



# FINANCIAL NEEDS ANALYSIS

## Strictly Confidential

Matrix Planning Solutions Limited

AFSL & ACL No: 238256

Date

Client 1

Client 2

Adviser

Why are you seeking advice?

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### Important notice regarding provision of personal information and privacy

In order for an Adviser to make a sound financial recommendation, the Adviser must conduct an appropriate investigation of your particular needs and financial situation. The information requested in this form is necessary to enable a recommendation to be made that is considered to be in your best interests. **WARNING:** If you do not provide complete and accurate information that is relevant to financial needs as requested in this form, the Adviser may not be able to give you an appropriate recommendation.

All Matrix Planning Solutions Advisers will adhere to the Privacy Act 1988 including the Australian Privacy Principles when collecting, using, storing and disclosing the information contained in this form and will not unlawfully disclose this information.

You are entitled to gain access to this information and should you wish to do so, you can contact us on 1300 663 334 or write to us at PO Box Q1493, QVB, NSW, 1230 or Level 12, 20 Bond Street, Sydney, NSW, 2000. Alternatively, you can contact your Matrix Planning Solutions Adviser.

## Personal Summary Details

|   | Client 1  | Client 2  |
|---|---|---|
| Title   | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms                    | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms                    |
|   | <input type="checkbox"/> Dr <input type="checkbox"/> Other _____  | <input type="checkbox"/> Dr <input type="checkbox"/> Other _____  |
| Surname   | <input type="text"/>  | <input type="text"/>  |
| Given name(s)   | <input type="text"/>  | <input type="text"/>  |
| Preferred name  | <input type="text"/>  | <input type="text"/>  |
| Maiden name   | <input type="text"/>  | <input type="text"/>  |
| Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| Date of birth   | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Place of birth  | <input type="text"/>  | <input type="text"/>  |
| Marital status  | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |
|   | <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____                               | <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____                               |
| Permission to discuss matters with Client 1/Client 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you fluent in English?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

## Contact Information

|                |  |  |                      |
|----------------|--|--|----------------------|
| Home address   | <input type="text"/>                                     |  |                      |
| Town/suburb    | <input type="text"/>                                     | State  | <input type="text"/> |
| Postcode       | <input type="text"/>                                     | Postcode   | <input type="text"/> |
| Postal address | <input type="checkbox"/> Same as above                   | <input type="text"/>                                     |                      |
| Town/suburb    | <input type="text"/>                                     | State  | <input type="text"/> |
| Postcode       | <input type="text"/>                                     | Postcode   | <input type="text"/> |
| Telephone (H)  | ( <input type="text"/> ) <input type="text"/> Preferred? | ( <input type="text"/> ) <input type="text"/> Preferred? |                      |
| Telephone (W)  | ( <input type="text"/> ) <input type="text"/> Preferred? | ( <input type="text"/> ) <input type="text"/> Preferred? |                      |
| Mobile         | <input type="text"/> Preferred?                          | <input type="text"/> Preferred?                          |                      |
| Fax            | <input type="text"/>                                     | <input type="text"/>                                     |                      |
| Email(H)       | <input type="text"/>                                     | <input type="text"/>                                     |                      |
| Email(W)       | <input type="text"/>                                     | <input type="text"/>                                     |                      |

## Health Summary Details

|  |  |  |
|--|--|--|
| Do you smoke?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have private health cover?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of fund   | <input type="text"/>                                     | <input type="text"/>                                     |
| Do you have any major health issues that need to be considered in making insurance and investment decisions? | <input type="text"/>                                     | <input type="text"/>                                     |

## Child/Dependant/Other Family Details

| First name | Last name | Date of birth | Sex | Relationship | Dependant until |
|------------|-----------|---------------|-----|--------------|-----------------|
|            |           | / /           |     |              |                 |
|            |           | / /           |     |              |                 |
|            |           | / /           |     |              |                 |
|            |           | / /           |     |              |                 |

Are your parents still living/independent?  Yes  No  Yes  No

## Occupation

|  |  |  |  |                                    |
|--|--|--|--|------------------------------------|
| Occupation   |  |  |  |                                    |
| Work status  | <input type="checkbox"/> Full-time                               | <input type="checkbox"/> Part-time                               | <input type="checkbox"/> Full-time     | <input type="checkbox"/> Part-time |
|  | <input type="checkbox"/> Self-employed                           | <input type="checkbox"/> Casual                                  | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Casual    |
|  | <input type="checkbox"/> Not working                             | <input type="checkbox"/> Retired                                 | <input type="checkbox"/> Not working   | <input type="checkbox"/> Retired   |
| Hours worked (Weekly)                                    |  |  |  |                                    |
| Position title   |  |  |  |                                    |
| Employer name  |  |  |  |                                    |
| If self employed,<br>what is your business<br>structure? | <input type="checkbox"/> Sole trader (T/A provide details below) | <input type="checkbox"/> Sole trader (T/A provide details below) |  |                                    |
|  | <input type="checkbox"/> Company                                 | <input type="checkbox"/> Company                                 |  |                                    |
|  | <input type="checkbox"/> Partnership (split ___% ___%)           | <input type="checkbox"/> Partnership (split ___% ___%)           |  |                                    |

## Accumulated Leave Entitlements

Please indicate the number of hours for each type of leave if any

|                    |  |  |
|--------------------|--|--|
| Annual leave       |  |  |
| Sick leave         |  |  |
| Long service leave |  |  |

Notes:

## Estate Planning

Not disclosed     Not applicable     Nil

### Client 1

### Client 2

Do you have a valid will?  
(legally valid and reflects  
your current wishes)

Yes     No

Yes     No

Date of will

/ /

/ /

The year last reviewed

Name(s) of executor(s)

Does the will allow for  
a testamentary trust?

Yes     No

Yes     No

Do you have a Power  
of Attorney?

