

Confidential
Financial Needs Analysis



Client Name:

Date:/...../.....

Adviser: **Craig Smith**

Has the FSG been provided to the client? Yes No

Date:/...../.....

Who recommended our service to you?

***IMPORTANT NOTICE TO CLIENT:**

The Corporations Act 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. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

YOUR OBJECTIVES AND NEEDS (THIS AREA MUST BE COMPLETED)

Please detail in your own words why you are seeking advice and what specific goals and objectives you would like to achieve.

Are there any areas of your financial affairs that you do not wish for us to provide advice on?

ADVISER NOTES

PERSONAL DETAILS

YOURSELF

Mr. / Mrs. / Miss / Ms. / Dr

PARTNER (IF APPLICABLE)

Mr. / Mrs. / Miss / Ms. / Dr

Surname
 First Names
 Date of Birth
 Anticipated Retirement Date (If known)
 Occupation
 Email Address
 Employment Status
 Self Employed Self Employed
 Employed Employed
 Not Employed Not Employed
 Business Telephone
 Fax
 Home Address (Residential)
 Home Telephone

ALL DEPENDENTS/NON-DEPENDENTS (include current and previous relationships)

Name	Date of Birth	Sex F/M	Support required to age
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POSTAL ADDRESS DETAILS

Postal Address Home Work Other
 Postal Address (e.g. PO Box)
 Suburb State Postcode.....

NAME OF (please include relevant ABN and TFN's)

Company
 Trust
 Super Fund

PROFESSIONAL ADVISERS

	Name	Address	Telephone
Accountant
Solicitor
Financial Adviser
Other (e.g. Bank Manager)

Authority to Contact Yes No

Do You have Private Health Cover Yes No Yes No

Do you intend to stay with your current employer? Yes No Yes No

Do you feel your current employment situation is secure? Yes No Yes No

Do you foresee any substantial change to your income in the next two to five years? Yes No Yes No

After retirement do you intend to work again either on a full time or part time basis? Yes No Yes No

Do you expect to be a beneficiary of an estate in the next 5 years? Yes No Yes No

PENSIONS

Are you and/or your partner eligible to receive a government pension/allowance? Yes No

If **Yes**, what type of Pension for yourself?

- AGED
 WIDOWS
 SOLE PARENT
 INVALID
 JOB SEARCH
 VETERANS*

If **Yes**, what type of Pension for partner?

- AGED
 WIDOWS
 SOLE PARENT
 INVALID
 JOB SEARCH
 VETERANS*

*What type of Veterans Pensions?

- WAR WIDOWS
 SERVICES
 DISABILITY
 OTHER (Specify)

Please provide reason why you are seeking advice at this point in time.

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ASSETS & LIABILITIES

	ASSETS (\$)	LIABILITIES (\$)	OWNERSHIP		
			Yourself	Partner	Joint
Principal Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash and Bank Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surrender value of traditional life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Investment Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation 1 (page 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation 2 (page 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loans/Overdrafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS(A)(L)			
NET ASSETS			
(A) – (L) = \$					

Have you borrowed monies for any of the above investments? Yes No If yes, provide details.

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Do you have any comment regarding your current investments or liabilities and preferences going forward?

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MONTHLY INCOME AND EXPENDITURE

Please complete income details and at the very least the total level of expenditure that you need to undertake living arrangements. Once we assess how much income you have, how much of this you need to pay the mortgage, food, bills etc we have a surplus/deficit from which we can derive a financial strategy.

	YOURSELF (\$)	PARTNER (\$)	JOINT (\$)
Gross Salary/Pension
Investment Income
Personal Income
Other Income
TOTAL INCOME
EXPENDITURE			
Rent/Mortgage
Household Expenses <i>(Food Power Insurance Rates etc)</i>
Motor Vehicle Expenses
Medical/Education
Clothing/Entertainment
Super/Life Contributions
Business Expense
Personal Loans/Credit Cards
Other Expenses
TOTAL EXPENDITURE
Your minimum income required \$

Do you desire to minimise fees and costs? Yes No Not important

For investment purposes only, do you have any particular views concerning labour standards, or environmental, social or ethical considerations?

