes)



Volatility of Asset Classes Returns from 1995 - 2009 (15 Years)

Calendar Year	Cash	Australian Fixed Interest	International Fixed Interest	Listed Property	Australian Shares	International Shares
Year	%	%	%	%	%	%
1995	8.1	18.6	20.6	14.3	20.8	26.0
1996	7.6	11.9	9.5	14.2	14.5	6.2
1997	5.6	12.2	10.7	21.9	12.2	41.6
1998	5.1	9.5	10.1	18.4	9.7	32.3
1999	5.0	-1.1	0.3	-4.7	19.5	17.2
2000	6.3	11.9	9.7	19.7	6.3	2.2
2001	5.3	5.5	8.3	14.6	10.5	-10.0
2002	4.8	8.8	11.6	11.8	-8.6	-27.4
2003	4.9	3.0	6.6	8.8	15.0	-0.8
2004	5.6	7.0	8.9	32.0	27.9	9.9
2005	5.7	5.8	6.6	12.5	22.5	16.8
2006	6.0	3.1	4.4	34.0	24.5	11.5
2007	6.8	3.5	6.6	-8.4	16.2	-2.6
2008	7.6	15.0	9.2	-54.0	-38.9	-24.9
2009	3.5	1.7	8.0	7.9	37.6	-0.3
Best 1 year return	8.1	18.6	20.6	34.0	37.6	41.6
Worst 1 year return	3.5	-1.1	0.3	-54.0	-38.9	-27.4
15 year average return	5.9	7.8	8.7	9.5	12.6	6.5

Indices Used

- UBSA 90 Day Bank Bill
- UBSA Composite Bond All Maturities Index
- Barclays Capital Global Aggregate Index (Hedged into A\$)
- S&P/ASX 200 A-REITs Accumulation Index
- S&P/ASX 300 Accumulation Index (All Ords before 1/4/2000)
- MSCI World ex-Australia NET WHT

Source: Mercer

*** Illustrative purposes only. It is important to note that past performance is no indication of future performance.**

Superannuation details

Superannuation Fund	Owner Client 1 / Client 2	Current Account Balance	Policy Number	Investment Type (1)	Exit Fees
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No
_____	_____	\$ _____	_____	_____	Yes / No

(1) Select from the following: Cap Guaranteed / Cap Stable / Balanced / Growth / Aust & Int'l Shares

Insurance (held in Super)	Client 1	Client 2
Death Cover	\$ _____	\$ _____
TPD	\$ _____	\$ _____
Income Protection/Salary Continuance/ Temporary Disability	\$ _____ benefit period _____ Waiting period _____	\$ _____ benefit period _____ Waiting period _____
In which fund(s) is this insurance cover held?	_____	_____

Contribution Details	Client 1	Client 2
----------------------	----------	----------

Accumulation Superannuation Funds

Contributions (Per Annum)	Concessional Contributions:	Concessional Contributions:
	\$ _____ SGC (___% x \$ _____)	\$ _____ SGC (___% x \$ _____)
	\$ _____ Salary Sacrifice (___%)	\$ _____ Salary Sacrifice (___%)
	\$ _____ Self Employed (___%)	\$ _____ Self Employed (___%)
	Non-Concessional Contributions:	Non-Concessional Contributions:
	\$ _____ Personal post-tax	\$ _____ Personal post-tax
\$ _____ Spouse	\$ _____ Spouse	

To which fund (s) are these contributions made each year?

(Earliest) Eligible service date _____ / _____ / _____

Defined Benefit Funds

Current Multiple (Defined Benefit fund)	_____	_____
Accrual Rate	_____	_____
Member Contribution	_____	_____

For a more detailed Superannuation collection form, refer to:

Superannuation Details – Supplementary Form # 6

(Tick if completed)

PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S).

Your financial assets

Enter all existing investments including cash and bank accounts, managed funds, shares, debentures, term deposits, insurance bonds, and friendly society bonds. For Ownership, specify the manner of ownership (solely owned, joint tenants or tenant-in-common) and the name of the owner or owners. Do not include the principal home. Use a Supplementary Form for superannuation or retirement income stream products (see list below).

Investment Description	Owner/Manner of Ownership (Client 1 / Client 2 / Joint Tenants/Tenants in Common)	Units/No. of Shares	Current Value	Purchase Price	Date Purchased	Income %	Growth %	Franked %	Redeem	Percentage to Reallocate
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____
_____	_____	_____	\$ _____	\$ _____	/ /	_____	_____	_____	Yes / No	_____

PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S).