Yes     No

Yes     No

If 'yes', indicate the  
type (e.g. enduring,  
medical, general,  
specific purpose)

Name(s) of attorney(s)

Enduring guardianship?

Yes     No

Yes     No

Names(s) of enduring  
guardian(s)

Location of documents

Binding Financial  
Agreement?

Yes     No

Yes     No

Will sufficient funds  
be available to your  
beneficiaries between your  
death and the distribution  
of your estate?

Yes     No

Yes     No

Have you considered any  
taxation liabilities on  
any assets or insurance  
proceeds to your  
beneficiaries?

Yes     No

Yes     No

Have you made a binding  
death benefit nomination  
with your superannuation  
fund?

Yes     No

Yes     No

If 'yes', name the  
beneficiary(s)

Funeral plan/bond and  
amount paid

Yes \$ \_\_\_\_\_  No

Yes \$ \_\_\_\_\_  No

Provide details

### Adviser to complete:

Did you discuss with the client the need to obtain/update the client's estate planning, including any referrals to a specialist to prepare documentation?

Yes     No

If 'yes', provide details here. Record any additional information.

## Taxation Details

Client 1

Client 2

Are you an Australian for tax purposes  Yes  No \_\_\_\_\_  Yes  No \_\_\_\_\_

Have you bought or sold any assets in the last 12 months?  Yes (provide details)  No

Do you have any outstanding tax payments e.g. capital gains?  Yes (provide details)  No

Do you have any tax losses that could be carried forward?  Yes (provide details)  No

What other tax structures are applicable?

Company  SMSF  Trust  Other\* \_\_\_\_\_

### Company Details

Name

Tax File Number  ABN

Directors

Is this a corporate trustee only?  Yes  No

### SMSF Details

Name

Trustee type  Individual  Corporate \_\_\_\_\_

Tax File Number  ABN

Members/trustees

### Trust Details

Name

Trustee type  Individual  Corporate \_\_\_\_\_

Tax File Number  ABN

Trustee(s)

Beneficiaries

Please provide additional details applicable to these structures\*.

## Redundancy or Early Retirement

Have you or will you receive a redundancy or early retirement payment?

Yes  No

Yes  No

|   | Client 1   | Client 2   |
|---|--|--|
| Service period                                    |  |  |
| Employment commencement date                      | / /  | / /  |
| Date employment ceased                            | / /  | / /  |
| Redundancy/early retirement amount                | \$   | \$   |
| Payment for unused annual leave                   | \$   | \$   |
| Payment for unused long service leave             | \$   | \$   |
| Do you have to exit employer superannuation fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Social Security and Department of Veterans' Affairs (DVA Details)

Not disclosed  Not applicable  Nil

## Social Security

|  | Client 1  | Client 2  |
|--|---|---|
| Do you receive any social security benefits? | <input type="checkbox"/> Age pension <input type="checkbox"/> Newstart<br><input type="checkbox"/> Disability support <input type="checkbox"/> Family tax<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Age pension <input type="checkbox"/> Newstart<br><input type="checkbox"/> Disability support <input type="checkbox"/> Family tax<br><input type="checkbox"/> Other _____ |
| Social security reference number             |   |   |
| Payment per fortnight                        | \$  | \$  |
| Do you have any Centrelink concession cards? | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No  | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No  |

## DVA Details

|  | Client 1   | Client 2   |
|--|--|--|
| Do you receive any DVA payments?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DVA reference number   |  |  |
| Payment per fortnight  | \$   | \$   |
| Are you in receipt of special benefits due to death or disability? e.g. Gold Card/TPI card |  |  |

## Financial Data Section

Not disclosed     Not applicable     Nil

|  | Client 1 | Client 2 |
|--|----------|----------|
| Salary or wages income                     | \$       | \$       |
| Bonus/commission                           | \$       | \$       |
| Reportable fringe benefits taxable value   | \$       | \$       |
| Distribution from private company or trust | \$       | \$       |
| Rental income                              | \$       | \$       |
| Interest income                            | \$       | \$       |
| Share/investment income (dividends)        | \$       | \$       |
| Super pension/annuity income               | \$       | \$       |
| Foreign pension income                     | \$       | \$       |
| Maintenance income                         | \$       | \$       |
| Centrelink income                          | \$       | \$       |
| Veteran Affairs (DVA) benefit amount       | \$       | \$       |
| Other                                      | \$       | \$       |
| Other                                      | \$       | \$       |
| <b>TOTAL INCOME (before tax)</b>           | \$       | \$       |
| Estimated tax                              | \$       | \$       |
| Net income                                 | \$       | \$       |

| Summary - Financial Cashflow Situation |    | Notes |
|--|----|-------|
| Net combined income                    | \$ |       |
| Less - mortgage/rent payment           | \$ |       |
| Less - regular savings                 | \$ |       |
| Less - other commitments               | \$ |       |
| Estimated living costs                 | \$ |       |

Is your income likely to change over the next 12 months?     Yes     No

## Current Expenditure

Not disclosed   
  Not applicable   
  Nil

| Expenses                  | Amount | Frequency | Annual amount |
|---------------------------|--------|-----------|---------------|
| <b>Debt repayments</b>    |        |           |               |
| Mortgage                  | \$     |           | \$            |
| Personal loan             | \$     |           | \$            |
| Car loan                  | \$     |           | \$            |
| Credit card               | \$     |           | \$            |
| Store card                | \$     |           | \$            |
| HECS/Help payments        | \$     |           | \$            |
| Other                     | \$     |           | \$            |
| <b>Sub total</b>          |        |           | \$            |
| <b>Household</b>          |        |           |               |
| Rent                      | \$     |           | \$            |
| Council rates             | \$     |           | \$            |
| Electricity               | \$     |           | \$            |
| Gas                       | \$     |           | \$            |
| Water                     | \$     |           | \$            |
| Phone/internet/Foxtel     | \$     |           | \$            |
| Mobile phone              | \$     |           | \$            |
| Home & contents insurance | \$     |           | \$            |
| Building insurance        | \$     |           | \$            |
| Repair/maintenance        | \$     |           | \$            |
| Car registration          | \$     |           | \$            |
| Car insurance             | \$     |           | \$            |
| Petrol                    | \$     |           | \$            |
| Groceries                 | \$     |           | \$            |
| Other                     | \$     |           | \$            |
| <b>Sub total</b>          |        |           | \$            |



