

Client Data Collection Form

Important Notice The Corporations Act 2001 requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the client. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Privacy Statement This Client Data Collection Form is strictly confidential between you and DMG Financial Planning Pty Ltd.

Client Name(s): _____

Financial Planner: _____

Date of initial interview: _____

Disclaimer

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

Personal Details

Personal Details	Client 1	Client 2
Title		
Surname		
Given Names		
Preferred Names		
Sex		
Marital Status		
Date of Birth		
Tax File Number		
Private Health Insurance		
Ambulance Cover		

Contact Details	Client 1	Client 2
Street Address		
Suburb		
State		
Postcode		
Postal Address (if different)		
Work Phone		
Home Phone		
Mobile Phone		
Email		

Employment Details	Client 1	Client 2
Occupation Type		
Occupation/Business		
Employer		

Children's Names	DOB	Sex	Financially Dependent	Dependent Til Age	Income

Grandchildren's Names	DOB	Sex	Financially Dependent	Dependent Til Age	Income

Parents Names (if alive)	DOB	Sex	Financially Dependent

Estate Planning Details	Client 1	Client 2
Do you have a Will?		
Do you have Powers of Attorney?		

Other Details	Client 1	Client 2
Health		
Any Health Issues? If yes, please provide details		
Smoker		
Australian Resident Country of birth		

Other Details	Client 1	Client 2
Are you a citizen (hold a passport) of another country?		
Are you a Veteran?		

Aged Care Details	Client 1	Client 2
Aged Care Accommodation		
Key contact person at the aged care accommodation		
Date of permanent entry to aged care		
ACAS assessment		
Lump sum requested by aged care provider		

Entities	Do you have the following?
Self-Managed Super Fund	
Company	
Trust	

Professional Advisers	Name	Company	Address
Solicitor			
Accountant			
Insurance Adviser			
Other _____			

Who referred you to DMG?

Name	Company	Address

Income and Expenses

Annual Income & Expenses	Client 1	Client 2
Annual Income		
Annual Expenses		

Do you receive Centrelink/DVA Payments?

If Yes, provide details and attach documents

Centrelink/DVA Payments	Client 1	Client 2
Benefit Type		
Amount Received (annually)		
Customer Reference Number		

Gifting	Details of gifted assets in the last 5 years
To whom	
Amount	
Date	

Do you have an Annuity?

If Yes, provide details and attach documents

Client Name	Who is the annuity provider?	Purchase Date

Other/Irregular Income	Owner	Date	Frequency	Amount
Inheritance				
Part-time retirement income				
<u>Down</u> size house				
Other _____				

Other/Irregular Expenses	Owner	Date	Frequency	Amount
Recreation Item				
Car purchase				
Education Costs				
Holiday				
Home renovations				
Other _____				

Assets, Liabilities and Insurance

Lifestyle Assets (Residence, Motor Vehicles, Boat, Caravan and other significant items)	Current Value	Owner
Residence		

Superannuation Funds	Current Value	Owner	Contributions

Investment Assets (Bank Accounts, Term Deposits, Managed Funds, Shares and loans to family members)	Current Value	Owner	Regular Investment / Withdrawals

Property Investments	Current Value	Owner	Rental Income

Loans (including loans from family members)	Loan Balance	Owner	Purpose	Interest Rate	Repayment

Insurance (Life, Total & Permanent Disability, Income Protection, Trauma)	Level of Cover	Insured	Premium

Items/Documents to be provided

Item	Status	Details
Investment/Super Statements		
Financials/Tax Returns (Personal & for all entities)		
Pay Slip		
Trust Deed/Company Docs		
SMSF Investment Strategy		
Copy of Driver's Licence		
Centrelink Statements		
Termination & Leave Entitlements		
Copy of Will and POA		
Life Insurance Statements		
Other		

Risk Profile

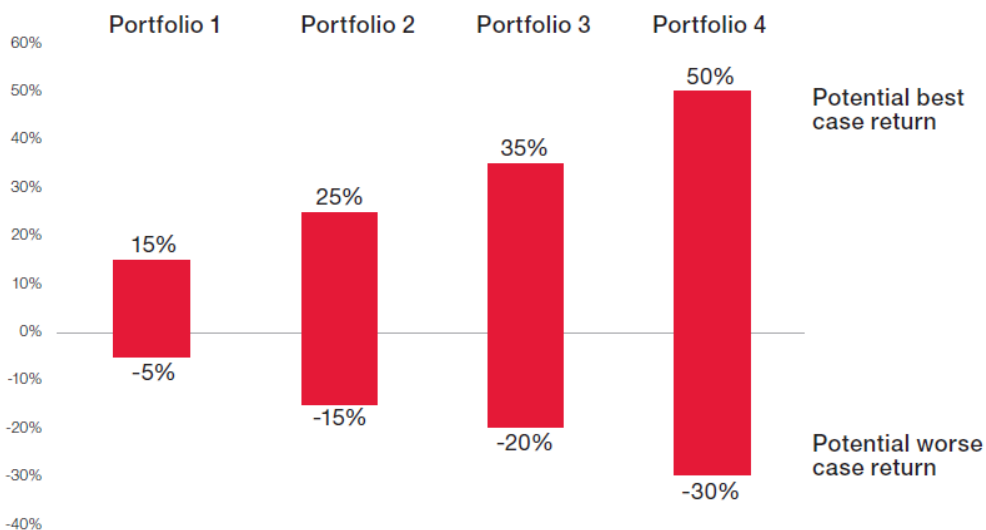
1. How long would you invest the majority of your money before you think you would need access to it? Assuming you don't have any short-term cash flow and/or emergency requirements.

