

CLIENT TAKE HOME PAGE

The confidential data form process is used so we can understand; who you are, where you are financially, and what you want to achieve. This helps us to provide you formal advice, or to undertake requested tasks.



Australian Financial Services License and Australian Credit License No 225216
 ABN 42 083 745 055

Adviser: _____ Phone: _____ Date: ____ / ____ / ____

IMPORTANT NOTICES AND WARNINGS:

- Your adviser must have reasonable grounds for making a recommendation and any such recommendation must be in your best interest.
- Before making a recommendation your adviser must ask you about your objectives, financial situation and your particular needs. The information collected in this form will be used strictly for that purpose.
- Your adviser may be assisted by their own staff or other HNW Planning representatives with different authorisations and skills. This may include experts living overseas, but only if they are A. Authorised by HNW Planning and signatories to its confidentiality agreements and B. Living in a country with similar or superior privacy rules as we enjoy.
- If applicable, please also provide details of franking levels, tax free, or tax deferred amounts which you may have received from existing property, shares or managed funds. If unknown, please provide a copy of your most recent statements.
- If an insurance policy is recommended and then applied for, your duty to disclose matters significant to the insurer continues up until the date of underwriting and you must come forward and disclose any changes to your health that might occur between making an application and a policy being underwritten.
- Your adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form. Accordingly, your right to seek compensation for any loss suffered as a consequence of incomplete or inaccurate information may be lost.

YOUR REPRESENTATIVE IS AUTHORISED TO:

- Advise and deal in all product and strategy as limited by the AFSL
- Advise and deal in areas restricted to the following category of product _____
- Advise on superannuation strategies with no dealing in product.
- Other authorities _____
- Provide credit assistance including Mortgage Broking Activity
- Provide credit assistance excluding Mortgage Broking Activity

HNW Planning Pty Ltd • Australian Financial Services and Australian Credit Licensee 225216
 Registered Office: Suite 17c, Karalta Plaza, 8-12 Karalta Road, Erina NSW 2250

Take Home Explanation of the Financial Planning Process

Who you are:

- 1. Name, DOB, Addresses
- 2. Family, Estate, Other Entities
- 3. Ethics, Religion, Morals
- 4. Multi-generational focus
- 5. What is your view of what the world will look like in the future

Where you are:

- 6. Net Income and Asset
- 7. Financial Position (High, Medium or Low "Comfort" – as described by your net asset position) relative to population
- 8. Appetite / Tolerance (High, Medium or Low – as described by how you balance risk amplifiers and mitigants to achieve your goals) relative to population

What you want:

9. Goals

Where Risk = Negative consequence from uncertainty

Options that increase risk (amplifiers)

- 9. Debt
- 10. Derivatives that increase exposure
- 11. Lack of knowledge / understanding
- 12. Inefficient (expensive) structures
- 13. Disjointed advice
- 14. Unsuitable types of return (eg income rather than capital gains)
- 15. Concentration of asset to type
- 16. Short time frame available
- 17. High entry and or exit costs
- 18. Maintenance obligations



Options that decrease risk (mitigants)

- 19. Insurances
 - A. Personal, B. General, C. Asset Protection
- 20. Cost efficient structures
- 21. Tax concessions
- 22. Contingencies
- 23. Knowledge / understanding
- 24. Congruency / consistency of advice
- 25. Suitable types of return (eg franking, capital gains)
- 26. Diversification
- 27. Longer time frame available
- 28. Lower entry exit costs

This diagram subject to Copyright © by HNW Planning Pty Ltd

Define Scope

What level of advice is requested, on what assets and for what purpose?

Statement of Advice; and/or Credit Proposal and Preliminary Assessment;

- Balance who you are, where you are and what you want.
- What Amplifiers and Mitigants can be used to increase the chance of achieving your goals while controlling risk; or do goals themselves need to change?
- What exposure to growth versus defensive assets is appropriate for what allocations of capital?
- What level of interaction (advice) is required.

Repeat process through Record of Advice

Update and comment on goals (infrequent). Strategy, insurance, and asset changes (occasional) Changes within a portfolio (comparatively regular)

Type, personal, business, growth, defensive

Assets and strategy that is more or less adviser influenced

CONFIDENTIAL CLIENT DATA FORM

.....

This document is designed to collect confidential data for analysis of your needs, goals and financial situation so that an appropriate strategy can be designed for your particular circumstances.

.....



HNW
PLANNING

Australian Financial Services License and Australian Credit Licensee No 225216

ABN 42 083 745 055

.....

Date: / / _____

Client: _____

Adviser: _____

.....

Who you are

	Primary Contact (Client)	Partner
Title (Mr, Mrs etc.)		
First Name		
Middle Name		
Last Name		
Salutation (preferred name)		
Gender		
Occupation		
Date of Birth		
Country of Birth		
Town/City of Birth		
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immigration Permanent Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		
Mobile Phone		
Home Phone		
Business Phone		
Fax		
Preferred method of contact	<input type="checkbox"/> Any <input type="checkbox"/> Email <input type="checkbox"/> Business Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Main Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Social Networking Service	
Preferred day & time	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Weekends <input type="checkbox"/> Weekdays	<input type="checkbox"/> Business Hours <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
Addresses	Main Mailing address: <input type="checkbox"/> PO Box <input type="checkbox"/> Residential <input type="checkbox"/> Work <input type="checkbox"/> _____ Street 1 Street 2 Street 3 City State Postcode	Secondary address: <input type="checkbox"/> Previous Address if less than 2 years <input type="checkbox"/> PO Box <input type="checkbox"/> Residential <input type="checkbox"/> Work <input type="checkbox"/> _____
Residential Status	<input type="checkbox"/> Own Home <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with Family <input type="checkbox"/> _____	

Dependants/Children

Name	Gender	Date of Birth	Relationship
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

Estate**Legal Entities**

Name	Details	Description <i>Superfund details i.e. members; company purpose i.e. investment; trust details i.e. trustee & beneficiaries</i>	Include in Advice?
	Type*: ABN: TFN: ACN:		
	Type*: ABN: TFN: ACN:		
	Type*: ABN: TFN: ACN:		

*Type Options: Self-Managed Superfund, Company, Trust, Partnership, Sole Trader

Mandatory**Are any of the following NOT the primary client or spouse?**

- Directors with a beneficial interest in a company (25% or more) or
- "Appointors" of a family trust or
- Member of a SMSF (therefore Directors or Trustees)

If yes to any of the above, complete **Client Due Diligence Addendum** for each such person.