**Children**

|                    |    |  |    |
|--------------------|----|--|----|
| School fees        | \$ |  | \$ |
| Day care           | \$ |  | \$ |
| University/Tuition | \$ |  | \$ |
| Books & uniforms   | \$ |  | \$ |
| Camps/excursions   | \$ |  | \$ |
| Activities         | \$ |  | \$ |
| <b>Sub total</b>   |    |  | \$ |

**Health**

|                   |    |  |    |
|-------------------|----|--|----|
| Health insurance  | \$ |  | \$ |
| Pharmaceutical    | \$ |  | \$ |
| Doctor            | \$ |  | \$ |
| Dentist           | \$ |  | \$ |
| Life insurance    | \$ |  | \$ |
| Trauma insurance  | \$ |  | \$ |
| Income protection | \$ |  | \$ |
| <b>Sub total</b>  |    |  | \$ |

**Lifestyle**

|                           |    |  |    |
|---------------------------|----|--|----|
| Gifts                     | \$ |  | \$ |
| Eating out                | \$ |  | \$ |
| Entertaining              | \$ |  | \$ |
| Holiday                   | \$ |  | \$ |
| Donations                 | \$ |  | \$ |
| Subscriptions/memberships | \$ |  | \$ |
| Pet costs                 | \$ |  | \$ |
| Clothes/Shoes             | \$ |  | \$ |
| Hair/beauty               | \$ |  | \$ |
| Other                     | \$ |  | \$ |
| <b>Sub total</b>          |    |  | \$ |
| <b>TOTAL EXPENDITURE</b>  |    |  | \$ |

## Fixed Assets

Not disclosed     Not applicable     Nil

| Description            | Purchase date & cost | Owner (name/joint/entity) | Est. market value(\$) | Existing liability (\$) | Disposal on?     |
|------------------------|----------------------|---------------------------|-----------------------|-------------------------|------------------|
|                        |                      |                           | Insured?              |                         | Retain?          |
| Home                   |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Home contents          |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Motor vehicle          |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Motor vehicle          |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Caravan                |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Boat/marine craft      |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Collectables           |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
| Un-rented holiday home |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
|                        |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |
|                        |                      |                           |                       |                         | Death/Disability |
|                        |                      |                           | Yes/No                |                         | Yes/No           |

Notes:

## Investment Assets

Not disclosed     Not applicable     Nil

| Description/<br>address          | Purchase<br>date & cost | Owner (name/<br>joint/entity) | Est. market<br>Value (\$) | Income<br>(\$ or %) | Existing<br>liability (\$) | Disposal on?     |
|----------------------------------|-------------------------|-------------------------------|---------------------------|---------------------|----------------------------|------------------|
|                                  |                         |                               | Insured?                  |                     |                            | Retain?          |
| Investment<br>property           |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               | Yes/No                    |                     |                            | Yes/No           |
| Investment<br>property           |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               | Yes/No                    |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               | Yes/No                    |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               | Yes/No                    |                     |                            | Yes/No           |
| Shares<br>Managed<br>Funds/Other |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               |                           |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               |                           |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               |                           |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               |                           |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               |                           |                     |                            | Yes/No           |
|                                  |                         |                               |                           |                     |                            | Death/Disability |
|                                  |                         |                               |                           |                     |                            | Yes/No           |

Are you unhappy with any of your investments?     Yes (provide details)     No

## Banking

Not disclosed     Not applicable     Nil

| Cash description | Owner (name/<br>joint/entity) | Est. market<br>value (\$) | Interest rate | Maturity date | Disposal on?               |
|------------------|-------------------------------|---------------------------|---------------|---------------|----------------------------|
|                  |                               |                           |               |               | Retain?                    |
|                  |                               |                           |               |               | Death/Disability<br>Yes/No |
|                  |                               |                           |               |               | Death/Disability<br>Yes/No |
|                  |                               |                           |               |               | Death/Disability<br>Yes/No |
|                  |                               |                           |               |               | Death/Disability<br>Yes/No |

| Loan type and<br>lender              | Owner (name/<br>joint/entity) | Original<br>amount | Credit<br>limit | Balance<br>outstanding | Repayment<br>amount &<br>frequency | Interest rate   |
|--------------------------------------|-------------------------------|--------------------|-----------------|------------------------|------------------------------------|-----------------|
|                                      |                               |                    |                 |                        |                                    | Tax deductible? |
| Home loan (P&I<br>or line of credit) |                               |                    |                 |                        |                                    | %               |
|                                      |                               |                    |                 |                        |                                    | Yes/No          |
| Investment loan                      |                               |                    |                 |                        |                                    | %               |
|                                      |                               |                    |                 |                        |                                    | Yes/No          |
| Margin loan                          |                               |                    |                 |                        |                                    | %               |
|                                      |                               |                    |                 |                        |                                    | Yes/No          |
| Credit card                          |                               |                    |                 |                        |                                    | %               |
|                                      |                               |                    |                 |                        |                                    | Yes/No          |
| Personal loan/<br>car loan           |                               |                    |                 |                        |                                    | %               |
|                                      |                               |                    |                 |                        |                                    | Yes/No          |
| Other (e.g. HECS/<br>HELP debt)      |                               |                    |                 |                        |                                    | %               |
|                                      |                               |                    |                 |                        |                                    | Yes/No          |

Does anyone act as a guarantor of any of these loans?     Yes (provide details)     No

## Current Debt Management

Not disclosed     Not applicable     Nil

Do you expect income and/or expenditure changes in the next 12 months?     Yes (provide details)     No

Do you currently spend more or less than you earn?     More = Deficit     Less = Surplus  
How do you fund a deficit or spend/save a surplus?  
Please provide details:

Do you think you have an opportunity to save additional money?     Yes (provide details)     No

Does your home loan have either or both of the following?     Offset account     Redraw facility     Nil

Are you making extra repayments into your home loan or offset account?     Yes (provide details)     No

Are there any fees/charges associated with extra repayments or redraws with your home loan?     Yes (provide details)     No

How much extra cash would you be comfortable with to pay towards your home loan and/or other debts?  
Please provide details:

What is the interest free period for your credit card(s)?

