



Prepared by Evalesco Financial Services Pty Ltd

Authorised Representative of
Professional Investment Services Pty Ltd

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What this document is about

This document (called a Client Data Form) collects your financial and personal information to aid me in providing advice to you.

My contact details

You can contact me on: 02 9252 6800

My email address is: advice@evalesco.com.au

Street address: Level 2, 261 George Street, Sydney

Postal address: GPO Box 432, Sydney NSW 2001

Fax number: 02 9252 6700

More information on investing

For general information on investing (including a managed funds calculator to help you understand the effect of fees and different investment options) go to:

www.fido.asic.gov.au

You can also visit Professional Investment Services' website at www.profinvest.com.au

Client/Entity name: _____

Date: _____

Time: _____

Location: _____

IMPORTANT. This document is valid for a period of two years from the date of original completion. Should your circumstances change significantly before the expiration of the two year period, please contact me immediately to ensure your Client Data Form and the recommended strategy remain aligned.

Part A - (Please complete in full)

Personal Details

	Client 1	Client 2
Surname		
Given Names		
Preferred Name		
Date of Birth		
Gender		
Marital Status		
Australian Resident (if not Australian then please list residency)		

Contact Details

Residential Address	Client 1	Client 2
Address		
Suburb		
State		
Postcode		
Postal Address		
Address		
Suburb		
State		
Postcode		
Phone, Fax & Email		
Home Phone		
Home Fax		
Business Phone		
Business Fax		
Mobile		
Email		
Preferred Contact		

Children and other Dependants

Full Name	D.O.B	Gender	Age	Relationship to Client(s)	Dependant?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment details

Description	Client 1	Client 2
Occupation/Position		
Employment Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Other:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Other:
Employer Name		
Employment Start Date		
Do you foresee any substantial changes to your income in the next five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend staying with your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
On retirement, do you intend to work on either a full or part time basis?		

Part A - (cont.) (Please complete in full)

Goals and Objectives

Goals & Objectives (both Personal and Financial)

Short term (1-2 years)

Medium term (3-5 years)

Long term (5+ years)

Additional Objectives – Mark any that apply

<input type="checkbox"/>	<p>Achieve Capital Growth - You wish to maintain the capital value of your funds and, if possible, achieve capital growth over the longer term at least in line with the rate of inflation.</p> <p style="text-align: right;">Timeframe:</p>	<input type="checkbox"/>	<p>Achieve Income - You want to invest in a portfolio of funds having regard to funds generating more income than capital growth.</p> <p style="text-align: right;">Timeframe:</p>
<input type="checkbox"/>	<p>Portfolio Diversification - You wish to spread your assets and place funds in a range of investments to maximise the benefits of diversification with the aim to produce reasonable returns over the long term.</p> <p style="text-align: right;">Timeframe:</p>	<input type="checkbox"/>	<p>Portfolio Liquidity - You want to have access to part of your overall portfolio in case of unexpected expenses or emergencies. You wish to keep a cash reserve of \$.</p> <p style="text-align: right;">Timeframe:</p>
<input type="checkbox"/>	<p>Investment Flexibility - You would like to have the flexibility to alter your portfolio should your circumstances or financial objectives change or if there are changes in economic conditions or relevant legislation.</p> <p style="text-align: right;">Timeframe:</p>	<input type="checkbox"/>	<p>Tax Effective Wealth Accumulation - Your objective is to build wealth in a tax effective manner through investment so that an adequate income and lifestyle can be obtained.</p> <p style="text-align: right;">Timeframe:</p>

Retirement Planning

Planned Retirement Funding

	Client 1 (or joint)	Client 2
At what age do you plan to retire?		
Based on today's dollars, how much annual retirement income would you need?	\$	\$
Do you need an additional lump sum for a special need at retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much do you need - based on today's dollar value?	\$	\$