Note: If unregulated trust (non-SMSF or a trust that does not otherwise report to the ATO) is used, some product manufacturers require to know who The Settlor is, and what the settlement amount was. Settlement amounts of \$10,000 or more will require you to complete the Client Due Diligence Addendum.

The above indicates a CDD form is Not Required Required**Power of Attorneys (and Guardianships)**

Contact	Type	Name of Attorney (Nominee)	Type of PoA	Expiry Date	Last Reviewed	Instruction
Primary Contact	Power of Attorney					
	Alternate Power of Attorney					
Partner	Power of Attorney					
	Alternate Power of Attorney					

Beneficiaries

Contact	Name of Beneficiary (Nominee)	Age of Entitlement	Percentage of Estate
Primary Contact			
Primary Contact			
Partner			
Partner			
Non-estate assets	Name of Beneficiaries and breakup	Super and type of nomination / instruction	
Superannuation 1			
Superannuation 2			
Other non-estate			

Wills and Testaments (including executors details and other notes)

Testator	Comments	Name of Executor (Nominee)
Primary Contact	When reviewed, where kept, instructions, funeral plans	Executor
		Alternate Executor
Partner	When reviewed, where kept, instructions, funeral plans	Executor
		Alternate Executor
SMSF Arrangements		
Business Succession	What are your business succession plans	

Family tree / other notes

Where you are

Cash Flow

Income

Description	Source /notes	Tax Status*	Primary Contact Gross per annum	Partner Gross per annum	Joint** Gross per annum
Totals					

* Tax Status options: Taxable, non-taxable, notes

** Make notes if not 50/50

Expenses (use detailed format in Finance Addendum if applicable)

Description	Source / notes	Amount per annum
Tax - Primary Contact	Tax on Primary Contact's own income plus tax from his/her portion of Joint Gross income per annum	
Tax - Partner	Tax on Partner's own income plus tax from his/her portion of Joint Gross income per annum	
Total		

Assets and Liabilities**Personal Assets (house, cars, artwork, etc.)**

Description	Ownership / notes	Last Valued Date	Estimated Value
Total			A

Active (Business) Assets (non-super by definition)

Description	Ownership / notes	Purchase Price	Purchase Date	Associated Debt	Estimated Value
Total					B

Non-Super Passive Assets (shares, managed funds, cash, etc.)

Description	Ownership / notes	Purchase Price	Purchase Date	Associated Debt	Estimated Value
Total					C

Superannuation Assets (passive by definition)

Description / Fund	Owner / notes	Policy #	Date Joined	Preserved Amount	Non-taxable Component	Current Value
Total						D

Liabilities (mortgage, credit card, investment loan, etc.)

Description	Ownership/ notes	Security	Funder	Usage	Nature	Term Remaining	Value
	Interest Only / P&I Interest rate_____			<input type="checkbox"/> Investment <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Combination	<input type="checkbox"/> Fixed <input type="checkbox"/> Semi <input type="checkbox"/> Variable		
	Interest Only / P&I Interest rate_____			<input type="checkbox"/> Investment <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Combination	<input type="checkbox"/> Fixed <input type="checkbox"/> Semi <input type="checkbox"/> Variable		
	Interest Only / P&I Interest rate_____			<input type="checkbox"/> Investment <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Combination	<input type="checkbox"/> Fixed <input type="checkbox"/> Semi <input type="checkbox"/> Variable		
Total							E

(Record liability repayments in Expense Items)

Net asset position (used later in Risk Assessment)

Personal Assets, plus Business, plus Investment Assets, plus Superannuation; less Liabilities

Net asset position = A + B + C + D – E

Net asset position =

Insurances

Life Insured	Provider	Policy Owner	Policy #	Type of cover, super or non-super, premiums, frequency, health or other conditions, stepped or level

What is you main objective with your current insurances

ADVISER NOTE: USE PERSONAL INSURANCES ADDENDUM WHEN APPROPRIATE

Risk Assessment – relative to population

We seek to define your Capacity (Financial Comfort) and separately to define your behaviour toward the negative consequence of uncertainly (risk). This is useful information in determining appropriate advices.

The only reasonable means to assess how you are progressing toward a “comfortable” retirement and how prepared you are to trade off the negative consequence of uncertainty for potentially higher future consumption is against a general population.

