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CONFIDENTIAL FINANCIAL NEEDS ANALYSIS

Important Notice to Clients

It is a requirement of our financial services licence, which is issued by the Australian securities and investment commission (ASIC), to ensure that we know your situation before giving any financial advice.

The information contained within will allow your financial advisor to tailor financial advice for your individual situation, your risk profile and your goals.

Your Adviser/Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

Warning Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

Completing this form will also help to clarify your financial situation and prepare your records for a detailed financial review. This is a confidential document and the information provided will be stored in a secure area. Such information is only available to your Financial Advisor and is not used for any other purpose than supporting you with your financial planning.

Personal Details

	Client 1	Client 2
Full Name		
Date of Birth		
Marital Status		
General Health Status	Poor Good Excellent Smoker: Yes No Have you smoked in past year?	Poor Good Excellent Smoker: Yes No Have you smoked in past year?
Postal Address		
Contact Numbers	Work: Mobile:	Work: Mobile:
Email Address		
Occupation		
Occupation Type & Qualifications		
Employer Name & Address		

Family Details

Children's Names/Dependents/Parents	Sex	Date of Birth	Dependent	
			Yes	No
			Yes	No
			Yes	No
Parent Details:	Comments:			

Income

	Client 1	Client 2
Gross Salary	\$	\$
Weekly/Fortnightly/Monthly Net Income	\$	\$
Investment Income	Rental \$ Dividends \$ Interest \$ Other \$	Rental \$ Dividends \$ Interest \$ Other \$
Superannuation Contributions	9% Employer \$ Salary Sacrifice \$	9% Employer \$ Salary Sacrifice \$
Pension Income		
Total Monthly Income	\$	\$
Comments:		

Expenditure

	Client 1	Client 2	Joint
Mortgage/Rent			
Tax Liabilities (provisional/CGT)			
Investment Expenses (loans/property costs)			
Personal Expenses			
Other Expenditure			
Total expenditure			

Summary

	Client 1	Client 2	Joint
Excess Annual Income Available for Investment			

Future expected expenditure or gain? (Inheritance, new car, home renovations, holidays, etc.)

Details	Amount	When

Asset Register (All assets including family home, car, term deposits, existing investments etc)

Asset	Current Value	Owner	Outstanding liability?
Personal Assets			
Residence			
Contents			
Motor Vehicle			
Other personal assets			
Investment Assets			
Cash at Bank			
Managed Funds			
Shares			
Investment Property/s			
Other			
Superannuation/ Pension Assets			
TOTAL ASSETS			

Liabilities Register (Mortgages, car loan, personal loans, credit cards , investment loans)

Liability	Lender	Current Value	Owner	Rate (%)
TOTAL LIABILITIES				

Mortgage Solutions

Would you like us to review your home or investment property mortgage? Yes No

Insurance Details

Client 1				
Insurance/s	Life Office	Level Of Cover	Premium & Frequency	Commencement Date
Death			\$	
Total & Permanent Disability			\$	
Income Protection			\$	
Trauma			\$	
Client 2				
Death			\$	
Total & Permanent Disability			\$	
Income Protection			\$	
Trauma			\$	

Wills

Name	Will Exists?	Will Current?	Date of Will	Location	Name/Address of Executor
Client 1:					
Client 2:					

Do you have an Enduring Powers of Attorney?	
Do you have a Testamentary Trust?	
Is it important to leave your children an estate?	
Have you made provisions for Guardians?	