Scope of Advice

Client(s) Scope of Advice - Mark any that apply

Debt Reduction	<input type="checkbox"/>	Gearing/Margin Lending	<input type="checkbox"/>
Personal Savings Plans	<input type="checkbox"/>	Corporate Risk	<input type="checkbox"/>
Direct Shares	<input type="checkbox"/>	Corporate Superannuation	<input type="checkbox"/>
Managed Funds	<input type="checkbox"/>	Self Managed Superannuation Fund	<input type="checkbox"/>
Personal Superannuation	<input type="checkbox"/>	Review of Existing Portfolio/Position	<input type="checkbox"/>
Personal Risk	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Transition to Retirement/Salary Sacrifice	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Retirement Income Streams	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Part A - (cont.) (Please complete in full)

Current Position Analysis

Income - Please Specify per Week/Month/Year

	Client 1	Client 2
Base Salary/Wage (gross) (excluding compulsory SG)		
Bonuses/Commission		
Are Bonuses/Commission included for SG purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Net Salary (excluding compulsory SG)		
Superannuation Guarantee Component		
Motor Vehicle (packaged)		
Centrelink/DVA/Family Assistance (details below)		
Rental Income		
Dividend Income		
Other Income		
Business Interests		
Distributions from Trusts		
Child Support/Maintenance		
Foreign Pensions e.g. UK or NZ pensions		
Total (transfer this amount to page 5)	\$	\$

Centrelink/DVA/Family Assistance

	Client 1	Client 2
What Centrelink/DVA Benefits do you currently receive?		
	\$	\$
How much are your Fortnightly Payment(s)?		
	\$	\$
	\$	\$
Do you intend to apply for any Centrelink/DVA Benefits in the near future? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to be eligible for Centrelink/DVA Benefits? If yes, which benefits, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you 'Gifted' assets in the last 5 years? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Statement attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Expenses

Please select the column which is easiest for you to capture your expenditure items.

Category	Description	Weekly (\$)	Fortnightly (\$)	Monthly (\$)	Annual (\$)
Personal Debt Commitments	Home Mortgage Repayments				
	Credit Card Repayments				
	Car Loan / Lease Repayments				
	Personal Loan Repayments				
	Other:				
Investment Costs	Investment Property Repayments				
	Other Debt Repayments				
	Other:				
Housing	Rent				
	Council / Shire Rates				
	Water / Electricity / Gas				
	Internet / Telephone Connection				
	House & Contents Insurance				
	Household Repairs / Maintenance				
	Furnishings / Appliances				
Other:					

Part A - (cont.) (Please complete in full)

Category	Description	Weekly (\$)	Fortnightly (\$)	Monthly (\$)	Annual (\$)
Transport	Running Costs / Petrol / Fuel				
	Registration & Compulsory Third Party (CTP)				
	Comprehensive Insurance				
	Maintenance / Services / Repairs				
	Other:				
Consumables	Groceries				
	Alcohol / Cigarettes				
	Other				
Health	Private Health Insurance				
	Medical / Dental / Optical / Chemist				
	Other:				
Children	School Fees				
	Child Care				
	Child Support / Maintenance				
	Other:				
Personal	Clothing / Footwear				
	Entertainment / Dining Out				
	Sport / Recreation / Hobbies				
	Gifts / Presents / Christmas				
	Vacations / Holidays				
	Subscriptions / Books / Newspapers				
	Life / TPD / Trauma/ Income Protection Insurance				
	Other:				
Other	Pets / Vet Fees				
	Charities / Donations				
	Miscellaneous:				
Grand Total (transfer this amount below)		\$	\$	\$	\$

Annual Surplus/Deficit

	Client 1 (or joint)	Client 2
Total Annual Income (amount to be copied from page 4)	\$	\$
Total Annual Expenses (amount to be copied from above)	\$	\$
Surplus / (Deficit) Cashflow	\$	\$

Anticipated Major Capital Receipts (Including Sale of Assets)

Details	Amount (\$)	Receiver	When/Frequency
Total	\$		

Additional Details:

Anticipated Major Capital Expenses (Including Purchase of Assets)

