



CONFIDENTIAL DOCUMENT

Your FSS Advisory adviser is required by law to make enquiries as to the level of service you are seeking, your investment objectives including your risk profile, financial situation and particular needs.

A key consideration in understanding your investment requirements is your attitude to and tolerance of risk.

This questionnaire has been prepared to help you consider the various investment

risks and to understand how they impact on your personal circumstances.

Please take the time to answer these questions as they will assist your adviser to develop an appropriate investment strategy that will meet your financial and lifestyle objectives.

Please note that you may choose not to provide the information requested, however you should note that your

adviser's recommendations and obligations will be limited accordingly and you will need to consider whether the advice provided is appropriate for you.

You should ensure that your adviser is kept informed of any material changes to the information you have supplied.

Client Name(s)

Adviser Name

Meeting Date

Checklist

- Completed relevant sections of the Client Profile Questionnaire
- Signed the Client Profile Declaration on page 16

Please tick the boxes where appropriate throughout the Client Profile Questionnaire

Personal Details

CLIENT 1

Title

 Mr Mrs Miss Ms Other (specify)

Name

Gender

 Male Female

Date of birth

Marital status

 Married De facto Single
 Widow Separated Divorced

Home phone

Facsimile

Work phone

Mobile

Email

CLIENT 2

Title

 Mr Mrs Miss Ms Other (specify)

Name

Gender

 Male Female

Date of birth

Marital status

 Married De facto Single
 Widow Separated Divorced

Home phone

Facsimile

Work phone

Mobile

Email



Residency details

CLIENT 1

Are you an Australian resident for tax purposes?

Yes No

If no, please state your country of residency

If previously an Australian resident, what was the date you became a non-resident

 / /

Residential address

Suburb/Town

State

Postcode

Postal address/PO Box number

(if same as residential address, please write "as above")

Suburb/Town

State

Postcode

CLIENT 2

Are you an Australian resident for tax purposes?

Yes No

If no, please state your country of residency

If previously an Australian resident, what was the date you became a non-resident

 / /

Residential address

Suburb/Town

State

Postcode

Postal address/PO Box number

(if same as residential address, please write "as above")

Suburb/Town

State

Postcode

Children/dependents (Please include adult children)

Name(s)	Date of birth	Gender M/F	Relationship to client	Dependant Y/N	Type of dependant*	When do you expect dependency to cease?

*Please advise type of dependant: C=Child H=Home working partner/spouse I=Invalid relative O=Other

How many grandchildren do you have?

Needs, Goals and Objectives

Client objectives

Please indicate the objectives you are seeking to achieve through your investment plan. Example of goals may include saving for your retirement, children’s education or a new car.

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If you were to retire today, how much income (after tax and in today’s dollars) per annum would you require in order to maintain your preferred standard of living throughout retirement?

\$

What do you expect from your investment adviser?

.....

.....

Financial priorities

How concerned are you about the following?
(please provide a rating between 1 to 5, 1 being a low priority, 5 being a high priority).

Issue

Rating – Client 1

Rating – Client 2

Security of capital

1 2 3 4 5

1 2 3 4 5

Capital growth

1 2 3 4 5

1 2 3 4 5

Tax effective income

1 2 3 4 5

1 2 3 4 5

Ease of withdrawal

1 2 3 4 5

1 2 3 4 5

Low volatility

1 2 3 4 5

1 2 3 4 5

Simplicity

1 2 3 4 5

1 2 3 4 5

Ongoing service

1 2 3 4 5

1 2 3 4 5

Other issue (please specify)

Rating – Client 1

Rating – Client 2

.....

.....

.....

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5



Financial Profile

Employment status

CLIENT 1

Employee
(please specify) Part-time Full-time Casual

Self employed
(please specify) Sole proprietor Partnership
 Private company Trust

Retired Not employed

Last worked / /

Employer name

Job title

Date commenced / / When do you expect to retire?
 Years

Do you expect a change in your employment status?
 Yes No (if yes, please give details)

CLIENT 2

Employee
(please specify) Part-time Full-time Casual

Self employed
(please specify) Sole proprietor Partnership
 Private company Trust

Retired Not employed

Last worked / /

Employer name

Job title

Date commenced / / When do you expect to retire?
 Years

Do you expect a change in your employment status?
 Yes No (if yes, please give details)

Income

CLIENT 1

	(per annum)	
Gross income from employer	\$	p.a.
Income from investments (as per assets and liabilities table)	\$	p.a.
Government assistance	\$	p.a.
Foreign pension	\$	p.a.
TOTAL INCOME (pre tax)	\$	p.a.

CLIENT 2

	(per annum)	
Gross income from employer	\$	p.a.
Income from investments (as per assets and liabilities table)	\$	p.a.
Government assistance	\$	p.a.
Foreign pension	\$	p.a.
TOTAL INCOME (pre tax)	\$	p.a.