Do you pay off your credit card within the interest free period?     Yes     No

Are you acting as a guarantor for any loan?     Yes (provide details)     No

## Superannuation Details

Not disclosed   
  Not applicable   
  Nil

|                          | Fund 1 | Fund 2 | Fund 3 |
|--------------------------|--------|--------|--------|
| Product name             |        |        |        |
| Owner                    |        |        |        |
| Member number            |        |        |        |
| Current value            | \$     | \$     | \$     |
| Retain                   | Yes/No | Yes/No | Yes/No |
| Employer SG account      | Yes/No | Yes/No | Yes/No |
| Defined benefit          | Yes/No | Yes/No | Yes/No |
| Binding death nomination | Yes/No | Yes/No | Yes/No |
| Exit fee                 | \$     | \$     | \$     |
| Death cover              |        |        |        |
| TPD cover                |        |        |        |
| Salary continuance       |        |        |        |
| Other details            |        |        |        |

|                          | Fund 4 | Fund 5 | Fund 6 |
|--------------------------|--------|--------|--------|
| Product name             |        |        |        |
| Member                   |        |        |        |
| Member number            |        |        |        |
| Current value            | \$     | \$     | \$     |
| Retain                   | Yes/No | Yes/No | Yes/No |
| Employer SG account      | Yes/No | Yes/No | Yes/No |
| Defined benefit          | Yes/No | Yes/No | Yes/No |
| Binding death nomination | Yes/No | Yes/No | Yes/No |
| Exit fee                 | \$     | \$     | \$     |
| Death cover              |        |        |        |
| TPD cover                |        |        |        |
| Salary continuance       |        |        |        |
| Other details            |        |        |        |

## Superannuation Contribution Details

Not disclosed   
  Not applicable   
  Nil

Provide details of superannuation contributions made in the current and previous financial years.

**Client 1**

**Client 2**

Current financial year: ending 30 June 20\_\_\_\_

|                         |    |    |
|-------------------------|----|----|
| Non-concessional amount | \$ | \$ |
| Concessional amount     | \$ | \$ |

Previous financial year: ending 30 June 20\_\_\_\_

|                         |    |    |
|-------------------------|----|----|
| Non-concessional amount | \$ | \$ |
| Concessional amount     | \$ | \$ |

Previous financial year: ending 30 June 20\_\_\_\_

|                         |    |    |
|-------------------------|----|----|
| Non-concessional amount | \$ | \$ |
| Concessional amount     | \$ | \$ |

Note: This information is important as there are penalties or excess contributions if you exceed the contribution caps. Failure to inform your adviser may impact on your future financial planning. Please discuss the type of superannuation contribution types and the caps that may apply to you with your adviser.

Notes:

## Pension and Annuity Details

Not disclosed     Not applicable     Nil

|                          | Fund 1 | Fund 2 | Fund 3 |
|--------------------------|--------|--------|--------|
| Product name             |        |        |        |
| Pension/annuity type     |        |        |        |
| Member                   |        |        |        |
| Member number            |        |        |        |
| Current value            | \$     | \$     | \$     |
| Centrelink complying     | Yes/No | Yes/No | Yes/No |
| Reversionary beneficiary | Yes/No | Yes/No | Yes/No |
| Defined benefit          | Yes/No | Yes/No | Yes/No |
| Binding death nomination | Yes/No | Yes/No | Yes/No |
| Purchased date and term  |        |        |        |
| Deductible amount        | \$     | \$     | \$     |
| Income                   | \$     | \$     | \$     |
| Frequency                |        |        |        |
| Tax free component       |        |        |        |
| Taxable component        |        |        |        |

|                          | Fund 4 | Fund 5 | Fund 6 |
|--------------------------|--------|--------|--------|
| Product name             |        |        |        |
| Pension/annuity type     |        |        |        |
| Member                   |        |        |        |
| Member number            |        |        |        |
| Current value            | \$     | \$     | \$     |
| Centrelink complying     | Yes/No | Yes/No | Yes/No |
| Reversionary beneficiary | Yes/No | Yes/No | Yes/No |
| Defined benefit          | Yes/No | Yes/No | Yes/No |
| Binding death nomination | Yes/No | Yes/No | Yes/No |
| Purchase date and term   |        |        |        |
| Deductible amount        | \$     | \$     | \$     |
| Income and frequency     |        |        |        |
| Tax free component       |        |        |        |
| Taxable component        |        |        |        |



## Life and General Insurance Details

Not disclosed   
  Not applicable   
  Nil

| Insurance company | Life insured | Type of insurance | Sum insured | Premium & frequency | Inside super? |
|-------------------|--------------|-------------------|-------------|---------------------|---------------|
| Product name      | Policy owner |                   |             |                     | Retain?       |
|                   |              |                   |             |                     | Yes/No        |
|                   |              |                   |             |                     |               |
|                   |              |                   |             |                     | Yes/No        |
|                   |              |                   |             |                     |               |
|                   |              |                   |             |                     | Yes/No        |
|                   |              |                   |             |                     |               |
|                   |              |                   |             |                     | Yes/No        |
|                   |              |                   |             |                     |               |
|                   |              |                   |             |                     | Yes/No        |
|                   |              |                   |             |                     |               |
|                   |              |                   |             |                     | Yes/No        |
|                   |              |                   |             |                     |               |

Are any of the policies held inside superannuation grandfathered for insurance purposes e.g. definitions for TPD, trauma?