Yes No If yes, provide details.

Do you have any planned future expenses that are above normal (for example new car, holiday, child's education, house renovation, tax bill)? Yes No If yes, provide details.

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SUPERANNUATION DETAILS

YOURSELF

PARTNER

1 Fund Name

Account Number

Current Value (estimate)

Insurance - Salary
continuance, Life & TPD
Cover (if applicable)

2 Fund Name

Account Number

Current Value (estimate)

Insurance - Salary
continuance, Life & TPD
Cover (if applicable)

3 Fund Name

Account Number

Current Value (estimate)

Insurance - Salary
continuance, Life & TPD
Cover (if applicable)

4. Fund Name

Account Number

Current Value (estimate)

Insurance - Salary
continuance, Life & TPD
Cover (if applicable)

***Please provide current statements of your superannuation accounts**

Do you have any superannuation from overseas such as QROPS within
this super? Yes No

Are your personal tax returns and other obligations with the ATO up to
date? Yes No

Is your current superannuation provider assisting you in achieving your longer term financial objectives through the
provision of suitable advice for someone in your circumstances? Yes No

Would you consider suitable holistic financial advice as a benefit to someone in your position? Yes No

RISK PROFILING TOOL

Investors typically want low-risk, low fees, no taxes and high returns. This isn't possible, so all investors must compromise on what they are willing to accept to achieve their financial goals and objectives. This is the purpose of this risk profiling exercise.

Please take the time to consider these questions and answer them as honestly as possible.

Your Retirement

Do you believe that the Government Age Pension will be easier or harder to access in the future? Easier Harder

How comfortable are you hoping to live in retirement and what does this mean to you (e.g. you want to be able to go on an annual holiday)?

Do you know how much income (inclusive of the Age Pension (if eligible), your superannuation, etc.) you want access to each year in retirement?

Are you willing to work longer (or on a part time basis) to achieve your lifestyle in retirement income goals?

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Social, ethical and/or environmental considerations

Are there any investments you wish to avoid (e.g. tobacco, gambling and weapons investments)? If yes, why?

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Your Estate (i.e. all the money and property you own)

Is it more important for you to live a comfortable lifestyle or have a bigger estate to leave your children?

Please Discuss.

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Your Investment Experience

Have you previously made any of the following investments?

- | | | | |
|-----|---------------------|------------------------------|-----------------------------|
| (a) | Own home | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) | Investment property | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) | Term deposit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) | Direct shares | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) | Managed funds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) | Own business | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, what were your investment outcomes and were your investment experiences good or bad?

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How familiar are you with investment markets?

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Access to invested funds

You need to use your investment funds to generate a retirement income.

Besides the amounts you have identified with your adviser that you will require over the short to medium term (ie) new car, holiday etc. How long are you willing to invest these funds to generate an income?

- | | | |
|-----|-----------------------------|--------------------------|
| (a) | Immediate term (0-2 years). | <input type="checkbox"/> |
| (b) | Short-term (2-3 years). | <input type="checkbox"/> |
| (c) | Medium-term (3-5 years). | <input type="checkbox"/> |
| (d) | Long-term (5+ years). | <input type="checkbox"/> |

If you answered (a), you are a "Defensive Investor", and there is no need for you to answer any further questions.

Diversification (i.e. the concept of not putting all your eggs in one basket)

A diversified investment portfolio may reduce the risk of all your investments going up or down at the same time. However, it may also reduce your investment returns as well. How important is it for you to have a diversified investment portfolio that aims to achieve different returns at different times?

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Industry standards dictate that advisers recommend a diversified investment portfolio. Should you seek a high concentration of assets (i.e. a high concentration of your money in one asset (e.g. just a residential property or a small number of assets), you will be acknowledging that this isn't the norm when measured against such standards. What concentration of assets are you seeking?

- (a) Low concentration of assets. This option offers the most diversification and therefore the least risk.
- (b) Medium concentration of assets. This option offers an average level of diversification and therefore an average level of risk.
- (c) High concentration of assets. This option offers the least diversification and therefore the most risk.