Government assistance

CLIENT 1

Are you receiving a pension or benefit? Yes No

Type of benefit

Amount received \$ per fortnight

CLIENT 2

Are you receiving a pension or benefit? Yes No

Type of benefit

Amount received \$ per fortnight

Expenditure

CLIENT 1

	(per annum)	
Loan repayments (as per assets and liabilities table)	\$	p.a.
Living expenses	\$	p.a.

CLIENT 2

	(per annum)	
Loan repayments (as per assets and liabilities table)	\$	p.a.
Living expenses	\$	p.a.

Client Profile Questionnaire

Assets

Personal assets

	Market value	Gross income	Owner
Family home	\$	\$ per annum	
Contents	\$	\$ per annum	
Motor vehicle	\$	\$ per annum	
Holiday house	\$	\$ per annum	
Other	\$	\$ per annum	
	\$	\$ per annum	
	\$	\$ per annum	

Investment assets

	Market value	Gross income	Owner
Cash	\$	\$ per annum	
Fixed term investments	\$	\$ per annum	
Shares	\$	\$ per annum	
Managed investments	\$	\$ per annum	
International investments	\$	\$ per annum	
Investment property	\$	\$ per annum	
Other	\$	\$ per annum	
	\$	\$ per annum	

Superannuation

	Market value	Income drawn	Owner
	\$	\$ per annum	
	\$	\$ per annum	
	\$	\$ per annum	
	\$	\$ per annum	

Total assets

\$	\$ per annum	
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Liabilities

Loan balances

	Purpose (home, shares etc)	Lender	Approx. date commenced	Interest rate	Fixed/ variable	Owner
\$				% p.a.		
\$				% p.a.		
\$				% p.a.		
\$				% p.a.		
\$				% p.a.		
\$				% p.a.		

Future income/expenditure

Do you expect any significant change in income or expenses? (i.e. selling your house, home renovations, new car, family assistance etc)

Yes No (if yes, please give details)

Type of change

	Time frame	Income/expenditure



Client structures

Please provide details below of any Companies, Trusts or Self Managed Superannuation Funds.

	Entity name	Details
Companies		
Trusts		
SMSF		

Professional Advisers

Accountant

Name

Contact name

Address

Suburb/Town

State Postcode Phone number ()

Solicitor

Name

Contact name

Address

Suburb/Town

State Postcode Phone number ()

Insurance adviser/broker

Name

Contact name

Address

Suburb/Town

State Postcode Phone number ()

Bank/margin lender

Name

Contact name

Address

Suburb/Town

State Postcode Phone number ()

Your Risk Profile

Prior to considering any specific investment options, it is necessary to agree on how much of your overall portfolio should be invested in growth assets versus defensive assets. This section will help your adviser understand what type of investor you can afford to be and will enable your adviser to recommend a personal asset allocation tailored to your needs.

Please complete the questions below by choosing the answer which most closely describes you.

1. Have you previously dealt with another broker?

Yes No

2. Which of the following best describes your current stage life?

Points

<input type="checkbox"/> Single with few financial burdens. Looking to accumulate wealth. Require access to cash for entertainment such as holidays, shopping, cars etc.	50
<input type="checkbox"/> A couple without children. Preparing for the future by establishing a home. Require access to cash for consumer items.	40
<input type="checkbox"/> A young family. You have a mortgage and maintain only a small amount of cash.	30
<input type="checkbox"/> Mature family. You have your mortgage under control and are in your peak earning years. You are thinking about retirement although it may be years away.	50
<input type="checkbox"/> Preparing for retirement. You most likely own your own home and have few financial burdens. You want to ensure that you can afford a comfortable retirement that will include travel and recreation.	20
<input type="checkbox"/> Retired. You rely upon existing funds and investments to maintain your lifestyle. You may be receiving the pension.	10

3. How familiar are you with investment markets?

Points

<input type="checkbox"/> Very little understanding or interest	10
<input type="checkbox"/> Not very familiar	20
<input type="checkbox"/> Have enough experience to understand the importance of diversification	30
<input type="checkbox"/> Understand that markets can be volatile and that different market sectors offer different income, growth and taxation characteristics	40
<input type="checkbox"/> Very experienced with all market sectors and understand the various factors which influence performance.	50

4. Which TWO of the following investment objectives would you consider are important to you:

Points

<input type="checkbox"/> Preservation of capital i.e. that the money invested will not fall in value	10
<input type="checkbox"/> Need for regular income from the investments	10
<input type="checkbox"/> Opportunity for capital growth	20
<input type="checkbox"/> Opportunity for profit through short term trading	30
<input type="checkbox"/> Need to be able to readily cash-in the investment	40



