



madison

FINANCIAL GROUP

Super Business Questionnaire

Name of Client 1:

Name of Client 2:

This section is completed by your Adviser

Adviser Name:

Adviser Code:

Interview Date:

FSG Version Number Provided:

Adviser Profile Number Provided:

Referral Details:

MADISON FINANCIAL GROUP PTY LTD

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IMPORTANT NOTICE TO CLIENT

This Data Collection Form has been designed to help you describe your own current personal circumstances and financial objectives. It assists your adviser to gain a clear picture of your situation and to understand your attitudes to issues such as risk, security and investment types. To have a complete Statement of Advice prepared for you, you need to provide full details of your financial position. If you require only restricted advice and/or do not wish to provide full financial details, you should strike out any unanswered sections of this form. The Client Acknowledge to be signed by you explains the possible consequences of providing incomplete or inaccurate information. Our privacy statement explains about the collection, use and access to your personal information.

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BUSINESS DETAILS

Meeting Date	_____ / _____ / _____
---------------------	-----------------------

Contact Details	
Contact Name:	
Name of Business	
ABN:	ACN:
Address:	
Postal Address:	
Business Telephone: ()	
Facsimile: ()	
Mobile Telephone:	
Email:	
Web Address: http://www.	
Preferred Contact Method:	Home / Work / Mobile Email / Mail
Name of Accountant:	Telephone: ()
Name of Solicitor:	Telephone: ()
EXPLORE: How would you describe your relationship with your accountant/solicitor?	

Business Details				
Type of Business				
Industry Segment				
Main Activities				
Business Overview (including products and services)				
No. of Staff	Full Time	Part Time	Casual	Contract
Occupation Type				
No. of Executives (attach organizational chart)				
Work Sites (division, location, no. employees)				
Percentage of employees with heavy manual work duties (> 20% manual activity)				
% of Employee Turnover				
Super decision maker/s (e.g. CEO, policy committee, etc)?				
Banking Arrangements				
Payroll System				
Insurance Arrangements				

Awards or Workplace Agreements

Are there any industrial Awards or Agreements that currently apply to your workplace?

Yes

No

If yes, what are they?

What does the agreement stipulate?

How many staff are covered?

Administration and Service

Do you see super as a compliance issue or an employee benefit?

Do you have a strategy for attracting and retaining employees?

Do you currently have an employee benefit packages in place?

If so, where does superannuation fit in terms of this package?

How much time is spent on administration with the current fund?

Are you happy with the way the fund is currently operating?

What issues most concern you regarding your existing arrangements?

Current Superannuation Details	
Current Size of Fund	\$
Annual Contribution	
Number of Members	
Who is responsible for paying contributions? (e.g. pay officer, payroll department, etc)	
How Frequently are contributions paid and by which method? (e.g. cheque/direct debt/direct credit/Bpay)	
Type of Plan	<input type="checkbox"/> Master Trust <input type="checkbox"/> Industry Fund <input type="checkbox"/> Corporate Fund <input type="checkbox"/> SMSF <input type="checkbox"/> Multiple <input type="checkbox"/>
Who manages the Fund?	
Name of Product	
Default Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of last meeting
Default Fund Type	
Number of investment options available	
Is there an Adviser for your super fund?	
Is a Service Agreement in Place	
Is there Regular Contact with the Adviser?	

Corporate Fund – additional questions

Number of Trustees		
Who completed –	Administration	APRA Return
	Fund Audit	Tax Return
	Communication to Members	Other

Insurance

Does your current fund have insurance available? Yes No
 If yes please indicate cover currently provided. State the difference categories if applicable (e.g. Category 1 Management)

Death Only Yes No
 Death & Total Permanent Disability Yes No
 Income Protection Yes No
 Salary Continuance Yes No

Product or Category			
Group Life	Provide details as appropriate		
Dth only or Dth & TPD			
Auto Acceptance Limit	\$	\$	\$
___% x salary x yrs or Yrs & Mths to age ___	Percentage: ____% Age:	Percentage: ____% Age:	Percentage: ____% Age:
Multiple of salary	times	times	times
Fixed amount	\$	\$	\$
Fixed premium per wk. (attach benefit table)	\$	\$	\$
Accumulation added or Subtracted to above bft			

Group Salary Cont.	Provide details as appropriate		
Auto Acceptance Limit	Per mth	Per mth	Per mth
Benefit	% of salary	% of salary	% of salary
Waiting Period	days	days	days
Benefit Payment Period	years	years	years
Any concerns or issues relating to the current Insurance Cover?			