If your assets primarily consist of a high concentration of assets, unless you are willing to sell some of those assets to reduce the level of risk you are either a "Growth Investor" or a "High Growth Investor".

Income requirements

What are your income requirements? Please select all options that apply.

- (a) I don't want to eat into my capital because of the income I am drawing from my fund. I am willing to sacrifice the income I am receiving to preserve my capital base.
- (b) I'd like access the required income, so I can achieve my lifestyle goals, even if this means eating into my capital.
- (c) I'd like my investment portfolio to generate enough income, so I can achieve my lifestyle goals *preferably* without eating into my capital.
- (d) Focusing on making my **total asset returns bigger, not just income**, so I can achieve my lifestyle goals is important, but I accept that I may need to eat into my capital to achieve my lifestyle goals.
- (e) I'd like the focus to be on capital growth or getting my investment larger over the long term with any income reinvested as I don't need it for income purposes.

Inflation

Inflation erodes the value of money. \$100,000 will buy you more today than it will in 10 years' time. Growth investing can counter the eroding effect on inflation but expose you to the risk of short-term losses. How do you feel about inflation?

- (a) I understand that I'll be risking my money not keeping up with inflation if I don't invest my money in assets which attract at least some risk. However, I'm not prepared to risk losing my money.
- (b) It's important to me that my money maintains its purchasing power by keeping up with inflation. I'd therefore prefer a middle ground that limits losses over the medium to long-term. I understand that the value of my assets will fluctuate in the short-term. I'm comfortable with this because I'm investing for at least the medium to long-term.
- (c) It's important to me that my money's purchasing power is increasing by a rate greater than inflation. I understand that the value of my assets will fluctuate significantly in the short to medium-term. I'm comfortable with this because I'm investing for the long-term.

If selected (a), you are a "Defensive Investor", and there is no need for you to answer any further questions.

Short-Term Market Movements

What would you do if 6 months after investing your funds you discover that, in line with what is generally happening in financial markets, your investment portfolio has decreased in value by 20%?

- (a) I would cut my losses, sell my investments and either leave my money in cash or invest it more conservatively.
- (b) I would be concerned but I'd wait to see if my investment portfolio increased in value as I understand that markets fluctuate in the short-term and I'm investing for the long-term.
- (c) I would leave my investments in place, expecting future growth and/or income.

If you selected (a), you are a "Defensive Investor", and there is no need for you to answer any further questions.

Imagine you have \$100 invested. How much would the value of your \$100 need to drop because of market movements for you to begin to feel uncomfortable?

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Now imagine you have \$100,000 invested. Would your level of uncomfortable be the same if the value of your \$100,000 dropped by the same rate as your \$100 dropped? If no, why not?

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What would you do if you felt uncomfortable about how your investment portfolio was performing?

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How often would you be prepared to accept negative returns in your investment portfolio?

- (a) 1 year in every 3 years.
- (b) 1 year in every 5 years.
- (c) 1 year in every 7 years.
- (d) Never.

If you selected (c), you are a "Moderate Investor", and there is no need for you to answer any further questions.

If you selected (d), you are a "Defensive Investor", and there is no need for you to answer any further questions.

Long-Term Market Movements

How do you feel about long-term market movements? Please select all options that apply.

- (a) Security of capital is required regardless of potential returns, even though I may run out of money in retirement.
- (b) I'm willing to take enough risk to generate enough income necessary to achieve my lifestyle choices, especially as I wish to delay eating into my capital as long as possible.
- (c) I consider risk acceptable *provided* my investment portfolio is diversified.
- (d) I consider risk acceptable given the potential for increased returns and because I wish to avoid running out of money in retirement, if possible.
- (e) Volatility in investment values is acceptable given long-term income and capital growth objectives.
- (f) I'm comfortable taking on maximum risk because I want to maximise my potential returns.

If you selected (a), you are a "Defensive Investor", and there is no need for you to answer any further questions.

Liquidity requirements

Illiquid assets may be difficult to sell quickly. However, being willing to invest in illiquid assets means that we can tailor your investment portfolio to your specific requirements and indeed get a better risk adjusted return on your investments. What is your preference regarding liquidity? Please select all options that apply.