5. Please select the option that best describes your attitude to risk?

Points

<input type="checkbox"/> Very Low – you prefer guaranteed returns	10
<input type="checkbox"/> Low – you prefer stable, reliable returns	20
<input type="checkbox"/> Medium – you can tolerate some variability in returns	30
<input type="checkbox"/> High – you can tolerate variability in returns	40
<input type="checkbox"/> Very High – you can tolerate unstable, but potentially higher returns.	50

6. What is your investment timeframe?

Points

<input type="checkbox"/> Less than 3 years	10
<input type="checkbox"/> Between 3 and 4 years	20
<input type="checkbox"/> Between 4 and 5 years	30
<input type="checkbox"/> Between 5 and 7 years	40
<input type="checkbox"/> Longer than 7 years	50

7. Can you provide an indication of your trading policy?

Points

<input type="checkbox"/> Passive	10
<input type="checkbox"/> Active	50
<input type="checkbox"/> Combination of active and passive	30

8. In light of current interest rates, what return do you reasonably expect to achieve from your investments?

Points

<input type="checkbox"/> Standard term deposit rate as you don't want to risk your capital.	0
<input type="checkbox"/> Current inflation rate plus 2 to 4% per annum	20
<input type="checkbox"/> Current inflation rate plus 5 to 7% per annum	30
<input type="checkbox"/> Current inflation rate plus 8 to 12% per annum	40
<input type="checkbox"/> Current inflation rate and over 12% per annum	50

Total Investor Risk Profile Score

Your Investor Profile is

See next page for Investor Profiles.



Superannuation

Please provide copies of recent superannuation fund statements if you are able to, otherwise provide approximate figures.

CLIENT 1

Super fund 1

Fund name

Type of fund (Accumulation, pension, defined benefit, lifetime pension, fixed term pension, Self managed, other.)

Date joined

 / /

Investment option

Approximate current value

 \$

Tax free component

 \$

Contributions (per annum)

Employer	\$	p.a.
Personal	\$	p.a.
Salary sacrifice	\$	p.a.
Total contributions	\$	p.a.

Have you nominated a beneficiary for this fund?

Yes No (if yes, please specify)

Is the nomination binding?

binding non binding

Super fund 2

Fund name

Type of fund (Accumulation, pension, defined benefit, lifetime pension, fixed term pension, Self managed, other.)

Date joined

 / /

Investment option

Approximate current value

 \$

Tax free component

 \$

Contributions (per annum)

Employer	\$	p.a.
Personal	\$	p.a.
Salary sacrifice	\$	p.a.
Total contributions	\$	p.a.

Have you nominated a beneficiary for this fund?

Yes No (if yes, please specify)

Is the nomination binding?

binding non binding

Do you require assistance to rollover your existing super?

Yes No

CLIENT 2

Super fund 1

Fund name

Type of fund (Accumulation, pension, defined benefit, lifetime pension, fixed term pension, Self managed, other.)

Date joined

 / /

Investment option

Approximate current value

 \$

Tax free component

 \$

Contributions (per annum)

Employer	\$	p.a.
Personal	\$	p.a.
Salary sacrifice	\$	p.a.
Total contributions	\$	p.a.

Have you nominated a beneficiary for this fund?

Yes No (if yes, please specify)

Is the nomination binding?

binding non binding

Super fund 2

Fund name

Type of fund (Accumulation, pension, defined benefit, lifetime pension, fixed term pension, Self managed, other.)

Date joined

 / /

Investment option

Approximate current value

 \$

Tax free component

 \$

Contributions (per annum)

Employer	\$	p.a.
Personal	\$	p.a.
Salary sacrifice	\$	p.a.
Total contributions	\$	p.a.

Have you nominated a beneficiary for this fund?

Yes No (if yes, please specify)

Is the nomination binding?

binding non binding

Do you require assistance to rollover your existing super?

Yes No

Employment Termination Payment (ETP)

CLIENT 1

Have you received an Employment Termination Payment this financial year?

Yes No

If you have received an ETP, your employer or past employer will have provided you with the following details in an approved form. Please supply any relevant documentation with this booklet.

Service period

From	/	/		to	/	/
------	---	---	--	----	---	---

Tax free component	\$
Taxable component	\$
Total	\$

CLIENT 2

Have you received an Employment Termination Payment this financial year?

Yes No

If you have received an ETP, your employer or past employer will have provided you with the following details in an approved form. Please supply any relevant documentation with this booklet.

Service period

From	/	/		to	/	/
------	---	---	--	----	---	---

Tax free component	\$
Taxable component	\$
Total	\$



Risk Planning

Please provide copies of insurance policy statements if you are able to, otherwise provide approximate figures.

Basic health details

CLIENT 1

Health for age

Poor Fair Good

Smoker

Yes No

Tertiary qualifications

.....