Current Fees and Charges			
The client is unable to provide to any of the existing fees and charges for the current plan <input type="checkbox"/> Tick if correct			
Account Fee	<input style="width: 100%; height: 25px;" type="text"/>	Benefit Payment Fee	<input style="width: 100%; height: 25px;" type="text"/>
Personal Rollover Fee	<input style="width: 100%; height: 25px;" type="text"/>	Additional Management Fee	<input style="width: 100%; height: 25px;" type="text"/>
Administration Fee	<input style="width: 100%; height: 25px;" type="text"/>	Asset Transfer Fee	<input style="width: 100%; height: 25px;" type="text"/>
Investment Fee	<input style="width: 100%; height: 25px;" type="text"/>	Switch Fee	<input style="width: 100%; height: 25px;" type="text"/>
Contribution Fee	<input style="width: 100%; height: 25px;" type="text"/>	Other fees/Charges	<input style="width: 100%; height: 25px;" type="text"/>
Additional comments:			

SERVICE

Administration	
Are the contributions processed efficiently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the contributions processed efficiently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are documents and statements delivered on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the administrator have documented service standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the information accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are benefit payments processed carefully and efficiently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a lot of time spent on administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments	

Communication	
Is enough of the right information being received from the fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can members easily understand their statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is time wasted explaining issues to members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Policy Committee/Trustees need more assistance and information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What superannuation communication material do members currently receive? Please tick.	<input type="checkbox"/> Member booklet <input type="checkbox"/> Annual report <input type="checkbox"/> Seminars <input type="checkbox"/> Benefit statement – frequency _____ <input type="checkbox"/> Newsletters
Who currently handles front line queries from members? (eg HR staff, supervisors, service provider)	
Additional comments	

Education	
Do you currently provide your employees with financial education? If yes detail who delivers, how, objectives, how successful is it?	
Is more assistance with educating members, Policy Committee and Trustees required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do members understand the superannuation features and benefits available to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there issues which need to be addressed which will improve member satisfaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments	

Does the current product provider / adviser offer any of the following?	
Online Employer Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online Employee Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onsite Educational Workshops	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onsite Financial Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dedicated Administration Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dedicated Relationship Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments	

Other Employee Benefits	
Do employees have access to broader financial planning services?	<input type="checkbox"/> <input type="checkbox"/>
Would this service be of value?	<input type="checkbox"/> <input type="checkbox"/>
Do employees have access to broad financial education?	<input type="checkbox"/> <input type="checkbox"/>
Are lifestyle benefits available to employees?	<input type="checkbox"/> <input type="checkbox"/>
If so what sort of benefits?	
Do employees have access to banking and mortgage offers?	<input type="checkbox"/> <input type="checkbox"/>
Have employees been surveyed with regard to a benefits program?	<input type="checkbox"/> <input type="checkbox"/>
Would these be valued by employees	<input type="checkbox"/> <input type="checkbox"/>
Additional comments	

QUALITATIVE ANALYSIS – RATING IMPORTANCE of FEATURES and SERVICES

Your answers will help to products and services features that are most important to you.

We can also conduct a member needs analysis to determine how members feel about their current superannuation arrangements and how they rate the importance of access to advice, education, fees and features.

