



**MADISON FINANCIAL GROUP**

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**C O N F I D E N T I A L**

**Client Data Collection**

**IMPORTANT NOTICE TO CLIENTS**

The Corporations Law requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation 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.

This document incorporates the requirements of the Corporations Law (as regulated by the Australian Securities Investment Commission – ASIC). We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Please complete this form and cross out any irrelevant sections with an appropriate notation.

*All information contained in this document is confidential and will be treated as such at all times.*

<b>Client Name:</b>	
<b>Client Address:</b>	
<b>Adviser Name:</b>	
<b>Referred By:</b>	
<b>Date Collected:</b>	

## SECTION A – SCOPE OF ADVICE

Please tick where applicable

TYPE OF SERVICE	CLIENT 1	CLIENT 2
Borrowings – Investment	<input type="checkbox"/>	<input type="checkbox"/>
Borrowings – Personal	<input type="checkbox"/>	<input type="checkbox"/>
Budget Counselling	<input type="checkbox"/>	<input type="checkbox"/>
Debt Repayment Plan	<input type="checkbox"/>	<input type="checkbox"/>
Estate Planning / Will	<input type="checkbox"/>	<input type="checkbox"/>
Insurance		
- Income Protection	<input type="checkbox"/>	<input type="checkbox"/>
- Life Cover	<input type="checkbox"/>	<input type="checkbox"/>
- Trauma Cover	<input type="checkbox"/>	<input type="checkbox"/>
Investment Portfolio Review	<input type="checkbox"/>	<input type="checkbox"/>
Investment Advice	<input type="checkbox"/>	<input type="checkbox"/>
Salary Packaging	<input type="checkbox"/>	<input type="checkbox"/>
Pension Planning / Maximising	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation Advice	<input type="checkbox"/>	<input type="checkbox"/>
Tax Planning	<input type="checkbox"/>	<input type="checkbox"/>
Wealth Accumulation Planning	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe) .....

.....

.....

## SECTION B – PERSONAL DETAILS

	CLIENT 1	CLIENT 2
Surname:		
First names:		
Preferred Name:		
Telephone (O / H):		
Facsimile (O / H):		
Mobile:		
Email:		
Date of birth:		

### Estate Planning Considerations

	CLIENT 1	CLIENT 2
Do you have a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Will last reviewed		
Name of Executor		
Enduring Power of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Attorney		
Funeral plan		
Estimated funeral cost		

**Children/Dependants**

No.	Name	DOB	Age	Gender	Support to Age	Single (S) Married (M) Defacto (D)
		/ /				
		/ /				
		/ /				
		/ /				
		/ /				

Do you have any plans to grow your family? Yes  No

Is there any health issues need to be considered for your children/dependants?

.....

.....

.....

	CLIENT 1	CLIENT 2
<b>State of health</b>	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>
Are you a smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, have you ever smoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you quit? <i>(please specify)</i>		
Do you have private health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If health is not "excellent", please advise what health issues need to be considered.

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.....

**Legal structures**

<b>Sole Trader</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Registered business name		
<b>Partnership</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name		
Partners names		
<b>Private Company</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name		

<b>Family/Unit Trusts</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	
Trustee No 1	
Trustee No 2	
Corporate Trustee	

Beneficiary	As At Date	DOB if Minor

### Self-Managed Superannuation Fund

Name	
Trustee No 1	
Trustee No 2	
Corporate Trustee	

Member	Member Status	Current Balance	As At Date

## SECTION C – EMPLOYMENT AND INCOME

CLIENT 1

CLIENT 2

### Employment

Employer		
Industry		
Your occupation		
Date last worked		

### Income (before tax)

Gross Annual Salary		
Commissions/Bonus		
Other Taxable Income		
Package Item – Car		
Package Item – Super		
Package Item - Share Plan		
Package Item – Other		
Business Income		
Other Non-taxable Income		
Government Pension <small>(Aged/Disability Pension)</small>		
Superannuation Pension		
Annuity Income		
Company Profits Retained		
Partnership/Trust/Distr		
Interest – received		
– reinvested		
Dividends – received		

– reinvested		
Managed – received		
– reinvested		
Rental Income		
Other Investment Income		
<b>Total Annual Income</b>		

## SECTION D – PERSONAL FINANCE & LIFESTYLE

Table for cost of living calculation, if required (excluding business expense & items relating to investment real estate).