Yes (provide details)   
  No

Are you unhappy with any of your current policies?

Yes (provide details)   
  No

## Goals and Objectives

| Do you have any specific needs, expenses or objectives you would like to achieve? For example debt reduction, wealth accumulation, retirement etc. | Time frame and importance (high, medium, low) | Advice required |
|--|---|-----------------|
| <b>Short term</b>  |   |                 |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
| <b>Medium term</b>   |   |                 |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
| <b>Long term</b>   |   |                 |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |
|  |   | Yes/No          |

Do you wish to keep a cash reserve or emergency fund?  Yes (provide details)  No

Are there any issues that should be taken into consideration that may affect your ability to achieve your goals e.g. job security?

Notes:

## Retirement Income Planning

Not disclosed     Not applicable     Nil

If you retired today and all your principal debts were paid and you only had to meet your usual living and preferred lifestyle expenses, how much income would you need?

|   | Client 1 | Client 2 |
|---|----------|----------|
| Desired retirement income in today's (\$)   |          |          |
| Planned retirement age  |          |          |
| Expected retirement age   |          |          |
| Do you plan to leave an inheritance?  |          |          |
| Do you have any planned one off expenditures in retirement (holiday or renovation)? |          |          |

## Social Security and Department of Veterans' Affairs (DVA) Planning

Not disclosed     Not applicable     Nil

|   | Client 1   | Client 2   |
|---|--|--|
| Are you interested in qualifying for any social security or DVA payments or benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you made any substantial gifts in the last 5 years?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide details:

Are you willing to forgo access to your capital to qualify for social security benefits?     Yes     No     Yes     No

Are you prepared to rearrange your financial affairs to qualify for social security benefits?     Yes     No     Yes     No

Notes:

## Insurance Planning

Our analysis of your risk needs depends on the answers you provide to us on the following areas. This section is compulsory to enable your Adviser to make an accurate assessment of your insurance needs.

### Death Cover Needs

|   | Client 1 | Client 2 |
|---|----------|----------|
| Liabilities to be paid out  | \$       | \$       |
| Emergency fund  | \$       | \$       |
| Funeral expenses  | \$       | \$       |
| Annual income to be replaced? Or lump sum to provide income           | \$       | \$       |
| How long would you like this income to be replaced or at what return? |          |          |
| Children's education expenses (per annum)                             | \$       | \$       |
| Other expenses (per annum or one off)                                 | \$       | \$       |
| <b>TOTAL</b>  | \$       | \$       |
| <b>Desired features</b>   |          |          |
| Expiry age on cover (e.g. to age 99)                                  |          |          |
| Other: (e.g. automatic indexation, suspending cover benefit)          |          |          |

### TPD Cover Needs

|   | Client 1  | Client 2  |
|---|---|---|
| Liabilities to be paid out  | \$  | \$  |
| Emergency fund  | \$  | \$  |
| Medical expenses  | \$  | \$  |
| Home renovations  | \$  | \$  |
| Annual income to be replaced? Or lump sum to provide income           | \$  | \$  |
| How long would you like this income to be replaced or at what return? |   |   |
| Children's education expenses (per annum)                             | \$  | \$  |
| Other expenses (per annum or one off)                                 | \$  | \$  |
| <b>TOTAL</b>  | \$  | \$  |
| <b>Desired features</b>   |   |   |
| Own/any occupation  | <input type="checkbox"/> Own <input type="checkbox"/> Any | <input type="checkbox"/> Own <input type="checkbox"/> Any |
| Buy back  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Other: (e.g. automatic indexation, suspending cover benefit)          |   |   |

## Insurance Planning

### Trauma Cover Needs

|   | Client 1   | Client 2   |
|---|--|--|
| Liabilities to be paid out  | \$   | \$   |
| Emergency fund  | \$   | \$   |
| Medical expenses  | \$   | \$   |
| Home renovations  | \$   | \$   |
| Annual income to be replaced? Or lump sum to provide income           | \$   | \$   |
| How long would you like this income to be replaced or at what return? |  |  |
| Children's education expenses (per annum)                             | \$   | \$   |
| Other expenses (per annum or one off)                                 | \$   | \$   |
| <b>TOTAL</b>  | \$   | \$   |
| <b>Desired features</b>   |  |  |
| Comprehensive benefits  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Buy backs   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trauma reinstatement  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: (e.g. automatic indexation, suspending cover benefit)          |  |  |

### Child Trauma Needs

In the case of parents with dependant children, a plan which doesn't address the financial consequences of a serious child illness not only causes enormous emotional strain, it can also place severe financial stress on the family.

Because as parents, the response in these circumstances is automatic; we would do whatever it takes to care for our children, which may mean taking months or even years off work to be with them, and funding major medical expenses.

|  | Client 1   | Client 2   |
|--|--|--|
| Would you like to consider child trauma cover?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'yes' amount per child:   | \$   | \$   |
| Would you like to receive more information on child trauma benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Notes:

## Insurance Planning

### Parent Cover Needs

Parent cover provides a lump sum benefit if a client's parent passes away and may be helpful in meeting funeral costs and associated expenses.