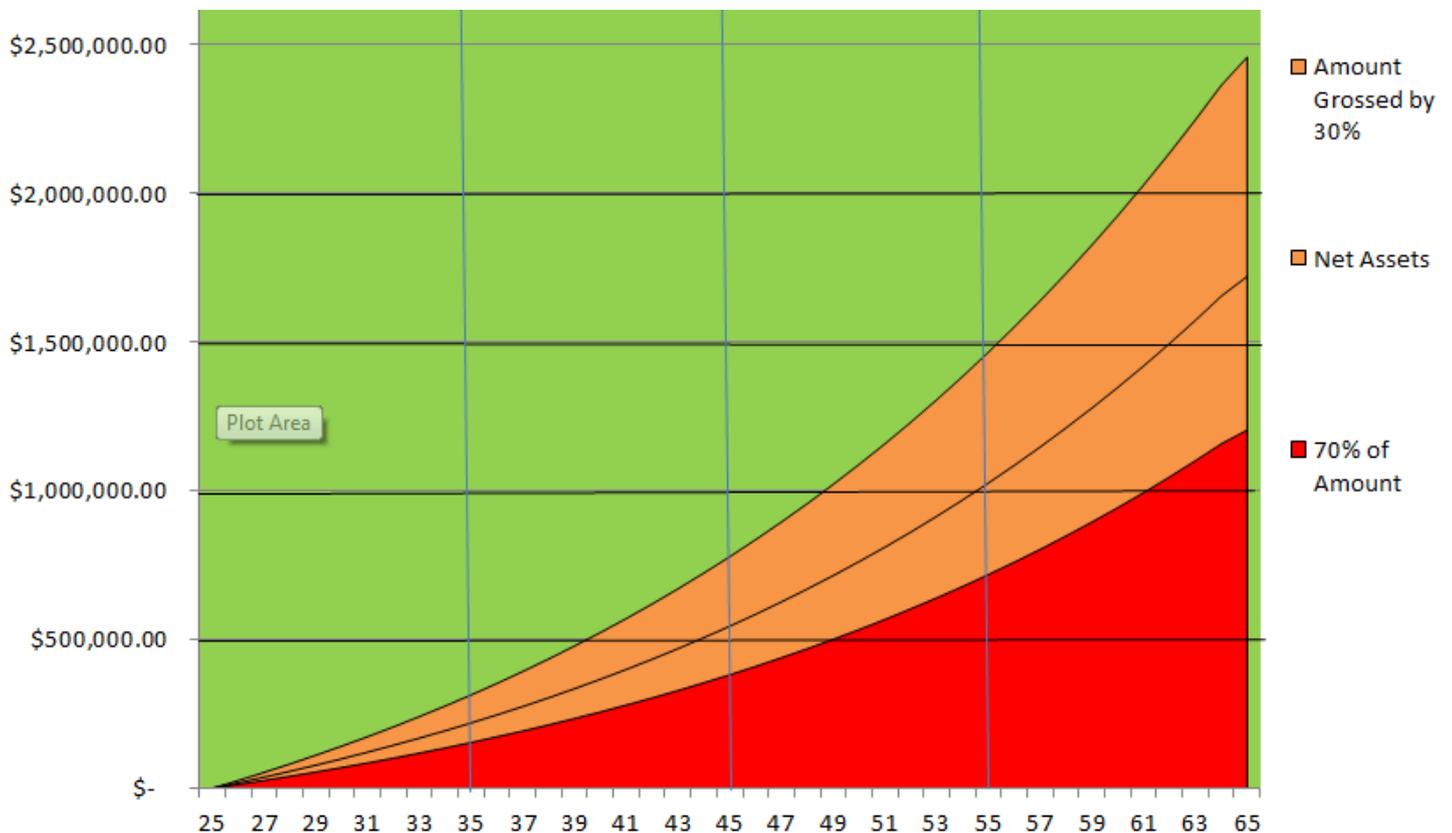
Financial Comfort (High, Medium or Low “Comfort” – as described by your net asset position) – of a financially interdependent couple - relative to general population

Midpoint of amber line is for - Male, zero assets at age 25, approximate projection to age 65 to support income of \$70,000 per annum that is paid from age 65 to age 92 (which is 10 years long than life expectancy for a 65 year old male in 2014)

Projection created using an annual accumulation to wealth (including housing) of \$17,600; assumes 4% return above inflation all the time money is invested up to age 92. Amber range is 30% below or grossed up by 30%.

The chart’s calculations make reasonable allowance for housing to the value of \$600,000 (in today’s dollar terms) at age 65.

Financial Position for a couple (Use 70% line as mid-point for singles)



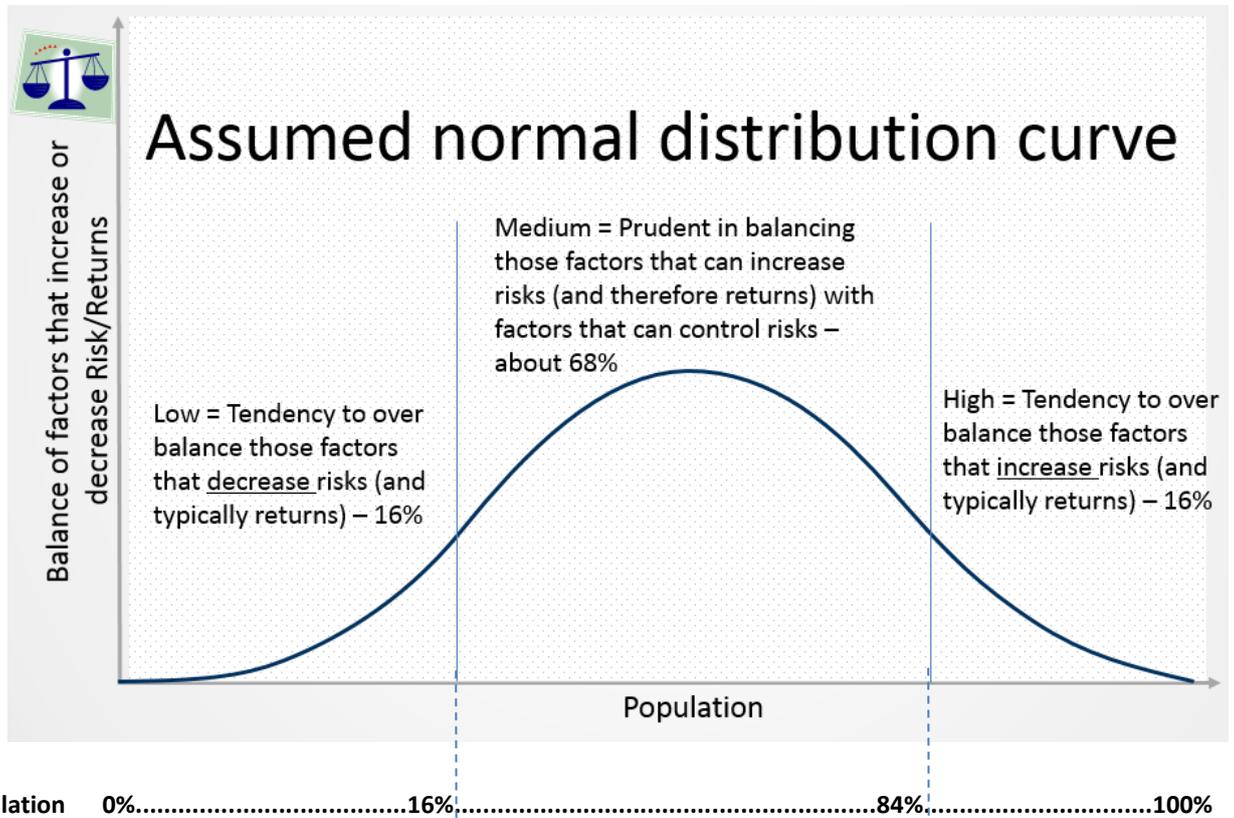
This diagram subject to Copyright © by HNW Planning Pty Ltd

Key for Financial Position (High, Medium or Low “Comfort” – as described by your net asset position)

High comfort – low risk of failure	Desirable position	A lucky few	→
Mid comfort – mid level risk of failure	Reasonable range (perhaps lower range for regional and higher for metro to account for housing)	Most people	→
Low comfort – concern for the risk of failure	Undesirable position	Care needed	→

Risk appetite – relative to general population

Everybody views and balances factors that can increase risk/return differently. A population’s behaviour toward risk over the longer term might reasonably be represented by a normal distribution curve. Widely accepted mathematical factors called “standard deviation” can be used to classify you into 3 separate groups.