- | | |
|--|---|
| <input type="checkbox"/> In 2 years or less | <input type="checkbox"/> Within 7 to 10 years |
| <input type="checkbox"/> Within 3 to 5 years | <input type="checkbox"/> Not for 10+ years |
| <input type="checkbox"/> Within 5 to 7 years | |

2. In general, how would you describe yourself financially?

- A risk avoider, not prepared to take any risk
- Cautious, prepared to take some risk
- Willing to take some risk after some planning and forethought
- A real risk taker

3. At the beginning of the year you have a significant amount of money to invest. The chart and options below show the performance of four possible investments. Each bar gives a range of possible returns over the next year (i.e., with Portfolio 4 you have a chance of increasing your portfolio by 50% but equally likely to lose -30% over the year). Which investment would you prefer?



The chart is for illustrative purposes only and does not reflect the performance of a specific index or fund.

- Portfolio 1
- Portfolio 2
- Portfolio 3
- Portfolio 4

4. What would you do if your investment dropped in value from an initial \$400,000 to \$300,000?

- | | |
|--|---|
| <input type="checkbox"/> Move the entire investment to cash | <input type="checkbox"/> Buy more of the investment |
| <input type="checkbox"/> Move some of the investment to cash | <input type="checkbox"/> Do nothing |

5. What is the most aggressive investment you've ever made?

- | | |
|--|---|
| <input type="checkbox"/> Direct Shares | <input type="checkbox"/> Cash Management Fund |
| <input type="checkbox"/> Investment property | <input type="checkbox"/> Own Home |
| <input type="checkbox"/> Managed Funds | |

6. If you were investing in a share portfolio, which of the following would suit you best?
- A portfolio of speculative shares whose value could rise or fall dramatically
 - A blue chip portfolio that pays regular dividends
 - A mixture of above two options
 - I am not interested in shares
7. If and when the market falls significantly and this continues for a period of time, how long would you be able to tolerate the volatility before wanting to make a change?
- Cannot tolerate
 - Less than one month
 - One month to a year
 - One to three years
 - Three or more years
8. If you could increase your chances of improving your returns by taking more risk, would you be:
- Unlikely to take any more risk?
 - Willing to take more risk with a quarter of the money?
 - Willing to take more risk with half of the money?
 - Willing to take more risk with all of the money?
9. How do you expect your standard of living five years from now to compare to your standard of living today?
- Less than it is today
 - The same as it is today
 - Somewhat higher than it is today
 - Substantially greater than it is today

Discussion Points: Capacity for loss, overall attitude & experience

We agree that a _____ risk profile is to apply (___% growth assets and ___% defensive assets) and will be used to assist in determining a financial strategy.

Objectives

- At what age do you expect to fully retire?

Client 1: _____ Client 2: _____

- Do you expect to reduce your work hours prior to retirement? Yes No
If so, how do you see this occurring?

- How much income do you expect to need to meet your basic living costs each year?
This does not include major holidays overseas, car upgrades and house renovations.

\$ _____

- What is the minimum you would like in the bank as a cash reserve?

\$ _____

- What do you anticipate your life expectancy may be?
i.e., how long would you ideally like your money to last in retirement?

We know that the average life expectancy is mid-80s, however this is a statistical average and to arrive at this figure, many live well into their 90s and we are seeing growing numbers reach age 100. Our preference is to allow longer than the average (like age 100) unless you feel that this is unreasonable (due to your health and/or family history).

Client 1: _____ Client 2: _____

- How important is it to you to reduce taxations costs?
(on a scale of 1 to 10, with 10 being very important)

- How important is it to you to have an investment portfolio that is flexible and easy to manage?
(on a scale of 1 to 10, with 10 being very important)

- How important is it to you to consider diversification, risk and return when investing?
(on a scale of 1 to 10, with 10 being very important)

Client Acknowledgement

Financial Services Guide Declaration

I acknowledge that I have been provided with a Financial Services Guide (FSG). I have read and understood the Financial Services Guide before any Financial Services were provided. This includes the section 'Privacy'. I agree to DMG Financial Planning Pty Ltd collecting, using and disclosing my personal information in accordance with the Privacy Policy.

FSG Version Provided: _____

Identification Requirements

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or record holder via third party systems for the purposes of confirming my identity.

Client: Yes No

Partner: Yes No

Privacy

I give DMG Financial Planning Pty Ltd permission to release information to my partner if they make enquiries/requests on my behalf? Note: You can contact us to change this authority at any time.

Client: Yes No

Partner: Yes No

Clients also using DMG Financial Accounting & Tax Services

I authorise the sharing of information between DMG Financial Pty Ltd and DMG Financial Planning Pty Ltd.

Tax File Number (TFN)

By law we are required to ask for your TFN. You do not have to provide your TFN if you do not want to. If you do not provide your TFN, you may be taxed at the highest marginal rate on any investments. Do you grant permission for DMG Financial Planning Pty Ltd and its staff to retain and use your Tax File Number/s and those of related entities?

Client: Yes No

Partner: Yes No

Signature 1

Name:

Date

D	D	M	M	Y	Y	Y	Y
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Signature 2

Name:

Date

D	D	M	M	Y	Y	Y	Y
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Adviser's Signature

Name:

Date

D	D	M	M	Y	Y	Y	Y
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