|  | Client 1   | Client 2   |
|--|--|--|
| Would you like to consider parent cover?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'yes' amount per parent:  | \$   | \$   |
| Would you like to receive more information on parent cover benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Income Protection

|                                       | Client 1  | Client 2  |
|---------------------------------------|---|---|
| How long could you go without income? | <input type="checkbox"/> < 1 month <input type="checkbox"/> 1-3 months<br><input type="checkbox"/> 3-6 months <input type="checkbox"/> > 6 months | <input type="checkbox"/> < 1 month <input type="checkbox"/> 1-3 months<br><input type="checkbox"/> 3-6 months <input type="checkbox"/> > 6 months |
| How would you fund this?              |   |   |

|   | Client 1   | Client 2   |
|---|--|--|
| Amount of income to be covered  | \$   | \$   |
| Superannuation to be covered?   | <input type="checkbox"/> Yes <input type="checkbox"/> No           | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| <b>Desired features</b>   |  |  |
| Waiting period  | 30 days/60 days/90 days/6 mths/12 mths                             | 30 days/60 days/90 days/6 mths/12 mths                             |
| Benefit period  | 2yr/5yr/to age 60/to age 65/to age 70                              | 2yr/5yr/to age 60/to age 65/to age 70                              |
| Other: (e.g. automatic indexation, super contributions, suspending cover benefit) |  |  |
| Agreed or indemnity?  | <input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity | <input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity |
| Do you undertake any dangerous or hazardous activities?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No           | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Provide details   |  |  |

Notes:

## Insurance Planning

### Insurance Goal Prioritisation

If you were unable to afford cover for all of your insurance needs, please priorities the most important needs from 1 - 7 (where 1 is the most important to you).

|                               | Client 1 (Priorities 1 - 7) | Client 2 (Priorities 1 - 7) |
|-------------------------------|-----------------------------|-----------------------------|
| Mortgage repayments           |                             |                             |
| Other debt repayments         |                             |                             |
| Children's education          |                             |                             |
| Medical expenses              |                             |                             |
| Future dependents expenses    |                             |                             |
| Final expenses (e.g. funeral) |                             |                             |
| Business related expenses     |                             |                             |

### Additional Insurance Information

What amount of funds from cash flow are you able to set aside for insurance?

\$

Assuming you have paid off your mortgage, what income would your family need to cover your expenses if either you (and your partner) passed away?

\$

per annum

How long do you intend on holding the insurance cover?

5 years

10 years

+15 years

Other \_\_\_\_\_

Notes:

## Referral

Who referred you to us?

## Third Party Involvement

### Accountant

|         |                      |              |                      |
|---------|----------------------|--------------|----------------------|
| Name    | <input type="text"/> | Relationship | <input type="text"/> |
| Phone   | <input type="text"/> | Company      | <input type="text"/> |
| Address | <input type="text"/> |              |                      |

### Lawyer/Solicitor

|         |                      |              |                      |
|---------|----------------------|--------------|----------------------|
| Name    | <input type="text"/> | Relationship | <input type="text"/> |
| Phone   | <input type="text"/> | Company      | <input type="text"/> |
| Address | <input type="text"/> |              |                      |

### Doctor

|         |                      |              |                      |
|---------|----------------------|--------------|----------------------|
| Name    | <input type="text"/> | Relationship | <input type="text"/> |
| Phone   | <input type="text"/> | Company      | <input type="text"/> |
| Address | <input type="text"/> |              |                      |

### Other

|         |                      |              |                      |
|---------|----------------------|--------------|----------------------|
| Name    | <input type="text"/> | Relationship | <input type="text"/> |
| Phone   | <input type="text"/> | Company      | <input type="text"/> |
| Address | <input type="text"/> |              |                      |

Do you require consultation with or input from any of the above people in your financial decision making process? e.g. partner, family member etc.

Yes  No



## Client Investment Profiles

### Conservative: 15% Growth/ 85% Defensive Assets

This suits investors with a minimum two-year timeframe or those that seek a portfolio comprising mainly of interest bearing assets. This portfolio suits investors who give a high priority to the preservation of capital and are therefore willing to accept lower potential investment performance, hence the 85 percent exposure to income assets (cash and fixed interest).

### Moderate: 30% Growth/ 70% Defensive Assets

This suits investors with a minimum three-year timeframe or those who primarily seek income with some potential for capital growth. This portfolio also suits investors seeking a low level of investment value volatility, and therefore willing to accept lower potential investment performance, hence the 70 percent exposure to income assets (cash and fixed interest).

### Balanced: 50% Growth/ 50% Defensive Assets

This suits investors with a minimum five-year timeframe or those who seek both income and capital growth. This portfolio suits investors who desire a modest level of capital stability but are willing to accept moderate investment value volatility in return for commensurate potential investment performance, hence the 50.0 percent exposure to growth (shares and listed property) and 50 percent exposure to income (cash and fixed interest) assets.

### Growth: 70% Growth/ 30 Defensive Assets

This suits investors with a minimum seven-year timeframe or those who are willing to accept higher levels of investment value volatility in return for higher potential investment performance. Some capital stability is still desired, but the primary concern is a higher return, hence the 70 percent exposure to growth assets (shares and listed property).


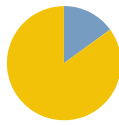







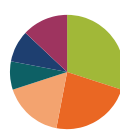




### Aggressive: 85% Growth/ 15% Defensive Assets

This suits investors with a minimum nine-year timeframe or those who are willing to accept high levels of investment value volatility in return for high potential investment performance. The 85 percent exposure to growth assets (shares and listed property) means that capital stability is only a minor concern.

### Very Aggressive: 100% Growth Assets

This suits investors with a minimum ten-year timeframe or those who are willing to accept very high levels of investment value volatility to maximise potential investment performance. The 100 percent exposure to growth assets (shares and listed property) means that capital stability is not a consideration.