Objective - Select as many as appropriate

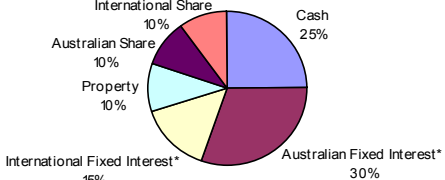
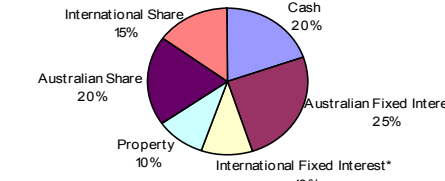
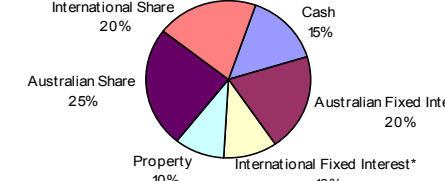
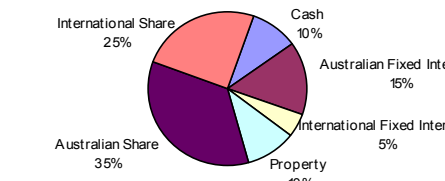
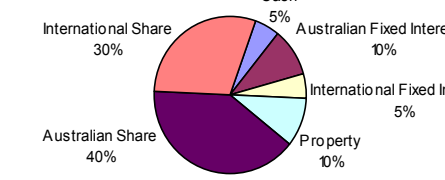
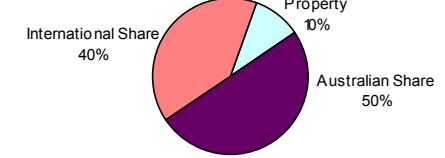
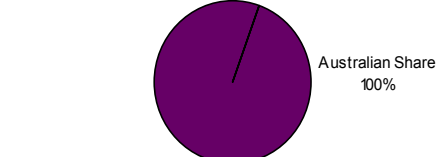
- ◇ To have superannuation invested appropriately for future retirement (*Superannuation Planning*)
- ◇ Construct an investment portfolio to be available prior to retirement for:- (*Investment Planning*)
 - A future property purchase
 - Children’s education funding
 - Renovations, holidays, car etc
 - Other :-
- ◇ Invest surplus income in an investment portfolio to be available prior to retirement for:- (*Savings Planning*)
- ◇ Repay home mortgage – (*Debt Planning*)
- ◇ Use home equity to accelerate portfolio growth and reduce non-deductible debt in a tax effective way – (*Gearing*)
- ◇ Reduce tax liabilities, non-deductible debt and supplement investment and retirement planning with Tax Effective Investments - (*Tax Planning, Debt Restructuring, Investment Planning, Retirement Planning*)
- ◇ Ensure sufficient personal insurance cover to protect wealth and income – (*Life Insurance planning*)
- ◇ Use debt to purchase a home or investment property now – (*Mortgage/Lending advice*)
- ◇ Prepare or review wills, powers of attorney or business buy/sell agreement – (*Estate planning*)
- ◇ Plan retirement for ___/___/___ and commence retirement income stream of \$_____p.a. – (*Retirement planning*)
- ◇ Manage an existing retirement portfolio to provide an income stream and growth in retirement – (*Retirement Planning*)
- ◇ To have direct investments in your super with greater control and ownership of investment decisions – (*SMSF, Retirement Planning*)
- ◇ To be able to leverage equity investments yet have capital protection for investment — (*Investment Planning, Retirement Planning*)

Other Objectives

Investment Risk Profile

	Client 1	Client 2
FinaMetrica Score – questionnaire attached for your completion if appropriate		
Date FinaMetrica Risk Profile Questionnaire completed		

Risk Profiles - Please indicate where you think you are.

Investor Type	Long Term Strategic Asset Allocation
<p>Conservative Income and capital stability Lower returns Prepared to accept low level of risk Higher level of capital security</p>	
<p>Moderately Conservative Modest growth on the capital invested Target stable returns Prepared to accept moderate risk Medium to long-term capital security</p>	
<p>Balanced Moderate growth on the capital invested Target moderate return Prepared to accept average risk Moderate level of capital volatility</p>	
<p>Balanced Growth More focussed on growth than security Target above average return over time Prepared to accept average risk Accept capital volatility to achieve objectives</p>	
<p>Growth Higher level of capital growth Target higher returns over time Prepared to accept higher risk Higher volatility</p>	
<p>High Growth High level of capital growth Target high returns over time Prepared to accept high risk High level of volatility</p>	
<p>Direct Shares Growth and tax effective income Target higher returns over time Prepared to accept higher risk Higher volatility</p>	

Assessing Your Insurance Needs

Are you aware of any health issues that may make it difficult for you to obtain life insurance cover? Yes/No

Personal insurance fact find—Death

Death Cover: If you had died yesterday:	Client 1	Client 2
What debts would you like to be paid out (\$ amount -100% recommended)?	\$	\$
Would the surviving partner stop working?	Yes/No	Yes/No
Would your spouse/ children or your estate need an ongoing income?	Yes/No	Yes/No
How much income is needed & for how many years? \$ x ? years	\$	\$
Estimated Nurse/Housekeeper/Childcare/Nanny expenses (indicative figure of \$30-\$40K pa)	\$	\$
Expenses upon death: Funeral, Legal, etc (indicative figure of \$10,000)	\$	\$
Total death cover needed to satisfy above requirements?	\$	\$
Your current level of death cover?	\$	\$

Investments that would be realised in the event of death?	Client 1	Client 2
Investment Property?	\$	\$
Shares or Managed Funds?	\$	\$
Bank Accounts/Term Deposits?	\$	\$
Other	\$	\$
Total investment assets to be realised	\$	\$
Lifestyle Assets to be realised in the event of death?	Client 1	Client 2
Downsize family home (anticipated savings)	\$	\$
Selling Motor Vehicle	\$	\$
Other	\$	\$
Total lifestyle assets to be realised	\$	\$
Total Investment/Lifestyle Assets to be realised	\$	\$