- (a) I'd like easy access to all invested funds at all times.
- (b) I'd like at least 30% of my invested funds to be accessible at short notice (i.e. say, within, 3 weeks).
- (c) I won't need more than 30% of my invested funds to be readily accessible within the next 7 years.
- (d) I don't need to maintain easy access to my invested funds outside normal pension requirements.
- (e) I'm happy for my money to be invested in unlisted assets (i.e. assets which aren't listed on a stock exchange and which can't quickly be converted to cash) if it helps me to achieve my financial goals.

Gearing (i.e. borrowing money to invest)

If you borrow money to invest, you will magnify your investment returns. This means your investment gains or losses will be larger than they otherwise would have been had you not borrowed money to invest.

How do you feel about borrowing money to invest?

Please select all options that apply.

- (a) I don't wish to borrow any money for investment purposes.
- (b) I don't want to take on debt personally. However, I'm comfortable investing in assets that have an internal gearing strategy (e.g. a property fund, or share listed on the stock exchange (e.g. BHP)).
- (c) I'm happy to have a more aggressive gearing strategy and/or take on debt personally.
- (d) I'm comfortable with a more aggressive gearing strategy regarding asset concentration (e.g. for my only asset to be an investment property).

If you selected (a), you are a "Defensive Investor", and there is no need for you to answer any further questions.

If you selected (c), as this is a high-risk strategy, you are a "High Growth Investor".

If you selected (d), as this is a high-risk strategy and you won't be complying with the industry norms associated with diversification, you are a "High Growth Investor".

Adviser to complete (after reviewing and discussing the client's answers with the client)

Based on the client's answers to these questions, I recommend the following risk profile:

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If the client doesn't agree, detail what they have requested and why, and detail the conversation that was had regarding the risk associated with the requested risk profile.

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INVESTOR PROFILE

Defensive

You are a Defensive investor. Investment risk must be very low, and you are prepared to accept lower returns to protect capital. The negative effects of tax, inflation or generating sufficient return to fund your lifestyle choices will not concern you, provided your initial investment is protected.

Moderate

You are a Moderate Investor seeking better than basic returns, but investment risk must be low. Typically, an older investor seeking to protect the wealth which you have accumulated, you may be prepared to consider less aggressive growth investments for a smaller proportion of the total portfolio.

Balanced

You are a Balanced investor who wants a portfolio to work towards medium to long term financial goals. You require an investment strategy which will cope with the effects of tax and inflation. Furthermore, your portfolio needs to generate a level of income so that you are not relying on capital growth or drawdown of capital (or delaying as long as possible) to fund living expenses.

Balanced Investors should be prepared to expect negative returns one year in every 4-5 years in normal market conditions.

Life Style Orientated

You are a Life Style Orientated investor who wants a portfolio to work towards medium to long term financial goals. You require an investment strategy which will cope with the effects of tax and inflation. Furthermore, your portfolio needs to generate a level of income so that you are not relying on capital growth or drawdown of capital (or delaying as long as possible) to fund living expenses.

Calculated investment risks will be acceptable to you to achieve these types of returns which will include a focus on producing a suitable income stream from the capital you have available.

Life Style Orientated Investors should be prepared to expect negative returns one year in every 3-5 years in normal market conditions.

Life Style Orientated Investors are different to Balanced Investors as if market conditions dictate they will hold less in defensive assets such as cash and fixed interest to ensure they are meeting their lifestyle objectives. This is particularly important in periods of low interest rates where cash and fixed interest have a performance drag on the returns that can be generated.

Growth

You are Growth investor, probably earning sufficient income from other sources to invest most funds for capital growth. Prepared to accept higher volatility and risks, your primary concern is to accumulate assets over the medium to long term. Your portfolio may include more aggressive investments including those that do not provide you with an income stream.

Growth Investors should be prepared to expect negative returns 1 in every 3 years in normal market conditions.

High Growth

You are a High Growth investor prepared to compromise portfolio balance to pursue potentially greater long-term returns. Your investment choices are diverse but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation.