## Risk and Investment Profile

| Asset Class   | Conservative  | Moderate  | Balanced  | Growth   | Aggressive  | Very Aggressive   |
|---|---|---|---|--|---|---|
| Growth Income Split %<br> |    |    |    |    |    |    |
| Growth Assets   | 15  | 30  | 50  | 70   | 85  | 100   |
| Income Assets   | 85  | 70  | 50  | 30   | 15  | 0   |
| Minimum investment time frame   | 2 years   | 3 years   | 5 years   | 7 years  | 9 years   | 10 years  |
| Range of annual gross returns 1 year  | -2.1 to 13.7%   | -4.9 to 17.5%   | -10.3 to 24.4%  | -16.4 to 32.0%   | -21.2 to 37.9%  | -26.0 to 43.8%  |
| Expected 10 year returns  | 3.3 to 8.3%   | 2.8 to 9.9%   | 1.6 to 12.5%  | 0.1 to 15.4%   | -1.0 to 17.7%   | -2.2 to 19.9%   |
| Expected probability of negative return over any single year  | 3%<br>1 in every 33 to 34 years   | 7.3%<br>1 in every 13 to 14 years   | 14.8%<br>1 in every 6 to 7 years  | 20.4%<br>1 in every 4 to 5 years   | 23.4%<br>1 in every 4 to 5 years  | 25.6%<br>1 in every 3 to 4 years  |
| <b>Benchmarks</b>   |   |   |   |  |   |   |
|                         |  |  |  |  |  |  |
| Cash  | 36  | 30  | 20  | 12   | 6   | 0   |
| Australian Fixed interest   | 28  | 23  | 18  | 12   | 6   | 0   |
| International Fixed interest  | 21  | 17  | 12  | 6  | 3   | 0   |
| Australian Listed Property  | 4   | 8   | 10  | 8  | 8   | 8   |
| International Listed Property   | 0   | 0   | 0   | 3  | 3   | 4   |
| Australian Equity   | 5   | 9   | 16  | 23   | 30  | 41  |
| International Equity  | 6   | 13  | 24  | 36   | 44  | 47  |

Sourced from Morningstar 2014

Actual allocation may be 10% either side of this benchmark depending on current, economic and personal circumstances.  
Note that past performance is not an indication of future performance.

## Risk Profile Outcome - Adviser to complete

The risk profile is not necessary for insurance advice recommendations.

|                        | Conservative                                      | Moderate  | Balanced  | Growth  | Aggressive  | Very Aggressive                                   |
|------------------------|---|---|---|---|---|---|
| Risk Profile Outcome * | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

\* You must enter the questionnaire responses into the risk profile tool, or manually score the risk profile, to obtain an outcome.

Did you discuss changing the client's risk profile, for instance as a result of the client not meeting their goals?  Yes (provide details)  No

|                                      |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|
| Agreed risk profile/asset allocation | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|--------------------------------------|---|---|---|---|---|---|

## Investment Concerns

| Time frame  | Super                    |                          | Non-super                |                          |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 - 3 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 - 5 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 - 7 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7+ years    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you like your superannuation and non-superannuation money invested in the same manner?  Yes  No (provide details)

### Client 1

### Client 2

How would you like your Investment fund manager and asset allocations to be managed?

Active

Passive

Active

Passive

How would you like your Superannuation fund manager and asset allocations to be managed?

Active

Passive

Active

Passive

Would you like your investments to be administered and reported by a third party?

Yes

No

Yes

No

How often would you like your investments reported? We require this information to determine the level of active management by us.

Are there any specific investments that you wish to have?  Yes (provide details)  No

Are there any investments you would like to avoid?  Yes (provide details)  No

Did you have any specific discussions regarding client preference surrounding inflation, social security, tax, security of capital, liquidity and income needs?  Yes (provide details)  No

## Privacy Acknowledgement and Consent

In this document 'We', 'Us' and 'Our' refer to: Matrix Planning Solutions Limited ("Matrix"), and its representatives. Matrix can be contacted by writing to Level 12, 20 Bond Street, Sydney, NSW, 2000 or by telephone on 1300 663 334.

'You' and 'Your' refer to: the person whose information we collect and hold in order to give advice about financial products and services.

### Collection of personal information

We collect personal information about you so we can advise you about financial products and services, credit products and services, administer our relationship with you and to provide you with information on other services we provide such as sending you educational information and materials relating to the financial planning and credit services. The personal information we collect from you will depend on the advice involved, but includes your name, address, contact details, business details, financial information, estate planning details, and in the case of an application for life insurance, medical and lifestyle information.

The law can also require or authorize us to collect personal information. The Anti-Money Laundering and Counter-Terrorism Financing Act requires us to identify persons who open or operate accounts. We collect your tax file number in accordance with guidelines issued under the Privacy Act. Under the Family Law Act, we are required to provide your superannuation details as ordered by the court for the purpose of superannuation splitting between the parties.

On some occasions, we may need to obtain your personal information from a third party such as your accountant with your consent.

### Organisations to which this policy applies

We are permitted by the Privacy Act to disclose personal information (other than sensitive information) to the following entities:

- Prospera Pty Ltd (ABN 86 106 749 231). Matrix Advisers may formulate financial planning strategies using the Prospera software.
- ClearView Group, including ClearView Life Assurance Limited (ABN 12 000 021 581), ClearView Life Nominees Pty Limited (ABN 37 003 682 175) and ClearView Financial Management Limited (ABN 99 067 544 549).

These companies are also bound by the Privacy Act in relation to the use and disclosure of your personal information.

### Other disclosures

Personal information may be disclosed:

- If you apply for or have life insurance: the insurer, claims investigators, medical practitioners, reinsurers, and insurance reference agencies. If sensitive information about you (including health information) is collected for the purpose of an application for life insurance, that sensitive information will only be used for that purpose or as otherwise allowed by law.
- If you apply for or have superannuation or managed investments: external product providers into which you might direct some of your investment, other product providers to which your investment might be transferred, fund administrators and fund trustees.
- AUSTRAC the government agency who oversees Anti Money Laundering and Counter Terrorism: we are required to validate your identity; and to collect and provide details of certain transactions and entities where we hold reasonable suspicion of reportable suspect matters.
- Product or service providers who have an obligation to disclose information to the Australian Tax Office (ATO) where the ATO has agreements to share information with overseas tax authorities.
- Credit Reporting or information verification bodies as required by law.
- Under the Family Law Act, we are required to provide your superannuation details as ordered by the court for the purpose of superannuation splitting between the parties.