Death Cover Needs Outcome	Client 1	Client 2
Total death cover needed to satisfy above requirements?	\$	\$
Your current level of death cover	\$	\$
Total Investment/Lifestyle Assets to be realised	\$	\$
Shortfall/Excess	\$	\$
Recommended Death Cover	\$	\$

Personal insurance fact find continued —Total & Permanent Disability

TPD Cover: If you had been totally & permanently disabled yesterday:	Client 1	Client 2
What debts would you like to be paid out (\$ amount -100% recommended)?	\$	\$
Would your partner stop working to care for you? If so how much income is needed & for how many years? \$ x ? years	Yes/No \$	Yes/No \$
Would you need an ongoing income? If so how much income is needed & for how many years? \$ x ? years	Yes/No \$	Yes/No \$
Estimated Nurse/Housekeeper/Childcare/Nanny expenses (indicative figure of \$30-\$40K pa)	\$	\$
Medical Lump Sum or Renovation Allowance i.e. Wheelchair access, bathroom alterations etc (indicative figure of \$50-\$100K)	\$	\$
Total TPD cover needed to satisfy above requirements?	\$	\$
Your current level of TPD cover?	\$	\$

Investments that would be realised in the event of TPD ?	Client 1	Client 2
Investment Property?	\$	\$
Shares or Managed Funds?	\$	\$
Bank Accounts/Term Deposits?	\$	\$
Other	\$	\$
Total investment assets to be realised	\$	\$
Lifestyle Assets to be realised in the event of death?	Client 1	Client 2
Downsize family home (anticipated savings)	\$	\$
Selling Motor Vehicle	\$	\$
Other	\$	\$
Total lifestyle assets to be realised	\$	\$
Total Investment/Lifestyle Assets to be realised	\$	\$

TPD Cover Needs Outcome	Client 1	Client 2
Total TPD cover needed to satisfy above requirements?	\$	\$
Your current level of TPD cover	\$	\$
Total Investment/Lifestyle Assets to be realised	\$	\$
Shortfall/Excess	\$	\$
Recommended TPD Cover	\$	\$

Personal insurance fact find continued —Income Protection

Income Protection Cover: If you had been temporarily or permanently disabled yesterday:	Client 1	Client 2
For how long would you receive sick leave payments?		
What income would you receive for this period?	\$	\$
What would happen at the end of this period? i.e. would you need to borrow or sell assets to cover shortfall?		
Were you aware that Income Protection Insurance can cover you for 75% of your total income up until your 65 th birthday?	Yes/No	Yes/No
Were you aware that Income Protection Insurance is a 100% tax deductible expense to both employed & self employed individuals?	Yes/No	Yes/No
Total Monthly Expenditure?	\$	\$
Your current level of Income Protection cover?	\$	\$
Recommended amount of Income Protection cover?	1. \$ /month 2. 30 or 90 days waiting period 3. To age 65 benefit period	1. \$ /month 2. 30 or 90 days waiting period 3. To age 65 benefit period

Note: With an effective level of income protection cover (and other insurances) it is possible to defer (and possibly even avoid) the forced sale of investment and lifestyle assets until a more suitable time. This eliminates financial stress & gives the best opportunity to maximise proceeds!

Trauma Needs?

Trauma Cover: If you had suffered a trauma yesterday:	Client 1	Client 2
What debts would you like to be paid out e.g. 50% of non-deductible debt or 2 year's mortgage or rent repayments etc	\$	\$
Would you replace 25% of income not covered by Income Protection? If so for how many years? (General Rule: 2 years)	Yes/No	Yes/No
Estimated Medical Lump Sum for additional specialised treatment	\$	\$
Estimated Lump Sum for extended recuperation/holiday	\$	\$
Total Trauma cover needed to satisfy above requirements?	\$	\$
Your current level of Trauma cover?	\$	\$
Recommended amount of Trauma cover?	\$	\$

Summary

My main objectives are: _____

My main concerns are: _____

Notes: _____

Client Declaration

I/We acknowledge that a Financial Services Guide was provided to me/us.

I further agree that this is a true and accurate summary of my/our situation. I understand that this information will form the basis for recommendations and advice provided by Craig Smith & Associates Pty Ltd

Signed Client 1 _____ Date ___/___/____

Signed Client 2 _____ Date ___/___/____

Signed Adviser _____ Date ___/___/____