Details	Amount (\$)	Receiver	When/Frequency
Total	\$		

Additional Details:

Part A - (cont.) (Please complete in full)

Liabilities

Description	Owner	Lender	Amount Owing (\$)	Term	Type (P&I or IO)	Interest Rate (%)	Repayment (\$)	Frequency
Home Mortgage								
Investment Loan								
Investment Loan								
Margin Loan								
Credit Card								
Credit Card								
Credit Card								
Personal Loan								
Personal Loan								
Protected Equity Loan(s)								
Agribusiness Loan(s)								
Structured Products Loan								
Total			\$				\$	

Insurances

	Client 1	Client 2
Do you have any existing insurance policies? (e.g. Life, Total and Permanent Disability, Trauma and Income Protection)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Details (including Life, Total and Permanent Disability, Trauma and Income Protection)

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insurance Type					
Policy Number					
Insurance Company Name					
Product Name					
Policy Owner					
Life Insured Name					
Sum Insured	\$	\$	\$	\$	\$
Waiting Period					
Benefit Period					
Date of Commencement					
Premium and Frequency					
Loadings/Exclusions					
Nominated Beneficiaries					
Recent Statement Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details:

Part A - (cont.) (Please complete in full)

General Health Details

		Client 1	Client 2
Describe your current health		<input type="checkbox"/> Excellent <input type="checkbox"/> Average	<input type="checkbox"/> Good <input type="checkbox"/> Poor
What is your height?			
What is your weight?			
Do you smoke?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes	Kind:		
	Amount :		
	Frequency:		
Have any of your relatives suffered from any major illness, disease or heart problems?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide additional details			
Have you had any illness, injuries or procedures in the last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide additional details			
Do you have any history of stress, anxiety or depression?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide additional details			
Are you currently receiving treatment from any Medical Practitioner?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide additional details			
Please list any lifestyle pursuits (e.g. scuba diving, motor racing, football, abseiling etc)			

Private Health Insurance

Owner	Insurer	Policy Number	Policy Excess (\$)	Annual Premium (\$)	Recent Statement Attached?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details:

	Client 1	Client 2
Are you subject to the Lifetime Health Cover (LHC) Premium Loading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Protection Needs	Client 1	Client 2
Annual Gross Salary (Self Employed = Net Income after Expenses):	\$	\$
Maximum Benefit = 75% of Gross Salary	\$	\$
If you were unable to work due to accident or illness, how long could you reasonably last without your income?	Client 1	Client 2
	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 14 Days
	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 30 Days
	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 60 Days
	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 90 Days
	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 1 Year
	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 2 Years
In the event of you being unable to work for a long period of time due to illness or accident, how long should your income protection payments continue for?	Client 1	Client 2
	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 2 Years
	<input type="checkbox"/> 5 Years	<input type="checkbox"/> 5 Years
	<input type="checkbox"/> To age 60	<input type="checkbox"/> To age 60
	<input type="checkbox"/> To age 65	<input type="checkbox"/> To age 65

Part A - (cont.) (Please complete in full)

Client 1

In the event of Death, Total and Permanent Disability (TPD) and a Traumatic event, you would like to:

		Death (Y/N)	TPD (Y/N)	Trauma (Y/N)
Discharge Mortgage	\$			
Discharge Other Debts	\$			
Provide Funds for Children's Education	\$			
Provide Funds for Emergency Income	\$			
Provide a Lump Sum for Home & Lifestyle Alterations	\$			
Provide Funds for Medical Costs	\$			
Provide Funds for Funeral Costs	\$			
Have a Lump Sum to provide for an Ongoing Income*	\$			
Other (Please specify)	\$			
Total	\$			

*Ongoing Income Calculated By

	Death	TPD	Trauma
Number of years income required for			
Amount required per annum (\$)			
Total (\$)			

Client 2

In the event of Death, Total and Permanent Disability (TPD) and a Traumatic event, you would like to:

