

# Client Profile



## Private and Confidential

Client 1 \_\_\_\_\_

Client 2 \_\_\_\_\_

Date Completed \_\_\_\_\_

FSG Provided \_\_\_\_\_

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Address 74 Williamstown Road, YARRAVILLE Vic 3013

## 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.

**Christopher Cachia & Associates Pty Ltd ACN 098 038 898 ATF Cachia Trading Trust ABN 60 947 356 801**  
**Trading as**  
**CCA Financial Planners**  
**Authorised Representative of GWM Adviser Services Ltd ACN 002 071 749 is an Australian Financial Services**  
**Licensee and has its 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

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Briefly detail your past experiences with Financial Planning.

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What are your expectations of our services?

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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? o 0 – 2 years

o 2 – 5 years

o 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
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

# Personal information

	Client 1	Client 2
Title	_____	_____
Surname	_____	_____
Given Names	_____	_____
Preferred Name	_____	_____
Date of Birth	____ / ____ / ____	____ / ____ / ____
Country of Birth	_____	_____
Residence/Domicile	_____	_____
Sex	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Marital Status/Relationship	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Defacto <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Defacto <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Unknown
Do you have any health issues?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If so, please provide details	_____	_____
Occupation	_____	_____
Qualifications	_____	_____
Employment Status	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual <input type="radio"/> Self Employed <input type="radio"/> Home maker <input type="radio"/> Retired <input type="radio"/> Not Employed	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual <input type="radio"/> Self Employed <input type="radio"/> Home maker <input type="radio"/> Retired <input type="radio"/> Not Employed
Employer	_____	_____
Employer Contact Details	_____	_____
Do you wish to disclose your Tax File Number to your adviser?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>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 25 (Tick if completed)</b>		
Are you a smoker?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Private Health Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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	Yes / No
	<input type="radio"/> Enduring <input type="radio"/> Other	<input type="radio"/> Enduring <input type="radio"/> 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>
<b>Total annual before-tax income</b>	<b>\$</b>	<b>\$</b>

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

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## 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
<b>Assets</b>				
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			\$	
<b>Total Assets</b>			<b>\$</b>	

## Notes

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## 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
<b>Non Tax Deductible</b>										
Principal Home	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Car Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Personal Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Credit Cards	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Other	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
<b>Tax Deductible</b>										
Investment Line of Credit	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Other	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %

### Notes

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## 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? If <b>Yes</b> , please provide details	Yes / No	Yes / No
Have you made extra repayments into your home loan or offset account? If <b>Yes</b> , how much do you have immediate access to?	Yes / No	Yes / No
Are you able to credit your salary directly into your loan or offset account? If <b>No</b> , how much extra cash would you be comfortable in using to pay off your non-deductible debt?	Yes / No	Yes / No
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	\$ _____	Do you feel there is an opportunity to save any additional funds? If <b>Yes</b> , please provide details.
Housing	\$ _____	
Motor Vehicle	\$ _____	
Insurances	\$ _____	
Other	\$ _____	
<b>Total</b>	\$ _____	

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

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

## Determining Your Investment Risk Profile

When investing it is important that you consider the level of risk as well as the return on an investment in view of your circumstances and investment goals. Risk means different things to different investors. For some, investment risk means the likelihood of a loss of capital, while for others it is the level of volatility of an investment, or the risk of an asset not producing enough to live on.

This Investment Risk Profile questionnaire has been designed to assist you in making an investment decision. It asks some questions regarding your goals, time frames and comfort with investments to provide a guide to your investor profile. Your investor profile then determines a benchmark asset allocation for your investments. Please complete the questions below by choosing the answer which most closely describes you.

**1. For how long would you expect most of your money to be invested before you would need to access it?**

- |  |    |
|--|----|
| <input type="checkbox"/> Less than 12 months   | 10 |
| <input type="checkbox"/> Between 1 and 3 years | 20 |
| <input type="checkbox"/> Between 3 and 5 years | 30 |
| <input type="checkbox"/> Between 5 and 7 years | 40 |
| <input type="checkbox"/> Longer than 7 years   | 50 |

Score

**2. If you consider current interest rates what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?**

- |   |    |                               |    |
|---|----|-------------------------------|----|
| <input type="checkbox"/> A reasonable return without losing any capital * | 10 | <input type="checkbox"/> 1-3% | 20 |
| <input type="checkbox"/> 4-6%   | 30 | <input type="checkbox"/> 7-9% | 40 |
| <input type="checkbox"/> Over 9%  | 50 |                               |    |

Score

**3. Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?**

- |   |    |   |    |
|---|----|---|----|
| <input type="checkbox"/> You would cash it in if there was any loss in value* | 0  | <input type="checkbox"/> Less than 1 year | 10 |
| <input type="checkbox"/> Up to 3 years  | 20 | <input type="checkbox"/> Up to 5 years    | 30 |
| <input type="checkbox"/> Up to 7 years  | 40 |   |    |
| <input type="checkbox"/> Up to 10 years                                       | 50 |   |    |