Key to risk appetite (Adviser opinion of High, Medium or Low – as described balance risk amplifiers and mitigants)

Low	Medium	High
Favor limited use of Amplifiers and prudent use of Mitigants	Limits use of amplifiers and controls risks through appropriate use of Mitigants	Favour use of Amplifiers and with limited use of or potentially insufficient Mitigants
Very careful people	Most people acting reasonably	High risk takers

Financial Position / Risk Appetite Matrix

Financial Position / Risk Appetite Matrix	Low Appetite	Medium Appetite	High Appetite
High comfort – low risk of failure			
Mid comfort – mid level risk of failure			
Low comfort – concern for the risk of failure			

This diagram subject to Copyright © by HNW Planning Pty Ltd

Questionnaire – other important information

		Mandatory
Client Due Diligence	Primary Contact	Partner
Are you or have you ever been described as a Politically Exposed Person?		
<p><i>NB: Politically exposed persons (PEPs) are individuals who occupy a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates. Asking questions in this section is part of our AML/CTF obligations.</i></p>		
Are you aware of discrepancies in official documents? (e.g. the name on passport or driver's licence differing)		
Are you a citizen of or do you own assets or run a business (directly or indirectly) in a high risk or non-cooperative jurisdiction? http://www.fatf-gafi.org/countries/#high-risk		
Are you a US Citizen for tax purposes?		
<i>If yes to any of the above, complete Client Due Diligence Addendum for each such person.</i>		

Professional Relationship Questions	Primary Contact	Partner
Do you have an Accountant? If yes, please provide a name, firm and contact details.		
Do you have a Lawyer? If yes, please provide a name, firm and contact details.		
Do you have a Stockbroker? If yes, please provide a name, firm and contact details.		
Personal Relationships Questions	Primary Contact	Partner
Previous marriages, children, other complexities		
Are your parents still alive? Does their financial situation interplay with your own? (Granny flats, bonds, aged care)		
Might the financial position of adult children represent a threat to your own retirement? (do they have insurances)		
Do you have siblings?		
Superannuation and Income Streams Questions	Primary Contact	Partner
Do you have any annuities for which we should obtain information direct from the provider? If yes, please provide details such as the provider and policy number.		
Do you have or have access to any defined benefits plan for which we should obtain information direct from the provider? If yes, please provide details such as the provider and policy number.		
Have you ever considered establishing a Self-Managed Superannuation Fund (SMSF)?		
Would you consider establishing a SMSF in the future?		

Employment Questions	Primary Contact	Partner
Do you intend to stay with your current employer?		
Do you feel your current employment is secure?		
Do you foresee any substantial change to your income in the near future?		
Job Title?		
Current employment status? Employee / Self Employed / Unemployed / Retired / Student / Not Applicable	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Applicable
Self Employed Status? Sole Trader / Partnerships / Small Pty Ltd		
Description of duties? (sedentary, light or heavy manual)		
Job Qualifications?		
Dangerous pastimes?		
Retirement Questions	Primary Contact	Partner
After retirement do you intend to work again?		
At what age do you intend to retire?		
What is a reasonable expectation of a suitable retirement income per annum (in today's dollar terms)?		
Are there any other retirement considerations?		
Health Questions	Primary Contact	Partner
How would you describe your current general health?		
What are your existing health conditions?		
Do you intend to seek medical treatment for any existing health problems?		
Have any of your relatives suffered from any major health problems?		
General Questions	Primary Contact	Partner
Are you concerned with fees and costs on your current investments?		
Are you satisfied with your current investments?		
Immediate priority for investments, debt and insurances? Growth / Tax savings / Safety / Retirement / Liquidity / Wealth creation	<input type="checkbox"/> Growth <input type="checkbox"/> Tax savings <input type="checkbox"/> Safety	<input type="checkbox"/> Retirement <input type="checkbox"/> Liquidity <input type="checkbox"/> Wealth Creation
Future priority for investments, debt and insurances? Growth / Tax savings / Safety / Retirement / Liquidity / Wealth creation	<input type="checkbox"/> Growth <input type="checkbox"/> Tax savings <input type="checkbox"/> Safety	<input type="checkbox"/> Retirement <input type="checkbox"/> Liquidity <input type="checkbox"/> Wealth Creation
Ethical Investment Questions	Primary Contact	Partner
Do you have any ethical considerations (environmental, social, etc.) in regards to investing?		
Are there any investment areas to avoid?		
Are there any investment areas to support?		

What you want

Reference Material

Savings targets

The ability of your investments to outperform inflation in retirement is an important factor in calculating your capital requirement at retirement.

In order produce an income in today's dollar terms of \$100,000 requires the following amounts of capital. The term I've used in this table is for 10 years past life expectancy at ages 60, 65 and 70. The table uses female life expectancies which are higher than for males and is meant as an "easy to use" guide.

Calculations for different variables specific to your requirements can be provided in a future Statement of Advice.

To provide \$100,000 per annum in today's dollar terms

Retirement Age	Life Expectancy (female)	Plus 10 years and rounded	Outperform inflation by	Capital needed at retirement age <u>in today's dollar terms</u>
60	26.00	36	1%	3,011,000
60	26.00	36	2%	2,549,000
60	26.00	36	3%	2,183,000
60	26.00	36	4%	1,891,000
65	21.62	32	1%	2,727,000
65	21.62	32	2%	2,347,000
65	21.62	32	3%	2,039,000
65	21.62	32	4%	1,787,000
70	17.42	28	1%	2,432,000
70	17.42	28	2%	2,128,000
70	17.42	28	3%	1,876,000
70	17.42	28	4%	1,666,000

Note 1 – the projected capital needed is in "today's dollar terms" and not in "future nominal terms".

Note 2 – for \$75,000 or \$50,000 required income in today's dollar terms, you can multiply the last column by 0.75 or 0.5 (or otherwise divide or multiple as otherwise appropriate).