Supplementary Forms

- Pensions/Term Allocated Pensions – Supplementary Form # 7* (Tick if completed)
- Fixed Term or Lifetime Annuities/Pensions – Supplementary Form # 8* (Tick if completed)
- Commutations – Supplementary Form # 9* (Tick if completed)
- Direct Property – Supplementary Form # 10* (Tick if completed)
- Superannuation Withdrawals – Supplementary Form # 11* (Tick if completed)
- Termination Payments – Supplementary Form # 12* (Tick if completed)

Current personal protection details

Life and Total & Permanent Disability Insurance

Do you have Life and TPD cover? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Date of Commencement	_____ / _____ / _____	_____ / _____ / _____
Total Premium	\$ _____ per _____	\$ _____ per _____
Sum Insured - Life	\$ _____	\$ _____
- TPD	\$ _____	\$ _____
Current Withdrawal Value	\$ _____	\$ _____
Current Account Balance	\$ _____	\$ _____
Total Death Benefit	\$ _____	\$ _____
Nominated Beneficiaries	_____	_____
Own Occupation or Any	<input type="checkbox"/> Own <input type="checkbox"/> Any	<input type="checkbox"/> Own <input type="checkbox"/> Any
Loading/Exclusions	_____	_____

Income Protection

Do you have Income Protection? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Date of Commencement	_____ / _____ / _____	_____ / _____ / _____
Total Premium	\$ _____ per _____	\$ _____ per _____
Stepped/Level Premium Type	_____	_____
Monthly Benefit	\$ _____	\$ _____
Benefit Period	_____	_____
Waiting Period	_____	_____
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Super Guarantee Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
AIDS Exclusion	_____	_____
Loading/Exclusions	_____	_____

PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S).

Trauma Cover

Do you have Trauma Cover? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Date of Commencement	_____ / _____ / _____	_____ / _____ / _____
Total Premium	\$ _____ per _____	\$ _____ per _____
Sum Insured	\$ _____	\$ _____
Loading/Exclusions	_____	_____

PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S).

Supplementary Forms

Income Protection – Supplementary form # 13 (Tick if completed)

Trauma Protection – Supplementary Form # 14 (Tick if completed)

Insurance Needs Analysis – Supplementary Form # 15 (Tick if completed)

General insurance

	Insurer	Policy Type	Sum Insured	Premium	Commencement Date	Renewal Date
Home	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Contents	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Vehicle 1	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Vehicle 2	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Investment/Business Property	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
Other (e.g. Professional indemnity, Business)	_____	_____	\$ _____	\$ _____	_____ / _____ / _____	_____ / _____ / _____

Would you be interested in receiving comparative quotes? Yes/No

Your current advisers

Existing Adviser	Name	Contact Number	Postal Address
Accountant	_____	_____	_____
Solicitor	_____	_____	_____
Stockbroker	_____	_____	_____
Banker	_____	_____	_____
Other:	_____	_____	_____

The Information Release Form attached at the end of this questionnaire will need to be completed to enable us to gain access to your information, held by any of the above advisers and fund managers. Please note that if there are any costs associated with obtaining information from any of the above advisers, we will pass these costs onto you as the client.

Our Acknowledgments

Information in this form

The information provided in this form (Client Profile any supplementary pages) is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Profile and any supplementary pages, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product that may be inappropriate for the needs identified.

At **my request** the areas that I require advice on are:

- retirement planning
- estate planning
- superannuation
- investment planning
- budgeting
- life, trauma insurance and income protection insurance
- gearing
- direct equities
- instalment warrants

Financial Services Guide

I/We have read and understood the Financial Services Guide version _____ given to me/us on _____ prior to obtaining financial planning services and/or recommendations.

Statement of Advice Preparation Fee

The fee for the preparation of the Statement of Advice has been set at \$ _____ and I/we authorise Mahmoud Moustafa to proceed on this basis.

Authority for current Adviser

I/We authorise Mahmoud Moustafa of Apogee FP to contact any of my/our existing advisers whose details I/we have provided.