<b>ANNUAL EXPENSES</b>	<b>\$ PA</b>				<b>Notes</b>
	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Totals</b>	
<b>(Based on necessary and not necessary)</b>					
<b><i>Expenditure – Fixed</i></b>					
Mortgage / Rent					
Loan Repayments					
Car Registration / Insurance					
Council Rates					
Water Rates					
Electricity / Gas					
Telephone (Including Mobile)					
Transport					
Life Insurances					
Medical Insurances					
Home Insurances					
Childcare / Babysitting					
Education Fees					
Education Books/ Education Uniforms					
Specific Savings					
Other					
<b><i>Expenditure – Variable</i></b>					
Food / Groceries					
Clothing					
Medical / Chemist					
Dental / Optical / Chiropractic					
Petrol					
Car Service / Maintenance					
House Maintenance					
Household Furnishings					
<b><i>Expenditure – Discretionary</i></b>					
Restaurant / Dining Out / Take Away					
Magazines / Newspapers					
Entertainment					
Alcohol / Cigarettes					

Sports / Hobbies					
Holidays					
Gifts					
<b>Total Expenditure</b>					

### **Summary of Income and Expenditure**

Total Income	
Total Expenditure	
Surplus / Deficit	

## **SECTION E – ASSETS & LIABILITIES**

### **Assets**

*(If insufficient space, please attach separate lists)*

No.	Type	Owner	Date Purchase	Purchase Price	Current Value	Notes
1.	Family Home					
2.	Holiday Home					
3.	Cash at Bank					
4.	Superannuation					
5.	Term Deposit					
6.	Property					
7.	Shares / Equities					
8.	Managed funds					
9.	Collectables					
10.	Business					
11.	Other Loans or Guarantees					
12.	Other					
13.						
14.						
15.						
	<b>Total</b>					\$

### **Lump Sum Receipts**

Please list below the amount, source and when you expect to receive any Lump Sum Income (e.g. inheritance, insurance policy, sale of asset, debt recovery, long service leave, ex gratia payments, gifts etc) - This assists in planning cash flow into the future, and hence savings and investment patterns over time.

Source	Amount	Estimated date of Receipt
<b>TOTAL</b>		

**Liabilities**

Asset No.	Institution	Whose Name	Interest Rate (%)	Monthly Payments (\$)	Amount Owing (\$)
	<b>Total</b>				

**SECTION F – SUPERANNUATION**

	Client 1 / 2	Client 1 / 2	Client 1 / 2	Client 1 / 2
Name of fund				
Life Insurance within Superannuation?	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"/>
When joined (earliest service date)				
Employer contributions/yr				
Own contributions/yr (post tax)				
Policy number				
Undeducted Contributions				
Transitional RBL's				
Investment type (e.g. balanced, Aust shares, capital guaranteed/capital stable)				
Fund Balance				

**SECTION G – INSURANCE**

**Client 1  
(Policy 1)**

**Client 2  
(Policy 1)**

**Client 1  
(Policy 2)**

**Client 2  
(Policy 2)**

**Income Protection Insurance**

Insurer				
Policy Owner				
Amount of Cover/Month				
Policy Number				
Is the Cover through your S/F?	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"/>
Benefit Period (E.g. to age 65)				
Waiting Period				
Monthly Premium				

**Life Insurance Cover**

Insurer				
Policy Owner				
Amount of Cover				
Policy Number				
Is the Cover through your S/F?	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"/>
Beneficiary Name				
TPD Amount (if any)				
Monthly Premium				

**Trauma Insurance**

Insurer				
Policy Owner				
Amount of Cover				
Policy Number				
TPD Amount (if any)				
Death Cover Attached				
Monthly Premium				

**SECTION H – PRE-RETIREMENT FINANCIAL OBJECTIVES**

**Financial Goals**

Short Term (i.e. 1-3 years)	\$	Medium Term (i.e. 4-10 years)	\$	Long Term (i.e. 10 years +)	\$

Also include provision for specific expenses you know are coming up in the future.