		Death (Y/N)	TPD (Y/N)	Trauma (Y/N)
Discharge Mortgage	\$			
Discharge Other Debts	\$			
Provide Funds for Children's Education	\$			
Provide Funds for Emergency Income	\$			
Provide a Lump Sum for Home & Lifestyle Alterations	\$			
Provide Funds for Medical Costs	\$			
Provide Funds for Funeral Costs	\$			
Have a Lump Sum to provide for an Ongoing Income*	\$			
Other (Please specify)	\$			
Total	\$			

*Ongoing Income Calculated By

	Death	TPD	Trauma
Number of years income required for			
Amount required per annum (\$)			
Total (\$)			

Other Entities

Are you involved in any Self Managed Superannuation Fund, Trust, Company and/or Partnership?

If so, please provide details and attach recent Financial Statements for these entities.

Self Managed Superannuation Fund				
Name	Trustee(s)	Include in Advice	Trust Deed attached?	Fund Investment Strategy attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part A - (cont.) (Please complete in full)

Additional Information:	
Is the Fund a Complying Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Fund registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Fund lodged an application to become a Regulated Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Fund a Defined Benefit Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Fund currently paying Pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the Fund also have members in the Accumulation Phase?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the Fund Assets Segregated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all members are currently in the Accumulation Phase, is it intended that the Fund may pay Pensions in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was the Fund last Audited?	
Was the Audit qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Fund allow investment in Derivatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Trust					
Name	Trust Type	Trustee(s)	Beneficiaries	Include in Advice	All relevant documentation attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company					
Name	Purpose	Number of Employees	Shareholders	Include in Advice	All relevant documentation attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Partnership/Sole Trader					
Name	Purpose	Number of Employees	Include in Advice	All relevant documentation attached?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Estate Planning

Estate Planning Details		
	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Testamentary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Last Reviewed		
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type	<input type="checkbox"/> General <input type="checkbox"/> Limited (Special) <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Other:	<input type="checkbox"/> General <input type="checkbox"/> Limited (Special) <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Other:
Name of Attorney		
Date Last Reviewed		
Have you invested in a Funeral Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Last Reviewed		
Have the Nominated Beneficiaries in your Superannuation Funds been reviewed recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the Nominated Beneficiaries in your Insurance Policies been reviewed recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part A - (cont.) (Please complete in full)

Date Last Reviewed		
Have other Entities, such as Trusts, been addressed for Estate Planning requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Last Reviewed		

	Client 1	Client 2
Do you wish to be referred to an Estate Planning specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details:

Other considerations

Are you concerned with the Fees and Costs on your Investments/Policies?			
Client 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide details	If yes, provide details
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For Investment Purposes only, do you have any particular views concerning Labour Standards, Environmental, Social or Ethical considerations?			
Client 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide details	If yes, provide details
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Are there any Companies, Insurers, Fund Managers or Product Providers you wouldn't be prepared to invest in?			
Client 1	<input type="checkbox"/> Not important / Not Applicable <input type="checkbox"/> Yes	Client 2	<input type="checkbox"/> Not important / Not Applicable <input type="checkbox"/> Yes

If yes, provide details	If yes, provide details
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Professional Advisers

	Solicitor	Accountant	Stockbroker
Name			
Firm			
Address			
Telephone			
Fax			
Email			
Authority to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Investment Adviser	Insurance Adviser	Other
Name			
Firm			
Address			
Telephone			
Fax			
Email			
Authority to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reviews

How often do you want to Review your Portfolio/Position?	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly
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Part A - (cont.) (Please complete in full)

Non-Disclosure of Information

I/We acknowledge that details in the sections below have not been provided. I/We further acknowledge that my/our financial adviser has taken reasonable steps to obtain this information from me/us at this time.