- **Importance rating** – how you rate for each key area (1 not important to 10 very important)
- **Current provider rating** – how you rate the current provider on delivering in these areas (1 poor to 10 exceptionally good)

Ratings		
	Importance rating	Current provider rating
<p>Information The quality of the information you as an employer and your employees expect to receive</p> <p><i>Consider: documentations, accuracy & clarity</i></p>		
<p>Policy committee/Trustee guidance Access to advice and assistance for policy committee reporting, admin etc.</p> <p><i>Consider: availability, quality and usefulness of advice</i></p>		
<p>Access to advice Do members have access to advice for appropriate investment option selection & insurance cover etc.</p> <p><i>Consider: availability, quality and usefulness of advice</i></p>		
<p>Choice & features The degree of choice for you and fund members</p> <p><i>Consider: flexibility in investments, insurance and fund choice</i></p>		
<p>Investment performance Given your strategy in regards to risk, what are the returns received.</p> <p><i>Consider: the default fund and the length of time invested.</i></p>		
<p>Administration The level of administration support such as processing of terminations, new entrants and annual statements.</p> <p><i>Consider: accuracy, clarity, efficiencies of administering your superannuation fund arrangements</i></p>		
<p>Fees Value for money</p>		
<p>Education Providing members with access to financial education.</p> <p><i>Consider: member seminars, online education, paper based</i></p>		

Investment & Financial Concerns

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. **In order to determine the type of portfolio that will best suit your needs, we have provided you with a separate risk profile questionnaire to determine your personal risk profile.**

Risk profile based on the questionnaire provided is:

Client Profile:.....

Client Signature:

Are there any particular products or financial institutions that you prefer? Yes No

If yes, provide details

.....

Are there any particular products of financial institutions that you do not wish to support? Yes No

If yes, provide details

.....

Do you have a preference to invest in environmental, social or ethical investments? Yes No

If yes, provide details

.....

Client Acknowledgment

Privacy Disclosure Declaration

In order to comply with the requirements of the Privacy Act, we are required to advise you that this firm holds personal information about you. The information has been and will continue to be collected by us for the purpose of providing you with financial services including:

- preparation of your financial plan;
- provision of financial planning advice to you;
- making securities and investment recommendations;
- reviewing your financial plan, securities and investment recommendations.

We are required, pursuant to the Corporations Act, certain regulations issued by the Australian Securities and Investments Commission and the Rules of Professional Conduct of the Financial Planning Association, of which this organisation is a member, to collect information about you for the purpose of providing you with the services referred to above. If you do not provide us with the information requested by us, we may not be able to provide you with the services you require of us.

We will from time to time disclose information about you to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above. In the event we consider it necessary to use or disclose information about you for purposes other than those detailed above or related purposes, we will seek your consent.

Limited Advice Declaration

Madison Financial Group and its representatives have a responsibility under Corporations Act to provide advice based on an individual's needs and circumstances. In certain situations, Madison Financial Group is able to provide advice of a more limited nature, however in doing so, it is necessary for you to understand the limitations of this advice.

By declining to provide full personal information to your Adviser, your Adviser is not able to comprehensively assess your financial and personal circumstances, needs and objectives, before making recommendations. As a result, the recommendations made may not be appropriate to your circumstances. Therefore you should carefully assess the recommendations in light of your personal situation before proceeding with implementation.

Client Acknowledgment

I/We give permission for my/our tax file number(s) provided to you, to be retained on file by my adviser.

I/We give permission for my adviser to provide this information to financial institutions as requested or as necessary.

I/We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge.

I/We give permission for the information contained in this form to be used in the preparation of my/our financial plan.

I/We confirm that I/We have received a copy of Madison's Financial Services Guide and Adviser Profile.

I/We give authority for you to send me/us emails at the address supplied which relate to investment opportunities and/or information you become aware of which may be of interest to me/us.

Client Name: Signed: Client (1) Date/...../.....

Client Name: Signed: Client (2) Date/...../.....

Adviser Acknowledgment

I acknowledge that the information contained in this form is an accurate and complete record of the information obtained from the above named client.

Adviser Name: Signed: 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:

Signature:

Identification Record

ID Record	Document 1		Document 2	
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Copy of ID Document	<input type="checkbox"/> Attached	<input type="checkbox"/> AML Form Completed	<input type="checkbox"/> Attached	<input type="checkbox"/> AML Form Completed
Date Verified				
Adviser Name				

Outstanding Information

Information still to be supplied:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

ADVISER NOTES