High Growth Investors should be prepared to expect negative returns 1 in every 3 years in normal market conditions.

As a High Growth investor you may look to utilize gearing strategies to increase potential returns. Furthermore, you may do so with a concentrated investment mix like a residential property. Such strategies increase the chance of incurring losses and the quantity of such losses.

RISK INSURANCE

Existing Risk Insurance Cover

YOURSELF

PARTNER

Company Name
 Account Number
 Type of Policy (life, TPD, Trauma or Income protection)
 Amount of Cover

Company Name
 Account Number
 Type of Policy (life, TPD, Trauma or Income protection)
 Amount of Cover

Company Name
 Account Number
 Type of Policy (life, TPD, Trauma or Income protection)
 Amount of Cover

***Please provide old statements of your insurance policies**

ESTATE PLANNING

YOURSELF

PARTNER (IF APPLICABLE)

Do you have a Will Yes No Yes No
 Last Reviewed/...../...../...../.....
 Enduring Power of Attorney Yes No Yes No
 Funeral Plan Yes No Yes No
 Testamentary Trust Provisions Yes No Yes No

Details of Funeral Plan
 Estate Planning Objectives (Please consider non-dependent children or children from another relationship)

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RISK MANAGEMENT OBJECTIVES

INCOME PROTECTION NEEDS

If you were unable to work as a result of sickness or injury would this substantially impact upon your household spending requirements (mortgage payments, bills etc.)?

Yes No

Would you like to look at strategies to mitigate this risk through income protection?

Yes No

Should the amount of this cover be an "agreed" amount (cannot be varied down by the insurance company) based on your current level of income?

Yes No

In the event of you being unable to work for a long period of time due to illness or an accident, how long should the monthly benefit continue for?

2-5 Years To Age 60 or 65 years

If you were unable to work due to accident or illness how long could you reasonably last without your income?

1-2 weeks 1-2 Months 3-6 months 12 Months

DEATH NEEDS

In the event of death, you would like to:

	Client 1	Client 2
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children's education	\$	\$
Provide funds for emergency income	\$	\$
Provide for an ongoing income of \$ per annum		
Other – Please specify	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

TPD NEEDS

In the event of total and permanent disablement you would like to:

	Client 1	Client 2
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children's education	\$	\$
Provide a lump sum for home & lifestyle alterations	\$	\$
Provide funds for medical costs	\$	\$
Provide for an ongoing income of \$ per annum		
Other – Please specify	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

TRAUMA NEEDS

In the event of you suffering a trauma (suffer a medical condition such as cancer, heart attack etc) you would like to:

	Client 1	Client 2
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children's education	\$	\$
Provide a lump sum for home & lifestyle alterations	\$	\$
Provide funds for medical costs	\$	\$
Provide for an ongoing income of \$ _____ per annum		
Other – Please specify	\$	\$
TOTAL	\$ _____	\$ _____

BUSINESS EXPENSES

If you are self-employed or own a private business do you require an analysis and quote for Business Expenses

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	
TOTAL	\$

RISK INSURANCE BACKGROUND

Health Considerations

	Client		Partner	
Describe current health	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Excellent
	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good
	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Poor
	<input type="checkbox"/>	Congenital Conditions	<input type="checkbox"/>	Congenital Conditions

Notes

	Client		Partner	
Do you intend to seek medical treatment for any health problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you recently had treatment for any health problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke (including social)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any above question, please provide details

Lifestyle Pursuits (e.g. scuba diving, motor racing, football, abseiling etc.)

Activity	Details (e.g. diving depth, frequency of dives etc.)	
	Client	Partner

IMPORTANT INFORMATION TO BE READ AND ACKNOWLEDGED BY CLIENT(S)

Please tick the appropriate acknowledgments and authorisations before signing the declaration.

CLIENT ACKNOWLEDGEMENT, TAX FILE NUMBER AUTHORISATION AND CLIENT DECLARATION

CLIENT ACKNOWLEDGEMENT – Financial Services Guide and SFSG

- I/We acknowledge that I/we have received a copy of a Financial Services Guide of Shartru Wealth Management Pty Ltd.