Reason for non-disclosure of Information

Sections	Reasons
<input type="checkbox"/> Personal Details	
<input type="checkbox"/> Goals and Objectives	
<input type="checkbox"/> Retirement Planning	
<input type="checkbox"/> Scope of Advice	
<input type="checkbox"/> Current Position Analysis	
<input type="checkbox"/> Insurances	
<input type="checkbox"/> Other Entities	
<input type="checkbox"/> Estate Planning	
<input type="checkbox"/> Other Considerations	
<input type="checkbox"/> Professional Advisers	
<input type="checkbox"/> Reviews	
Additional Details	

Client 1 Signature

Client 2 Signature

Part B

Please complete this section if you have a Business Entity on which you are seeking advice.

Please attach a Balance Sheet, Profit and Loss Statement and Cash Flow Statement for each Business Entity.

Business Details

Structure	<input type="checkbox"/> Private Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Unit Trust	<input type="checkbox"/> Sole Trader
	<input type="checkbox"/> Public Company	<input type="checkbox"/> Family Trust	<input type="checkbox"/> Service Trust	

Insert Diagram of Business Structure/Ownership (if applicable)

Nature of Business					
In what year was the Business Started or Purchased?					
Number of Employees	Full-Time:	Part-Time:	Casual:	Other:	
Number of Proprietors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Principal(s)/Director(s) Details

Proprietor's Name	Key Responsibilities	Key Person (Y/N)	Date of Birth	Ownership Equity in Business (%)	Date Acquired

Valuation of Business

Estimate of Business Value:	\$
Date of Estimate:	
Provided by	<input type="checkbox"/> Accountant <input type="checkbox"/> Solicitor <input type="checkbox"/> Adviser <input type="checkbox"/> Other:

Anticipated Major Capital Receipts

Details	Amount (\$)	Owner	When/Frequency
Total	\$		

Additional Details:

Part B – (cont.)

Anticipated Major Capital Expenses

Details	Amount (\$)	Owner	When/Frequency
	\$		
	\$		
	\$		
Total	\$		

Additional Details:

Existing Business Insurance Policies

Policy Owner	Insurance Type	Insurer	Policy Number	Sum Insured (\$)	Annual Premium (\$)	Recent Statement attached?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Expense Insurance Needs

Do you require an analysis and quote for Business Expense Insurance? Yes No

If yes, please provide an estimate of the following Expenses:

	Annual Amount (\$)
Accounting Fees	
Rent	
Property Rates & Taxes	
Lease Costs	
Allowable Salaries – Employees	
Other Employee Costs	
Telephone	
Electricity	
Gas / Heating / Water	
Cleaning	
Other (Please specify):	
Total	\$

Waiting Period? 14 Days 30 Days

Complete if information not disclosed

Reason for non-disclosure:	Client 1 Signature	Client 2 Signature

Part C

Client Declaration

I/We hereby declare that a Financial Services Guide version dated and an Adviser Profile was provided to me/us on date . I/We have read and understood the FSG including the Privacy Policy.

I/We hereby declare that the information provided in this Client Data Form is a true reflection of my/our personal circumstances, financial situation and needs and objectives.

I/We am/are not aware of any other information that would be relevant to the making of a recommendation by an adviser.

I/We confirm that I/we have completed the Client Risk Profile booklet dated or the <Finametrica or IRESS Riskprofiler> risk profiling system dated (delete whichever does not apply). I/We have read and understood my/our agreed risk profile and additionally, I/we understand that this profile will be considered in the advice process.

I/We give permission for this information to be used for the preparation of my/our relevant advice document and I/we understand that the investment and/or risk recommendations will be based on the information supplied in this Client Data Form.

Tax File Number Authorisation

		Client 1	Client 2
Tax File Number			
I give permission for my Tax File Number, as provided above, to be retained on file by my adviser.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client 1 Signature		Date	
Full Name			
Position (if applicable)	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Trustee		
Client 2 Signature		Date	
Full Name			
Position (if applicable)	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Trustee		

Adviser Declaration

The information recorded in this Client Data Form was provided during a discussion held on	
Authorised Representative's Signature	
Authorised Representative's Number	

Other Details

Adviser Notes