In all circumstances where we contract with others to provide services to us, and these contractors have access to your personal information, confidentiality agreements will apply. Personal information may only be used by our contractors for our purposes.

We may be allowed or obliged to disclose information by law. e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws.

## Privacy Acknowledgement and Consent continued

We will only disclose personal information to third parties for the purposes of assisting you with financial planning and credit assistance advice and services (primary purpose). We will not release your information for any other purpose unless permitted by the Privacy law and with your consent.

### **You need to provide us with accurate and relevant information**

If you provide us with incomplete or inaccurate information, the advice we give you may be incomplete or inappropriate or we may not be able to arrange the products or services you are seeking.

### **Disclosing personal information to overseas recipients**

Generally we do not disclose your personal information to overseas recipients, except where our Adviser's use customer relationship management tools for storing information, which are typically located in the United States of America. We take reasonable steps to ensure that overseas recipients have secure processes in place to protect your information against unlawful access.

### **Access**

You may (subject to permitted exceptions) access your information by contacting the Compliance Manager in writing: Matrix Planning Solutions Limited, PO Box Q1493, QVB, NSW, 1230. We may verify your identity when we receive such requests. Depending on the nature of the information request, we may charge you for providing this service.

### **More Information**

For more information about our policies on privacy, please read our Privacy Policy, which can be obtained upon request from your Adviser and located on our website: [www.matrixplan.com.au](http://www.matrixplan.com.au) > **Privacy, Site Disclaimer and Complaints**. It includes information about how you can access and correct your personal information and how you can complain about a breach of privacy law, and how we will deal with complaints.

## Client Acknowledgement and Consent

Please tick the applicable boxes

### Combined Financial Services & Credit Guide

- I/We have received the Combined Financial Services and Credit Guide Version \_\_\_\_\_  
Date provided:    /    /

### Privacy and Consent

- I/We acknowledge and consent to the use, storage and disclosure of our personal information in accordance with Matrix Privacy Policy. We will inform any other affected individual (such as a spouse, partner, business associate, beneficiary or dependant) that we have provided information about them and that we will provide them with the FSG/CG of our adviser. A copy of this Client Acknowledgement and Consent form will be provided to them and will advise them that their information was collected for the purpose of our adviser providing us with the financial/credit advice requested.

### Risk Profile

- I/We have confirmed our Risk Profile as current. Our profile has been fully explained and we have understood the characteristics and implications associated with the chosen risk profile.

### Limited Personal Information Warning

- If you have chosen not to provide all information requested by your Adviser, you must understand that appropriate advice may not be able to be given and you risk making a financial commitment to a life product or investment product that may not be in your best interest.

### Acknowledgement

- I/We confirm that the details recorded in this Financial Needs Analysis are correct and reflect our true personal and financial position. Please prepare a financial plan for our consideration.

### Electronic Receipt of Information

- I/We confirm that we have access to a computer and the internet and would like to receive financial & credit services disclosure documents, fee disclosure statements, investment and loan statements, Product Disclosure Statements, education material, client newsletters and any changes and updated information that may be relevant to us in an electronic format. We have provided our email address for this purpose.

### Scope of Advice

- I/We confirm that we have discussed our objectives with our Adviser and that the scope of advice has been agreed in line with these objectives.

### Tax File Number Declaration

- I/We give permission for our Adviser to retain our Tax File Number for financial planning purposes.  
 You are not required to provide us with your TFN and it is not an offense if you choose not to do so. If you do not provide us with your TFN and you wish to quote your TFN on the applicable forms, you will need to bring your TFN with you whenever you complete these application forms

Tax File Number

Tax File Number

### Client 1 or Power of Attorney

### Client 2 or Power of Attorney

We agree to a plan fee of \$..... incl GST Or Please refer to Terms of Engagement or Service Agreement

Signature

Date

  /  /

  /  /

Adviser signature

Date

  /  /

Adviser name







Adviser Details



**MATRIX**  
PLANNING SOLUTIONS  
AFSL & ACL 238256

I/We \_\_\_\_\_:

Hereby request and instruct that all relevant information on my/our investments/superannuation/ insurance or other financial information be released to

\_\_\_\_\_ and their staff, Authorised Representative of Matrix Planning Solutions Limited, AFSL & ACL No. 238256.

Hereby request that all relevant documentation to act on my/our behalf be sent to:

\_\_\_\_\_

Hereby request that the servicing adviser on my accounts be transferred immediately to:

\_\_\_\_\_

Please accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file.

Name

|  |  |
|--|--|
|  |  |
|--|--|

Date of Birth

|   |   |   |   |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

Address

|  |
|--|
|  |
|--|

Fund Manager/Insurer and Account Number

|  |  |
|--|--|
|  |  |
|--|--|

Fund Manager/Insurer and Account Number

|  |  |
|--|--|
|  |  |
|--|--|

Signature

|  |  |
|--|--|
|  |  |
|--|--|

Date

|   |   |   |   |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

Matrix Planning Solutions Head Office Address Level 12, 20 Bond Street Sydney NSW 2000

Adviser Details



**MATRIX**  
PLANNING SOLUTIONS  
AFSL & ACL 238256

I/We \_\_\_\_\_:

Hereby request and instruct that all relevant information on my/our investments/superannuation/ insurance or other financial information be released to

\_\_\_\_\_ and their staff, Authorised Representative of Matrix Planning Solutions Limited, AFSL & ACL No. 238256.

Hereby request that all relevant documentation to act on my/our behalf be sent to:

\_\_\_\_\_

Hereby request that the servicing adviser on my accounts be transferred immediately to:

\_\_\_\_\_

Please accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file.

Name

|  |  |
|--|--|
|  |  |
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Date of Birth

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Address

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Fund Manager/Insurer and Account Number

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Fund Manager/Insurer and Account Number

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Signature

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Date

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