Score

**4. How familiar are you with investment markets?**

- |  |    |
|--|----|
| <input type="checkbox"/> Very little understanding or interest   | 10 |
| <input type="checkbox"/> Not very familiar   | 20 |
| <input type="checkbox"/> Have had enough experience to understand the importance of diversification  | 30 |
| <input type="checkbox"/> I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics | 40 |
| <input type="checkbox"/> I am experienced with all investment classes and understand the various factors that may influence performance.                       | 50 |

Score

**5. There is generally a greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?**

- |  |    |
|--|----|
| <input type="checkbox"/> Preferably guaranteed returns, ahead of tax-savings                       | 10 |
| <input type="checkbox"/> Stable, reliable returns with minimal tax savings                         | 20 |
| <input type="checkbox"/> Some variability in returns, some tax savings                             | 30 |
| <input type="checkbox"/> Moderate variability in returns, reasonable tax savings                   | 40 |
| <input type="checkbox"/> Higher variability but potentially higher returns, maximising tax savings | 50 |

Score

**6. What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?**

- Horror – Security of your capital is critical and you do not intend to take risks.\* 10
- You would cut your losses and transfer your funds to more secure investment sectors. 20
- You would be concerned, but would wait to see if the investments improve. 30
- This was a risk you understood – you would leave your investments in place expecting performance to improve. 40
- You would invest more funds to take advantage of the lower unit/share prices expecting future growth. 50

Score

**7. Which of the following best describes your purpose for investing?**

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use aggressive investments to provide income. 50
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio. 40
- You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available. 30
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement. 20
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds. 20
- You want to provide a regular income and/or totally protect the value of your investment capital.\* 10

Score

Your Score here determines your Investor Risk Profile. An explanation of the profile in relation to your score is detailed over page and will also be provided as part of your written recommendation.

Total Profile

**\* If you have answered this question and your total profile score is greater than 100, then detail in the notes below your preference for a greater return against your preference for the protection of your investment capital.**

**Notes**

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Investor Profile	Benchmark Asset mix**
<p><b>Very Conservative “Cash” (0-100 Points)</b>            May be suitable for investors with a short-term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.</p>	100% Cash
<p><b>Conservative “Fixed Interest” (101-140 Points)</b>            May be suitable for investors with an investment horizon of at least 3 years and a low risk tolerance, seeking higher than cash returns over the investment timeframe.</p>	100% Defensive
<p><b>Moderately Conservative “Capital Stable” (141- 170 Points)</b>            May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.</p>	70% Defensive 30% Growth
<p><b>Moderate “Conservative Growth” (171-200 Points)</b>            May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well-diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.</p>	50% Defensive 50% Growth
<p><b>Assertive “Balanced” (201-250 Points)</b>            May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what a share fund would likely generate.</p>	30% Defensive 70% Growth
<p><b>Moderately Aggressive “Growth” (251- 300 Points)</b>            May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.</p>	15% Defensive 85% Growth
<p><b>Aggressive “Share” (301-350 Points)</b>            May be suitable for investors with an investment horizon of at least 7 years and high risk tolerance, comfortable with a share portfolio dominated by Australian and international shares.</p>	100% Growth

\*\* This demonstrates the benchmark Defensive/Growth asset mix for each investor profile. Defensive assets, such as cash and fixed interest are expected to grow at a slower rate over the longer term but are expected to experience less volatility. Growth assets, such as property and shares have historically grown at a rate greater than inflation over time and usually produce higher returns than defensive assets but can also demonstrate greater volatility in the short term.

**Notes**

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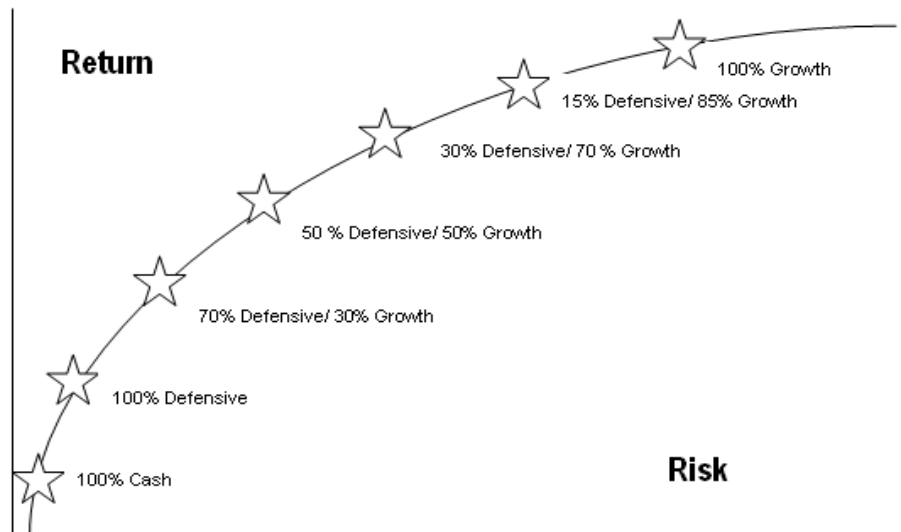
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# Risk & return discussion tools