Do you have any pre-existing health conditions?

.....

CLIENT 2

Health for age

Poor Fair Good

Smoker

Yes No

Tertiary qualifications

.....

Do you have any pre-existing health conditions?

.....

Income protection

CLIENT 1

Do you have income protection insurance? Yes No

Sum insured

\$

Premium

\$

Payment frequency Annual Quarterly Monthly

Product/Company name

.....

Benefit period

Waiting period

CLIENT 2

Do you have income protection insurance? Yes No

Sum insured

\$

Premium

\$

Payment frequency Annual Quarterly Monthly

Product/Company name

.....

Benefit period

Waiting period

Life insurance/disability insurance

CLIENT 1

Do you have life/disability insurance? Yes No

Sum insured

\$

Premium

\$

Payment frequency Annual Quarterly Monthly

Product/Company name

.....

Type of cover Death TPD Trauma

Does your super fund provide life insurance? Yes No

If yes, how much? \$

CLIENT 2

Do you have life/disability insurance? Yes No

Sum insured

\$

Premium

\$

Payment frequency Annual Quarterly Monthly

Product/Company name

.....

Type of cover Death TPD Trauma

Does your super fund provide life insurance? Yes No

If yes, how much? \$

Trauma insurance

CLIENT 1

Sum insured

Premium

Payment frequency

 Annual Quarterly Monthly

Product/Company name

CLIENT 2

Sum insured

Premium

Payment frequency

 Annual Quarterly Monthly

Product/Company name

Private health insurance

CLIENT 1

Do you have private health insurance?

 Yes No

CLIENT 2

Do you have private health insurance?

 Yes No

Estate Planning

CLIENT 1

Do you have a will?

 Yes No

When was it prepared?

When was it reviewed?

Who are the main beneficiaries?

Are there any major provisions?

 Yes No

If yes, please provide detail in additional notes section on page 15

Who is the executor?

CLIENT 2

Do you have a will?

 Yes No

When was it prepared?

When was it reviewed?

Who are the main beneficiaries?

Are there any major provisions?

 Yes No

If yes, please provide detail in additional notes section on page 15

Who is the executor?

Testamentary Trust

CLIENT 1

Do you have a Testamentary Trust?

 Yes No

If yes, who are the beneficiaries of the Testamentary Trust?

Who are the trustees of the Testamentary Trust?

CLIENT 2

Do you have a Testamentary Trust?

 Yes No

If yes, who are the beneficiaries of the Testamentary Trust?

Who are the trustees of the Testamentary Trust?



Power of Attorney

CLIENT 1

Do you have a Power of Attorney?

Yes No

If yes, what type of POA

Enduring Limited Financial Medical

State of Australia POA was prepared

Date last reviewed

 / /

CLIENT 2

Do you have a Power of Attorney?

Yes No

If yes, what type of POA

Enduring Limited Financial Medical

State of Australia POA was prepared

Date last reviewed

 / /

Bequests

CLIENT 1

Have you any provisions for bequests?

Yes No

If yes, please provide detail in additional notes section on page 15

CLIENT 2

Have you any provisions for bequests?

Yes No

If yes, please provide detail in additional notes section on page 15

Inheritance

CLIENT 1

Do you expect to receive an inheritance in the next 5 years?

Yes No

Of what value do you expect it to be? \$

Source

CLIENT 2

Do you expect to receive an inheritance in the next 5 years?

Yes No

Of what value do you expect it to be? \$

Source

Name of attorney and contact details

CLIENT 1

Full name

Postal address

Suburb

State

Postcode

Work phone

 ()

Mobile

Email

 @

CLIENT 2

Full name

Postal address

Suburb

State

Postcode

Work phone

 ()

Mobile

Email

 @



Declaration

It is essential that you review your risk profile carefully to ensure that it reflects your attitude to investment. If it does not, you must bring this to the attention of your adviser. It is important that you answer the questions as accurately as possible. Your risk profile may change over time and should be reviewed before making investment decisions in future.

I/We confirm the risk profile of (client/s name) as agreed in this risk profile questionnaire.

I/We declare that I/We are comfortable with the risk profile that I/We have been assigned and I/We understand that this will be used to assist FSS Advisory in determining an appropriate financial strategy for me/us.

- Acknowledge we have received the FSS Advisory Financial Services Guide (FSG)
- Declare the information I/We have provided in this Client Profile is accurate to the best of my/our knowledge
- Declare that if I/We have chosen not to complete this form in full, I/We acknowledge that any advice provided will be general in nature and I/We need to consider the appropriateness of the advice in light of my/our needs, goals and circumstances.

Authorisation

I/We acknowledge that FSS will charge a fee of \$ for the written advice.

CLIENT 1

Client name

Client signature

Date

CLIENT 2

Client name

Client signature

Date

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