Types of assets

Active / Passive	Asset Type	Purpose	Description
	Personal	Consumption now	Example – quiet enjoyment of a home, boat or book are examples of consumption of personal assets
Active	Business	Active supplement of future consumption	Actively managed asset where is risk taken to lift or secure future potential income, that either builds growth or defensive assets or is consumed
Passive	Defensive	Guard future consumption	Passive asset where volatility, income and growth characteristics are curtailed to help ensure these assets are available for future consumption
	Growth	Passive supplement of future consumption	Passive asset where volatility, income and growth characteristics are enhanced to help contribute to additional future consumption

Objectives (Goals / Milestones)

Description of objective (Goals/Milestones)	Term Short/Mid/Long	Priority Low/Normal/High	Status New/Progress/Hold/ Completed/Inactive
Retire at _____'s age = _____ with an income of \$_____ per annum in today's dollar terms			

ADVISER NOTE: USE PERSONAL INSURANCES ADDENDUM WHEN APPROPRIATE

Appropriate Exposure to Growth Assets - Risk Scoring Table (if required)

Question	Passive Capital Allocation 1	Passive Capital Allocation 2	Passive Capital Allocation 3	Passive Capital Allocation 4
Name / notation to distinguish the particular Capital Allocation				
Approximate amount	\$	\$	\$	\$
Is a core goal for this Capital Allocation to accumulate cash for a specific purpose? Yes (score 0) No (score 1)				
Can this Capital Allocation be committed for (or accumulated) over 5 years or more? Yes (score 1) No (score 0)				
If your investments for this Capital Allocation fell in value by 20% would you buy more, sell out or weather the storm? Buy more (score 1) Sell out (score 0) Weather the storm (score 1)				
Would you generally agree or disagree that cash based investments should form part of the portfolio for this Capital Allocation? Agree (score 0) Disagree (score 1)				
For this Capital Allocation, how much 'safety' that is provided by cash would you swap to make investments with the potential to provide better than cash returns over a period of 5 years or more? 0% (score 0) Up to 20% (score 0) Up to 40% (score 0) Up to 60% (score 0) Up to 80% (score 0) Up to 100% (score 1)				
Totals for each budget*				
Allowable allocation to growth assets for each budget*				

Adviser note: Each score of 1 allows for an allocation of 20% to growth based investments.

Carry forward to next page if score is 3 or greater.

Supplementary Questions on Leverage

The following additional questions may be considered for allocations of capital with scores of 3, 4 or 5. Add up to 3 additional points to move score up to possible "6". The questions seek to investigate financial capacity, need, safety-first and consequential risk concepts.

Question	Passive Capital Allocation 1	Passive Capital Allocation 2	Passive Capital Allocation 3	Passive Capital Allocation 4
Do you have a secure income and appropriate personal insurances in place? Yes (score 1) No (score 0)				
For your age, is your Financial Comfort level Mid or High? (refer to earlier analysis) Yes (score 1) No (score 0)				
If a leveraged investment using the Capital Allocation fails, are you still able to meet your essential milestones (housing, education, standard of living) Yes (score 1) No (score 0)				

Risk budgets

Total Score	Growth / Defensive	Name	Description of approach to selecting Growth / Defensive mix (in any particular portfolio).
0	0/100	Secure	Focuses entirely on the preservation of capital. As such the return is likely to be low and consistent compared with the other risk options offered. (preserve value against inflation)
1	20/80	Defensive	Income-focused portfolio that has a small exposure to growth assets. The main emphasis is on preserving capital and includes some capital risk (growth asset) in order to achieve the preservation of capital. (Inflation plus 1 or 2%)
2	40/60	Conservative	For investors who are seeking an income stream with some capital growth attached. It has a high exposure to defensive (typically income generating) assets, but also includes exposure to share and property markets. (Inflation plus 2 or 3%)
3	60/40	Balanced	Fluctuations in value are controlled by a meaningful allocation (40%) to defensive assets with the balance (60%) to growth assets. Its aim is to produce capital growth in a medium- to long-term time frame. (Inflation plus 3 or 4%)
4	80/20	Growth	A growth-oriented portfolio that is best suited to long-term investors. A small defensive asset exposure should slightly reduce the shorter-term fluctuations of the portfolio's value. (Inflation plus 4 or 5%)
5	100/0	High Growth	A 100% growth based portfolio with no defensive exposure. It has a strong emphasis on maximising capital growth over the long term. (Inflation plus 5 or 6%)
6	100% growth exposure or more with gearing	Enhanced High Growth Using Gearing	<p>100% or more exposure to growth assets that is achieved using leverage (borrowings). Any defensive exposure is unlikely but may be retained at a cost for strategic reasons.</p> <p>It has a strong emphasis on maximising capital growth over the long term on more than the investor's equity and may deploy or be a component of other strategies such as negative gearing, salary sacrifice over debt repayment, and others.</p> <p>Investors require strong, reliable cash flow and a 7 to 10 year minimum investment horizon. Other contingencies would typically include appropriate insurances.</p> <p>USE OF A LEVERAGE MAY RESULT IN GREATER THAN 100% ALLOCATION TO GROWTH ASSETS FOR THE SPECIFIC AMOUNT OF CAPITAL IDENTIFIED. THIS WILL INCREASE YOUR POTENTIAL FOR BOTH CAPITAL GROWTH AND CAPITAL LOSSES.</p>

Notes on scope (to be covered in Statement of Advice)

NOTES	Personal	Business	Passive Investments Growth / Defensive	Risk Controls / Appropriate actions to balance risk
Most Adviser directed				
Most Client Directed				

Design subject to Copyright © by HNW Planning Pty Ltd

Tele-underwriting details and special payment authority

Doctor's name _____

Address and phone _____

If less than 2 years
Previous Doctor's name _____

Address and phone _____

Personal Credit Card Authority – Provided to HNW Planning Pty Ltd:			
Reason:		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa Card
Card holder name:			
Credit card number:		Expiry Date:	
For the amount of:	\$_____.____ PLUS 1.7% merchant fee cost recovery		
Payment frequency:	<input type="checkbox"/> Once only	<input type="checkbox"/> per month x ____ months	<input type="checkbox"/> per annum
Cardholder's Signature	SIGN HERE 	Date	

Important Information to be Read and Acknowledged by the Client(s)**Client Statement**

The information provided in this Confidential Client Data Form is complete and accurate to the best of my knowledge. I/We understand that any investment made or policy purchased without the completion of a Confidential Client Data Form, or following partial or inaccurate completion, may not be appropriate to my/our needs. I/We also understand that an investment made or policy purchased which differs from that recommended by the intermediary may not be appropriate to my/our needs. I/We appreciate that, in these circumstances, I/we may lose the right to seek compensation from the intermediary or its principal; for any loss suffered by me/us as a consequence of incomplete or inaccurate information being provided. I/We also acknowledge that personal circumstances can change, and will contact the Financial Planner when/if this occurs.