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
<b>Best 1 year return</b>	<b>8.1</b>	<b>18.6</b>	<b>20.6</b>	<b>34.0</b>	<b>37.6</b>	<b>41.6</b>
<b>Worst 1 year return</b>	<b>3.5</b>	<b>-1.1</b>	<b>0.3</b>	<b>-54.0</b>	<b>-38.9</b>	<b>-27.4</b>
<b>15 year average return</b>	<b>5.9</b>	<b>7.8</b>	<b>8.7</b>	<b>9.5</b>	<b>12.6</b>	<b>6.5</b>

### 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



# 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

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

Insurances (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
<b>Accumulation Superannuation Funds</b>		
<b>Non-Concessional Contributions (pa):</b>	\$ _____ Personal Post-tax \$ _____ Spouse	\$ _____ Personal Post-tax \$ _____ Spouse
Detail any Non-concessional contributions made in previous financial years	This financial year: \$ _____ Previous two financial years: Last financial year \$ _____ Previous financial year \$ _____	This financial year: \$ _____ Previous two financial years: Last financial year \$ _____ Previous financial year \$ _____
<b>Concessional Contributions (pa):</b>	\$ _____ SGC ( ___% x \$ _____ ) \$ _____ Salary Sacrifice ( ___% ) \$ _____ Self Employed ( ___% )	\$ _____ SGC ( ___% x \$ _____ ) \$ _____ Salary Sacrifice ( ___% ) \$ _____ Self Employed ( ___% )
Detail any Concessional contributions made during this financial year	This financial year: \$ _____	This financial year: \$ _____
To which fund (s) are these contributions made each year?	_____	_____
(Earliest) Eligible service date	_____ / _____ / _____	_____ / _____ / _____
<b>Defined Benefit Funds</b>		
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	\$ _____ <i>per</i> _____	\$ _____ <i>per</i> _____
Sum Insured - Life	\$ _____	\$ _____
- TPD	\$ _____	\$ _____
Current Withdrawal Value	\$ _____	\$ _____
Current Account Balance	\$ _____	\$ _____
Total Death Benefit	\$ _____	\$ _____
Nominated Beneficiaries	_____	_____
Own Occupation or Any	<input type="radio"/> Own <input type="radio"/> Any	<input type="radio"/> Own <input type="radio"/> 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	\$ _____ <i>per</i> _____	\$ _____ <i>per</i> _____
Stepped/Level Premium Type	_____	_____
Monthly Benefit	\$ _____	\$ _____
Benefit Period	_____	_____
Waiting Period	_____	_____
Indexed to CPI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Super Guarantee Options	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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)

*Preliminary Underwriting Questionnaire – Supplementary Form # 19*

(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 & Lifestyle Questionnaire Sections A, Wizard V\_\_\_\_\_ and 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 & Lifestyle Questionnaire Sections A and B, Wizard V\_\_\_\_\_ 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 5.00 dated 10 January 2011 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 \_\_\_\_\_ to proceed on this basis.

## Authority for current Adviser

I/We authorise \_\_\_\_\_ of \_\_\_\_\_ 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 Christopher Cachia / Oliver Adamkiewicz

# 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:

\* ALL staff of CCA Financial Planners

\_\_\_\_\_  
\_\_\_\_\_

Adviser's address and contact details:

74 Williamstown Road, YARRAVILLE Vic 3013

Ph 03 9689 5200 / Fax 03 9689 5211 / Email info@ccafp.com.au

\_\_\_\_\_

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:

**Adviser\* Name:**

\_\_\_\_\_  
\_\_\_\_\_

Including the following adviser's staff:

\* ALL staff of CCA Financial Planners

\_\_\_\_\_  
\_\_\_\_\_

Adviser's address and contact details:

74 Williamstown Road, YARRAVILLE Vic 3013

Ph 03 9689 5200 / Fax 03 9689 5211 / Email info@ccaftp.com.au

\_\_\_\_\_  
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 **CCA Financial Planners** we offer you the option of authorising **CCA Financial Planners** 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 **CCA Financial Planners, Christopher Cachia / Oliver Adamkiewicz** 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"><li>Persons receiving any part of an age, service, widow pension or other types of qualifying pension/benefit</li></ul>	<i>state type of pension/ benefit received.</i>
<ul style="list-style-type: none"><li>Children under the age of 16, where the investment is NOT public company share/s and the income will be less than \$420 pa</li></ul>	<i>state age.</i>
<ul style="list-style-type: none"><li>Entities not required to lodge income tax returns</li></ul>	<i>state reason not required to lodge return.</i>
<ul style="list-style-type: none"><li>Non-residents</li></ul>	<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 record your TFN, and/or exemption status, at the bottom of this page.

I instruct **CCA Financial Planners** to hold my Tax File Number in their records. I authorise **CCA Financial Planners**, or other recipients approved by **CCA Financial Planners**, to disclose my TFN, or exemption status, to me, the Australian Taxation Office and investment bodies.

*Note: CCA Financial Planners 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		Company Seal (if applicable)
Client 2 Signature		

Client 1 Tax File Number: 

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Client 2 Tax File Number:: 

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My exemption status is (if applicable): 

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