Statement of Advice Related Documents Consent

Where required, your financial adviser will provide you with a Statement of Advice outlining the advice provided to you. Your initial and all future Statements of Advice will refer to various **Understanding Series documents (Documents)** that set out general information about investment fundamentals such as risk, return and diversification (if applicable) and the benefits, costs and risks associated with various strategies recommended to you.

Receipt of Documents(s) referred to in Statements of Advice

I confirm that:

- I consent to receiving **Documents** referred to in Statements of Advice being made available to me electronically. In consenting, I acknowledge that:

- (i) I am able to access the Documents electronically; and
- (ii) If I wish to obtain a printed copy of the Documents I can contact my financial adviser who will provide these documents to me at no cost.

OR

- I wish to obtain the **Documents** referred to in Statements of Advice in printed form.

Information and Privacy Agreement

I/We agree that:

1. Subject to the authorisation of the preparation of a Statement of Advice, I am/we are to receive the following financial planning services from the adviser named in this Client Profile & LifeStyle Questionnaire ["**adviser**"] and understand that my/our personal information (including any sensitive information such as health information and membership of professional organisations ["**sensitive information**"]) is being collected primarily for these purposes:
 - retirement planning
 - estate planning
 - superannuation
 - investment planning
 - budgeting
 - managed investment schemes
 - life, trauma insurance and income protection insurance
 - gearing
 - direct equities
 - instalment warrants
 - banking including credit and debit products
 - arranging for the acquisition and disposal of all relevant products of the type described above; and
 - an ongoing review service for my/our investment portfolio or life insurance program.

Your adviser will only provide you with advice that your adviser is permitted to offer you.

2. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information):
 - to organisations involved in providing my/our adviser with marketing services and to their service providers (for example posting services), so that my/our adviser may offer me/us products and services that might meet my/our financial needs; and
 - to other organisations in connection with the sale or proposed sale of all or part of the adviser's business and to the use of that personal information by those organisations for those purposes.
 - to other professionals who may need to be engaged in order to implement certain components of my adviser's business succession advice.
3. I/We also consent to the collection of my/our personal information for the purpose of my/our adviser providing the services stated above. This consent also relates to my/our sensitive information.
4. If I/we have provided personal information about an individual (such as a partner, dependant, employer or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the **Financial Service Guide** which includes how we manage your personal information and make them aware that this section applies to their personal information that has been collected for the purpose of my adviser providing me/us with the financial advice I/we have requested.
5. If I/we have provided sensitive information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our adviser and my/our adviser's service providers.
6. I consent to the release of my personal information (including my sensitive information) to my spouse or partner.

Delete any item or consent in paragraphs 1 to 6 above which you do not agree with.

Client 1 Signature _____ Date / /

Client 1 Name _____

Client 2 Signature _____ Date / /

Client 2 Name _____

Adviser Signature _____ Date / /

Adviser Name Mahmoud Moustafa

Information Release Form

To Whom It May Concern,

I, _____

of _____

Date of birth _____

authorise that all relevant information about my investments, insurances, superannuation, bank accounts and/or other financial information be released, upon request, to:

Adviser* Name:

Including the following adviser's staff:

Adviser's address and contact details:

Please accept a photocopy, facsimile or electronic copy of this form as my authority. The original signed form will be held on file at the adviser's address above.

Client's Signature:

Date: _____

* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.

Information Release Form

To Whom It May Concern,

I, _____

of _____

Date of birth _____

authorise that all relevant information about my investments, insurances, superannuation, bank accounts and/or other financial information be released, upon request, to:

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Adviser's address and contact details:

Please accept a photocopy, facsimile or electronic copy of this form as my authority. The original signed form will be held on file at the adviser's address above.

Client's Signature:

Date: _____

* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.

Option to Quote Tax File Number

Most investment and superannuation application forms request the applicant to provide their Tax File Number (TFN).

As you will be receiving ongoing service from **Apogee FP** we offer you the option of authorising **Apogee FP** to hold your TFN, and/or details of your exemption status, in our records.

The collection, use and disclosure of TFNs are strictly controlled by taxation and superannuation laws and the Privacy Act. As an authorised representative of **Apogee FP**, Mahmoud Moustafa is authorised to collect TFNs under the Income Tax Assessment Act 1997.

You are not required to provide us with your TFN and it is not an offence if you choose not to do so.

If you do not provide us with your TFN and you wish to quote your TFN on investment and/or superannuation application forms, you will need to bring your TFN with you when calling into our office to complete these documents.