**Anticipated Expenditure Items**

Description	Owner	Estimated Date	Estimated Amount
<i>Total</i>			\$

**Retirement Objectives and Information**

When likely to retire	Date:		
	Age:		
Full or semi retire			
Income required (today's value)			
Cash expenditures (today's value)			

**Extra information/comments**

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**SECTION I – CLIENT ATTITUDE TO RISK**

We need to be able to understand your attitude to risk in relation to potential returns in order to make appropriate recommendations. Put simply, risk is the extent to which you are willing to expose your initial investment to possible losses for the advantage of greater possible gains.

Generally speaking, the higher the potential return, the higher the potential risk. For example, shares and property give you a potentially higher return over a longer period, but have higher risk. Investments which pay you interest only have a low risk, but usually a lower return over a longer period. Having a mixture of these investments should give you a medium risk and return over the long term.

**Financial Concerns**

How concerned are you about the following?

*A higher number indicates greater concern. Range 1 to 5.*

*E.g. If you were extremely concerned that your money keeps pace with inflation, then you would tick number 5 for inflation hedge.*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Inflation hedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety/security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity/flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current income needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximise estate value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your Attitude**

*The profiling questions are designed to assist you in determining your investor type.*

- A. If your investment were to decline in value by 20%, how would you react?
1. You would be shocked that the security of your capital was affected
  2. You would protect the current value of your investments by transferring to a more secure option
  3. You would adopt a 'wait and see' approach while being concerned about short term fluctuations
  4. You would expect long-term growth and may invest more in the current market to take advantage of lower average investment prices





## CLIENT STATEMENTS / AUTHORISATION

### **Warnings: Important Notice to Client**

Should you choose not to provide all information requested by the Authorised Representative then you must understand that appropriate advice may not be able to be given. Therefore you risk making a financial commitment to an investment, and/or life or disability insurance product that may not be appropriate to your needs.

I declare that the foregoing information in this Data Collection Guide is a true and correct reflection of my personal and financial profiles. Where details relevant to my financial position have not been provided, I understand that recommendations prepared by the Authorised Representative may not be appropriate for my needs and acknowledge that I have read and understood the above warning.

I also acknowledge that personal circumstances can change, and will contact the financial planner when/if this occurs.

Client 1 Signature ..... Client 2 Signature .....  
Date ..... / ..... / ..... Date ..... / ..... / .....

### **Client Statement**

I understand that my adviser can provide recommendations to me in his/her capacity as an Authorised Representative of Madison Financial Group (The capacity in which my adviser provides advice will be clearly explained to me in writing when the recommendations are made)

Yes  No

I acknowledge that I have received a copy of the Financial Services Guide

Yes  No

I give Madison Financial Group and its Authorised Representatives my permission to retain my tax file number and to quote my tax file number where appropriate

Yes  No

I wish to proceed with the preparation and presentation of a financial plan

Yes  No

I agree to the following fee or estimate of hours for the preparation of a financial plan and/or other financial planning consultancy.

**Hours:** ..... **Fee:** .....

Yes  No

Client 1 Signature ..... Client 2 Signature .....  
Date ..... / ..... / ..... Date ..... / ..... / .....

### **AUTHORISATION OF ADVISER**

Signature .....

Date ..... / ..... / .....

**LETTER OF AUTHORITY TO SEEK INFORMATION**

Date ..... / ..... / .....

Client Name .....

Address .....  
.....  
.....

Dear Sir/Madam,

Investment Name: .....

SRN / HIN / Account No.: .....

Please be advised I hereby authorise the following Financial Adviser to make enquiries on my behalf in relation to my personal financial information.

.....  
of .....

An authorised representative of Madison Financial Group Pty Ltd

.....  
.....

Phone: .....

Fax: .....

Adviser Number:.....

Madison Financial Group Number: .....

Should you have any further queries, please contact my adviser on the details mentioned above.

Yours sincerely,

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

## OUTSTANDING INFORMATION

Information still to be supplied:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

## ADVISER NOTES