I/We have been provided with a copy of my/our adviser's **Financial Services Guide (FSG)** Version and **Privacy Statement** Version.

Where reasonable and appropriate to do so, I/we authorise my/our adviser to provide advice to me/us by email or other suitable electronic medium.

Disclosure and Disclaimer

HNW Planning Pty Ltd, its representatives and their employees may have an interest in and/or receive payments (upfront and/or ongoing) from the investments or products recommended. Further payment details are set out in any written information supplied to you.

Recommendations and advice are based on the information provided by you. We act on this information in good faith. All recommendations and advice are based on current economic and legislative environments, and our interpretation of these conditions. No guarantees can be given or implied, and any recommendation and/or advice may need to be altered due to unforeseen changes to economic and legislative conditions. The recommendations and advice are given solely for your use and therefore should not be taken as a guide for other people.

TFN Authority

I hereby authorise HNW Planning Pty Ltd and its representative, my adviser, to keep a record of my Tax File Number on file, until such time as this authority is revoked in writing.

Primary Contact's Tax File Number	Partner's Tax File Number

Duty of Disclosure to Insurances Companies

If an insurance policy is recommended and then applied for, I/We acknowledge that my/our duty to disclose matters that are significant to the insurer continues up until the date the policy is put in place (underwritten). This simply means I/we must come forward and disclose any changes to my/our health (or other significant event) that might occur between making an application and a policy being underwritten.

I/we also acknowledge that if an insurance policy is being replaced as part of any advice, that if there is a change in my/our health during the "advice, application and underwriting process"; that such a change in health might make it a disadvantage to cancel an existing policy. My/our adviser cannot be expected to know of any such change in my/our health unless informed by me/us. My/our adviser will be entitled to assume that there are no changes to my/our health.

Client Name _____

Partner Name _____

Client Signature _____

Partner Signature _____

Date ____/____/____

Date ____/____/____

CLIENT AUTHORITY

To whom it may concern

I/We hereby authorise you to provide HNW Planning Pty Ltd's Authorised Representative with any information they may require concerning Insurance, Superannuation, Investments or Mortgages.

My/Our details are as specified below.

Yours faithfully,

Signature:

Signature:

Name:

Name:

Date: ___/___/_____

Date: ___/___/_____

Account/Policy No:

Account/Policy No:

.....

.....

D.O.B: ___/___/_____

D.O.B: ___/___/_____

Current Address:

.....
.....
.....

Previous Address:

.....
.....
.....

Please note the contact details for HNW Planning Pty Ltd's Authorised Representative are:

Adviser:

Address:

.....

Phone:

Fax:

Adviser Notes

Adviser's Acknowledgement

Client Due Diligence	
Fact Find Date	___/___/___
FSG Version Number and date provided	<input type="checkbox"/> FSG Version _____ Provided ___/___/___
Fact Find – Take Home Page Provided	<input type="checkbox"/> Take Home Page Provided ___/___/___
Privacy Statement Provided	<input type="checkbox"/> Privacy Policy Version _____ Provided ___/___/___
The adviser has sighted photo ID for:	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Partner
The adviser has recorded a copy of photo ID	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Partner
Are photo IDs loaded to Compliance Area inside Contact in Adviser Portal?	Yes / No
AML / CTF factors assessed	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Partner

Adviser's Signature _____

General

General details	
Family Unit Name	Office use only
Classification	Office use only
Client Source	Office use only

Activities and Histories / On-demand Workflows

Subject	Type	Due Date	Direction	Priority	Status	Completed
Description						
Description						
Work Process Orders						

Scoping Notes

Scope of Advice / risk control / risk budgets	
Amplifiers	
Mitigants	
Amounts of capital to be advised	
Level of involvement for adviser	
Risk budgets	
Strategy Comments – other notes	
Special Notes on “Contextual Gravity” – Ethics, Religion, Morals, Multi-generational focus, View of what the world.	
Have you been or are you likely to be asked to act as an agent (Limited or Enduring Power of Attorney, Centrelink Correspondence Nominee, or other?)	Yes / No Primary Contact Yes / No Partner if Yes then - <input type="checkbox"/> Marked in Adviser Portal

Client Due Diligence Addendum (as required)

The below are questions designed to assist you to determine, on a risk weighted basis, whether **Enhanced Client Due Diligence** is required.

Enhanced Client Due Diligence will initially require completing the relevant Financial Services Council (**FSC**) Identification form and informing HNW Planning through the functionality of the Adviser Portal.

You are directed to this addendum if you or the client have answered **“Yes”** to questions in the “Legal Entities” section or the “Client Due Diligence” section of the Questionnaire.

For additional Directors / Appointors / Settlers / SMSF Members	
Full Name	
Date of Birth	
Description of role / capacity	
The adviser has sighted photo ID for:	
The adviser has recorded a copy of photo ID	
Are photo IDs loaded to Compliance Area inside Contact in Adviser Portal?	

And for each individual	
<p>Do you suspect the individual is or was a Politically Exposed Person (PEP)? http://www.austrac.gov.au/part-b-amlctf-program-customer-due-diligence-procedures If yes, Enhanced Client Due Diligence (ECDD) of the FSC form for individual is required</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form completed
<p>Is there a discrepancy in names being provided (e.g. Director’s names recorded) compared to ID Documents? http://www.austrac.gov.au/part-b-amlctf-program-customer-due-diligence-procedures If yes, Enhanced Client Due Diligence (ECDD) of the FSC form for individual is required</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form completed
<p>Is or do you suspect the individual is a citizen of, owns assets or runs a business (directly or indirectly) in a High Risk or Non-Cooperative jurisdiction? http://www.fatf-gafi.org/countries/#high-risk</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form(s) completed
<p>Is or do you suspect the individual is a US Citizen for tax purposes</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form completed
<p>Are there any non-regulated trusts (ie non-SMSF, or that do not report to the ATO for tax purposes) that;</p> <ul style="list-style-type: none"> - were settled for an amount >\$10,000 	<p>Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> Unregulated Trust FSC form completed

Client Due Diligence Addendum (as required)

The below are questions designed to assist you to determine, on a risk weighted basis, whether **Enhanced Client Due Diligence** is required.