Important Information

Investment Bodies

Investment bodies are authorised to collect TFNs under the Income Tax Assessment Act 1997. It is not an offence if you choose not to provide your TFN to an investment body. However, if you do not quote your TFN, or exemption status, tax will be deducted from your income distributions at the highest marginal rate.

Some persons/entities are exempted from the TFN quotation arrangements, if the exemption status is notified to the investment body:

<ul style="list-style-type: none">Persons receiving any part of an age, service, widow pension or other types of qualifying pension/benefit	<i>state type of pension/ benefit received.</i>
<ul style="list-style-type: none">Children under the age of 16, where the investment is NOT public company share/s and the income will be less than \$420 pa	<i>state age.</i>
<ul style="list-style-type: none">Entities not required to lodge income tax returns	<i>state reason not required to lodge return.</i>
<ul style="list-style-type: none">Non-residents	<i>state country of residence.</i>

Superannuation Bodies and Approved Deposit Funds

Superannuation Bodies and Approved Deposit Funds are authorised to collect TFNs under the Superannuation Industry (Supervision) Act 1993. It is not an offence if you choose not to provide your TFN, however, if you do not provide your TFN:

- you may pay more tax on your superannuation benefit than you have to (you will get a refund at the end of the financial year in your income tax assessment);
- your fund is generally required to reject your non-concessional (after tax) contributions;
- your concessional (pre-tax including employer) contributions may be taxed at 46.5%; and
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund, or to amalgamate any multiple superannuation accounts.

Your Election

Please tick ONE of the boxes below to indicate your choice of the options available. If you tick boxes 2 or 3, please record your TFN, and/or exemption status, at the bottom of this page.

1. I instruct **Apogee FP** NOT to hold my Tax File Number in their records.
2. I instruct **Apogee FP** to hold my Tax File Number in their records. I authorise **Apogee FP** or other recipients approved by **Apogee FP**, to disclose my TFN only to me.
3. I instruct **Apogee FP** to hold my Tax File Number in their records. I authorise **Apogee FP** or other recipients approved by **Apogee FP**, to disclose my TFN, or exemption status, to me, the Australian Taxation Office and investment bodies:

Note: Apogee FP is not permitted to disclose your TFN to superannuation bodies; Approved Deposit Funds or assistance agencies.

I acknowledge that:

- I have read and understood the information above; and
- this authority will remain in force until cancelled by me in writing.

If signing under Power of Attorney, I hereby certify that I have not received notice of revocation of that Power.

Full name of client 1 (individual/entity)

Full name of client 2 (individual/entity)

Address

Client 1
Signature

Client 2
Signature

Company Seal
(if applicable)

Client 1 Tax File Number:

--	--	--	--	--	--	--	--	--	--

Client 2 Tax File Number::

--	--	--	--	--	--	--	--	--	--

My exemption status is (if applicable):

Preliminary Underwriting Questionnaire

Supplementary Form

Client 1

Height (cms)

cm

Weight (kgs)

kg

Please rate your health on a scale of 1-3 (*1 is Excellent, 3 is Poor*)

Do you participate in any hazardous activities? Please Circle:

Flying as a pilot or crew in an aircraft

Yes / No

Motor car, motorcycle or motor boat racing

Yes / No

Underwater diving

Yes / No

Football, parachuting, hang-gliding

Yes / No

Do you participate in any other hazardous pursuits, activities or sports (eg polo, competitive judo, mountain climbing, mountain biking). If so, please provide details.

Yes / No

Have you ever had Asthma?

Yes / No

Have you ever had a cyst, mole or legion requiring medical advice or treatment?

Yes / No

Do you smoke or have you smoked in the past 12 months?

Yes / No

Have you ever had a disorder of the bones, joints or muscles, arthritis, gout or repetitive strain injury?

Yes / No

Have you ever consulted anyone for anxiety, stress, or depression?

Yes / No

Have you ever had a problem with blood pressure, cholesterol, cancer, diabetes or your heart?

Yes / No

Have you ever had to consult a specialist for any medical condition?

Yes / No

Have you ever had any back or neck complaints?

Yes / No

Do you have any serious hereditary illnesses in your family?

Yes / No

Do you have any health issues? If so please provide details.

Yes / No

Have you ever had a previous insurance application declined or modified?

Yes / No