CLIENT ACKNOWLEDGEMENT – Privacy Policy

- I/We acknowledge that I/we have received a copy of the Privacy Policy of Shartru Wealth Management Pty Ltd or alternatively have read the policy which is on their website.

CLIENT ACKNOWLEDGEMENT – Marketing

- I/We acknowledge that I/we agree to receive periodical newsletters and occasional marketing material from your Financial Planning practice and Shartru Wealth Management Pty Ltd.

TAX FILE NUMBER AUTHORISATION

(Complete TFN Authorisation if a record of client's tax file number is required and will be retained – cross out if not applicable).

- I/we give permission for Shartru Wealth Management Pty Ltd and its Representatives to retain my/our tax file number(s) on my/our personal Client File and to disclose this information, as necessary, to other Financial Institutions with which I/we choose to do business.
- I/we understand this is the only purpose for which my/our Tax File Number(s) will be used. I/We also give permission for the Shartru Wealth Management Pty Ltd and its Representatives to retain a copy of my/our tax returns on file if needed.

Tax File Number/s:

□□□ □□□ □□□ (client name)

□□□ □□□ □□□ (client name)

EMAIL AUTHORISATION

You have indicated that you wish to use email from time to time as a means of providing instructions or indicating your formal agreement or acknowledgement where possible (as an alternative to providing a physical signature).

This form authorises us and our licensee (“**we**”, “**us**”, “**our**”) to communicate with you by email and accept email instructions, acknowledgements or agreements (instead of a signature) where possible (“**electronic authorisation**”).

Terms and conditions

You authorise us to communicate with you via your nominated email address (as noted on page 2 of this FNA), including when we give you financial services guides, credit guides, advice documents, fee disclosure documents, product disclosure statements and other documentation.

You authorise us to act on email authorisations which appear to be provided through your nominated email. Your nominated email address will be kept in our system (XPlan).

If your email address changes or you cease to have access to your nominated email address, you should notify us immediately.

We may refuse to act on any instruction and will inform you immediately of any such refusal.

While we will endeavour to implement your instructions as soon as we receive them, it may take three business days or more to arrange your transactions, depending on the transaction requested.

Please note that there are some documents that can only be acted upon if physically signed. These may include application forms, forms to confirm your identity, and other forms which are required by third parties.

We do not take any responsibility for the security or confidentiality of email communications sent to or through your nominated emails, nor for any delays in transmission due to network or other transmission errors. We cannot guarantee that emails will be free of viruses.

You should ensure the email accounts you nominate are secure and can only be accessed by you. This is because anybody with access to your nominated email account may be able to access the email communications between us, provide email authorisations and seek information from us. For example, if you use an email address provided by your employer, your employer and other employees may be able to access your account.

The authorities you provide to us in this document apply to any capacity in which you act. For example, if you are a director of a company or trustee of a trust, you provide these authorisations both in your personal capacity and in your capacity as a director or trustee.

Other electronic authorisations

You authorise us to accept instructions using other electronic means from time to time. Other electronic means may include fax, scanned documents, tablet devices, or any other type of technology we support.

CLIENT DECLARATION AS TO CONTENTS OF CLIENT DATA FORM

I/We agree with all of the following statements.

- The information set out in this form accurately represents my/our objectives, financial situation and or particular needs. I/we are not aware of any other information which may be relevant to the preparation of my/our Statement of Advice.
- I/we understand that a financial product recommendation will be based solely on the information supplied in this form within a period of thirty (30) days. Should I/we not proceed with implementation of the Statement of Advice I/we understand that it will be necessary to review the information which has been supplied.
- I/we acknowledge that if the information provided is inaccurate or incomplete, I/we should consider the appropriateness of the recommendations in the Statement of Advice, having regard to my/our personal circumstances.
- I/we accept the risk profile recommended by the adviser on page 8 or I/we acknowledge that we have requested a different risk profile from what was recommended.
- I/we acknowledge the common defaults for the attitudes to risk products on page 12.

Signed

Signed

Name

Name

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

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

The information recorded in this document was provided during a discussion held on/...../.....

Authorised Representative's signature