Enhanced Client Due Diligence will initially require completing the relevant Financial Services Council (**FSC**) Identification form and informing HNW Planning through the functionality of the Adviser Portal.

You are directed to this addendum if you or the client have answered **“Yes”** to questions in the “Legal Entities” section or the “Client Due Diligence” section of the Questionnaire.

For additional Directors / Appointors / Settlers / SMSF Members	
Full Name	
Date of Birth	
Description of role / capacity	
The adviser has sighted photo ID for:	
The adviser has recorded a copy of photo ID	
Are photo IDs loaded to Compliance Area inside Contact in Adviser Portal?	

And for each individual	
<p>Do you suspect the individual is or was a Politically Exposed Person (PEP)? http://www.austrac.gov.au/part-b-amlctf-program-customer-due-diligence-procedures If yes, Enhanced Client Due Diligence (ECDD) of the FSC form for individual is required</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form completed
<p>Is there a discrepancy in names being provided (e.g. Director’s names recorded) compared to ID Documents? http://www.austrac.gov.au/part-b-amlctf-program-customer-due-diligence-procedures If yes, Enhanced Client Due Diligence (ECDD) of the FSC form for individual is required</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form completed
<p>Is or do you suspect the individual is a citizen of, owns assets or runs a business (directly or indirectly) in a High Risk or Non-Cooperative jurisdiction? http://www.fatf-gafi.org/countries/#high-risk</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form(s) completed
<p>Is or do you suspect the individual is a US Citizen for tax purposes</p>	<p>Yes / No if Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> FSC ID form completed
<p>Are there any non-regulated trusts (ie non-SMSF, or that do not report to the ATO for tax purposes) that;</p> <ul style="list-style-type: none"> - were settled for an amount >\$10,000 	<p>Yes then</p> <ul style="list-style-type: none"> - <input type="checkbox"/> Marked in Adviser Portal - <input type="checkbox"/> Unregulated Trust FSC form completed

Personal Insurances Addendum (optional)

Requirement summary

Description	Standard Option?
Pay out all debts, provide an income of 75% of current income until retirement and 50% of current income in retirement	
Pay out all debts, provide an income of 75% of current income until retirement and 75% of current income in retirement	
Pay out all personal debts, assume all investment assets are sold, then provide an income of 75% of current income until retirement and 50% of current income in retirement	
Pay out all personal debts, assume all investment assets are sold, then provide an income of 75% of my current income until retirement and 75% of my current income in retirement	
Variation	

Income - Existing Provisions

Description	Notes	Amount
Continuing Investment Income		
Leave / Long Service Entitlement		
Tax, credit cards and other provisions		
Cash / liquid assets available		
Liquid resources on hand are therefore expected to fulfil income replacement needs for		_____ months

Lump Sum needs - Special Arrangements

Lump Sum	Strategy note on how it will be managed	Death	TPD	Trauma

Lump Sum needs - Recurrent Costs

Education Costs	Annual costs	Number of years per child			Total	Death (Y/N)	TPD (Y/N)	Trauma (Y/N)
		1	2	3				
Pre School / Childcare								
Primarily School								
High School								
University								
Other notes:								

Insurance Questions	Primary Contact	Partner
Do you drink?		
Have you smoked in the last 12 months?		
What is your Height and Weight?		
Do you have private health insurance?		
In the event that your partner is temporarily incapacitated, will you continue to work?		
In the event that your partner is totally and permanently disabled, will you continue to work?		
If your partner dies, will you continue to work?		
Have you been declined (or accepted) on special terms for life, disability or trauma insurance? If yes, when and provide details		
Have you claimed benefits from other source(s)? eg sickness, workers compensation, disability pension.		
Within the last 3 years, has there been a period when you weren't working (exclude 'normal' sick days & holidays)? If yes, when and provide details		
Current employer?		
Employer address?		
How long with current employer?		
Any other Jobs with current employer, or changes of employer in last 3 years? If yes, when, hours, length of tenure, duties and income.		
Do you work from home more than 30% of the time? If yes what %?		
Do you work at heights over 20 metres? If yes, provide details		
Do you work underground? If yes, provide details		
How many hours per week do you work?		
How many days per week do you work?		
How many weeks per year do you work?		
What % of duties involve manual work or work outside office environment?		
Do you have any professional or trade qualifications? If yes, provide details		
Are you, or have you been, associated with a business that has been put in administration or liquidation (bankrupted for sole traders)?		
What % of income is commission or bonuses?		
Will income from any source continue if disabled? If yes, provide details		
Do you have any passive income from investments?		
If self-employed - How many full time, part time employees?		
What % of work requires face to face meeting with clients?		
Do you have any plans to change your occupation, activities, work hours or employment status?		

Finance Addendum (optional)

Borrowing Power and Buying Power

Payroll details	(if applicable for finance clients) Contact: _____ Ph: _____
------------------------	--

Purchasing				Refinancing			
Purchasing and Loan Costs		Available Funds		Purpose			
Purchase price	\$	Deposit paid	\$	Better rate	Y / N	Amount Owed = Y	\$
Lender application	\$	Cash savings	\$	Consolidation	Y / N	Lender application	\$
Valuation fees	\$	Sale proceeds	\$	Extra cash	Y / N	Valuation fees	\$
Transfer Stamp duty	\$	Gift	\$	Restructure	Y / N	Legal Fees	\$
Legal / registration	\$	FHOG	\$	Investment	Y / N	LMI	\$
LMI	\$			Renovating	Y / N	Discharge costs	\$
Capitalised	Y / N			Building	Y / N	Other exit	\$
Total Costs = A	\$	Total Own = D	\$	Available Equity		Refinance costs = E	\$
Loan Amount = B	\$			Property Value = X	\$	Amount sought = F	\$
Required (A-B) = C	\$	Surplus (D-C)	\$	Equity (X - Y)	\$	Total Loan (E+F)	\$

Documents Required for anticipated needs in	Financial Planning	Mortgage Planning	Notes / tick off
Identification			
100 Point ID (certified copy of Current Driver License, Passport or Birth Certificate)			
Investments, Superannuation and Personal Insurances			
Most up-to-date superannuation statements			
Most up-to-date personal insurance statements			
Records of non-super investments			
3- months of bank statements (NB showing salary / wages)			
3- months credit card statements			
Income and employment			
2 most recent pay slips - no older than one month			
Letter of employment (confirming base income, start date and probation if applicable). Must have company letter head and no more than one month's old.			
Most recent group certificate			
Most recent tax assessment notice			
If previous employer in last two years – then details + income proofs			
Self employed			
Last two years full financials which include profit and loss statements, and balance sheets			
Last two year's Individual tax returns			
Quarterly BAS and / or interim financials			
Refinance			

Last six months of statements for debt being refinanced			
Rates notices for all properties currently owned			
Payout Statement in relation to exit fees / break costs			
Purchase Information			
Copy of signed contract			
Evidence of funds to complete (last 6 months bank savings statements)			
Other Loan Documents			
Copy of land contract			
Fixed price building contract including plans, specifications, schedule			
Copy of council approval			
Copy of trust deed			
Other Documents / references			
Tenancy agreement or recent rental statement			
General Insurances	Notes		
Property	Notes		

Loan Reference _____

Loan Purpose _____ Property Status Owner Occupied Investment Vacant Land

Preferred Loan Features Ranking	Notes	Top 2	3 to 10
Fixed Rate / Repayments It is important to have certainty about interest rates and/or repayment for a fixed period of time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Interest Only It important to make interest only payments for a specified time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Additional Payments It is important that the loan is paid off quickly and that additional payments are allowed without penalty	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Fixed and/or Variable It is important to have different fixed / variable options on multiple accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Split account It important to have more than one sub-account, or separate account for savings/investment funds, for tax, accounting, or personal expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Offset It is important to have a transactional account available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Re-draw It is important to have access to additional repayment funds should it be required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Line of Credit It is important to have revolving facility that allows you to draw to a limit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Top Up It is important to have access to additional funds for future use subject to sufficient equity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Product Flexibility It is important to have the ability to switch between a lender's mortgage products	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Transaction capability It is important to be able to obtain available funds via EFTPOS, ATM, Internet or Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Portability It is important to have the option to transfer the loan to an alternative property to save money and time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Low Monthly Payments It is important to have low monthly repayments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Time Frame It is important that the loan is available for or is repaid within a certain time frame	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Total Costs It is important that over the life of the loan that total costs are kept to a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
Set up Costs It is important to minimise the set up costs, or the out of pocket requirements when a loan is established (LMI? Capitalise LMI?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional		
The Pareto Principle (also known as the 80–20 rule) - roughly 80% of the effects come from 20% of the causes		80% of focus	20% of focus

Checks	Notes
Loan to Value Ratio Estimation	
Debt Servicing Ratio Estimation	
Notes on client strategy and purpose for loan	
Other material changes to the client's circumstance expected that are not already detailed / reasons and expected impact	
Risks or costs of ranked features discussed	
Has client ever had any difficulties meeting financial commitments in the past 2 years	
Does client have any reason to expect adverse comments on credit record(s) – include comments on bankruptcy or insolvency – NB no time limitations	
Have you received advice from an accountant, solicitor or financial planner regarding your objectives that are related to this loan application – details and permission to contact?	
Have you received advice from a real estate agent or other property adviser regarding your objectives that are related to this loan application – details and permission to contact?	

Detailed Expenses

LOANS / RENT	Current	Future	Notes
Rent or existing Home Loan:	\$	\$	
Existing Investment Loan:	\$	\$	
Credit Cards / Store Cards (combined per month)	\$	\$	
Other Loans	\$	\$	
MONTHLY LIVING EXPENSES	Current	Future	Notes
Taxes	\$	\$	
Food / Housekeeping	\$	\$	
Insurances (motor, home and contents, medical, life, income protection)	\$	\$	
Utilities	\$	\$	
Transport	\$	\$	
Education	\$	\$	
Dependent's support (child care/ maintenance)	\$	\$	
Entertainment	\$	\$	
Other	\$	\$	
Total Expenses			
Income			
Surplus Monthly Cash Flow (estimate)			

Aged Parents Addendum (Optional)

Parents situation

	Primary Contact	Partner
Are either or both your parents alive	Y/N	Y/N
If yes, what are the names of your parents still living or whose estate is yet to settle	Dad: Mum:	Dad: Mum:
DOBs	Dad: Mum:	Dad: Mum:
If both parents alive, are they living together	Y/N	Y/N
Are either or both receiving care at home	Y/N	Y/N
If not do you think they should be	Y/N	Y/N
If getting care, is it family or government/community provided or a combination		
Are either or both in an aged care facility	Y/N	Y/N
If not do you think they should be	Y/N	Y/N
How many siblings do you have		
Do you expect a significant benefit from your parent's estate		
If so, what do you estimate what you might inherit		
Do you have clear instructions on who among your siblings will have what responsibilities		
Do your parents have a WILL		
Do your parents have Enduring Powers of Attorney and appropriate Medical Guardianship (or appropriate state based powers		
Do your parents otherwise have an contingency plan in place – is there a known place for instructions for passwords or Technology Identities (life Facebook)		
Has your parent's lawyer reviewed all Wills, Agencies, Delegated Responsibilities, and Contingency Plans at the one time (so he/she sees a complete picture)		

Retirement living

	Primary Contact	Partner
If both your parents are alive, will they want to go to the same accommodation facility	Y/N	Y/N
Have they/you made some plans, put yourself on a waiting list or otherwise commenced any contingencies		
Have your parents had the opportunity to view any of the retirement living or higher care facilities		
Does the facility that is preferred have a range of services from retirement living to high care		
Have you ever considered using a specialist service consultant for finding and assisting with the booking of appropriate accommodation		

Funding questions

	Primary Contact	Partner
Has capital been set aside for required bonds	Dad: Mum:	Dad: Mum:
Have you considered a "reverse" or a specialist "RAD Bond" mortgage product		
Is there a clear understanding of what will happen to the family home		
Do your parents receive the aged pension		
If no – how close to the aged pension entitlement are they		
Do all children involved in the decisions understand if and how family wealth may be degraded over time		
Has a lawyer arranged a signoff between all children on how funding will work and the effect on family wealth that is signed by all siblings		
Have you previously taken professional advice on <ul style="list-style-type: none"> - Maximising assistance - Minimising family wealth erosion - Avoiding family disputes If yes, who and when and does this need reviewed in light of any questions asked above		