



FINANCIAL NEEDS ANALYSIS

Strictly Confidential

Matrix Planning Solutions Limited

AFSL & ACL No: 238256

Date	<input type="text"/>
Client 1	<input type="text"/>
Client 2	<input type="text"/>
Adviser	<input type="text"/>

Why are you seeking advice?

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Important notice regarding provision of personal information and privacy

In order for an Adviser to make a sound financial recommendation, the Adviser must conduct an appropriate investigation of your particular needs and financial situation. The information requested in this form is necessary to enable a recommendation to be made that is considered to be in your best interests. **WARNING:** If you do not provide complete and accurate information that is relevant to financial needs as requested in this form, the Adviser may not be able to give you an appropriate recommendation.

All Matrix Planning Solutions Advisers will adhere to the ten National Privacy Principles under the Privacy Act 1988 when collecting, using, storing and disclosing the information contained in this form and will not unlawfully disclose this information.

You are entitled to gain access to this information and should you wish to do so, you can contact us on (02) 8022 3500 or write to us at PO Box Q1493, QVB, NSW, 1230 or Level 3, 31 Market Street, Sydney, NSW, 2000. Alternatively, you can contact your Matrix Planning Solutions Adviser.

Personal Summary Details

	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
	<input type="checkbox"/> Dr <input type="checkbox"/> Other _____	<input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Surname	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Maiden name	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
	<input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	<input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Permission to discuss matters with Client 1/ Client 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you fluent in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information

Home address	<input type="text"/>		
Town/suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Postal address	<input type="text"/>		
Town/suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone (H)	<input type="text"/>	Preferred?	<input type="text"/>
Telephone (W)	<input type="text"/>	Preferred?	<input type="text"/>
Mobile	<input type="text"/>	Preferred?	<input type="text"/>
Fax	<input type="text"/>		<input type="text"/>
Email(H)	<input type="text"/>		<input type="text"/>
Email(W)	<input type="text"/>		<input type="text"/>

Health Summary Details

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of fund	<input type="text"/>	<input type="text"/>
Do you have any major health issues that need to be considered in making insurance and investment decisions?	<input type="text"/>	<input type="text"/>

Child/Dependant/Other Family Details

Name	Date of birth	Sex	Relationship	Dependant until

Are your parents still living/independent? Yes No Yes No

Occupation

Occupation				
Work status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Casual	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Casual
	<input type="checkbox"/> Not working	<input type="checkbox"/> Retired	<input type="checkbox"/> Not working	<input type="checkbox"/> Retired
Hours worked				
Position title				
Employer name				
If self employed, what is your business structure?	<input type="checkbox"/> Sole trader (T/A provide details below)		<input type="checkbox"/> Sole trader (T/A provide details below)	
	<input type="checkbox"/> Company		<input type="checkbox"/> Company	
	<input type="checkbox"/> Partnership (split ___% ___%)		<input type="checkbox"/> Partnership (split ___% ___%)	

Accumulated Leave Entitlements

Please indicate the number of hours for each type of leave if any.

Annual leave		
Sick leave		
Long service leave		

Notes:

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Estate Planning

Not disclosed Not applicable Nil

Client 1

Client 2

Do you have a valid will?
(legally valid and reflects
your current wishes)

Yes No

Yes No

Date of will

Last reviewed

Name(s) of executor(s)

Does the will allow for
a testamentary trust?

Yes No

Yes No

Do you have a Power
of Attorney?

Yes No

Yes No

If 'yes', indicate the
type (e.g. enduring,
medical, general,
specific purpose)

Name(s) of attorney(s)

Enduring guardianship?

Yes No

Yes No

Names(s) of enduring
guardian(s)

Location of documents

Binding Financial
Agreement?

Yes No

Yes No

Will sufficient funds
be available to your
beneficiaries between your
death and the distribution
of your estate?

Yes No

Yes No

Have you considered any
taxation liabilities on
any assets or insurance
proceeds to your
beneficiaries?

Yes No

Yes No

Have you made a binding
death benefit nomination
with your superannuation
fund?

Yes No

Yes No

If 'yes', name the
beneficiary(s)

Funeral plan/bond and
amount paid

Yes \$ _____ No

Yes \$ _____ No

Provide details

Notes:

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Taxation Details

Client 1

Client 2

Are you an Australian for tax purposes Yes No _____ Yes No _____

Have you bought or sold any assets in the last 12 months? Yes (provide details) No

Do you have any outstanding tax payments e.g. capital gains? Yes (provide details) No

Do you have any tax losses that could be carried forward? Yes (provide details) No

What other tax structures are applicable?

Company Trust SMSF Other _____

Company Details

Name

Tax file number ABN

Directors

Is this a corporate trustee only? Yes No

SMSF Details

Name

Trustee type Individual Corporate _____

Tax file number ABN

Members/trustees

Trust Details

Name

Trustee type Individual Corporate _____

Tax file number ABN

Trustee(s)

Beneficiaries

Please provide additional details applicable to these structures.

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Redundancy or Early Retirement

Have you or will you receive a redundancy or early retirement payment?

Yes No

Yes No

	Client 1	Client 2
Service period		
Employment commencement date		
Date employment ceased		
Redundancy/early retirement amount	(\$)	(\$)
Payment for unused annual leave	(\$)	(\$)
Payment for unused long service leave	(\$)	(\$)
Do you have to exit employer superannuation fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Security and Department of Veterans' Affairs (DVA Details)

Not disclosed Not applicable Nil

Social Security

	Client 1	Client 2
Do you receive any social security benefits?	<input type="checkbox"/> Age pension <input type="checkbox"/> Newstart <input type="checkbox"/> Disability support <input type="checkbox"/> Family tax <input type="checkbox"/> Other _____	<input type="checkbox"/> Age pension <input type="checkbox"/> Newstart <input type="checkbox"/> Disability support <input type="checkbox"/> Family tax <input type="checkbox"/> Other _____
Social security reference number		
Payment per fortnight	(\$)	(\$)
Do you have any Centrelink concession cards?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

DVA Details

	Client 1	Client 2
Do you receive any DVA payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVA reference number		
Payment per fortnight	(\$)	(\$)
Are you in receipt of special benefits due to death or disability? e.g. Gold Card/TPI card		

Financial Data Section

Not disclosed
 Not applicable
 Nil

	Client 1	Client 2
Salary or wages income		
Bonus/commission		
Reportable fringe benefits taxable value		
Distribution from private company or trust		
Rental income		
Interest income		
Share/investment income (dividends)		
Super pension/annuity income		
Foreign pension income		
Maintenance income		
Centrelink income		
Veteran Affairs (DVA) benefit amount		
Other		
Other		
TOTAL INCOME (before tax)	\$	
Estimated tax		
Net income		

Summary - Financial Cashflow Situation

Notes

Net combined income	
Less - mortgage/rent payment	
Less - regular savings	
Less - other commitments	
Estimated living costs	

Is your income likely to change over the next 12 months? Yes No

Current Expenditure

Not disclosed
 Not applicable
 Nil

Expenses	Amount	Frequency	Annual amount
Debt repayments			
Mortgage	\$		\$
Personal loan	\$		\$
Car loan	\$		\$
Credit card	\$		\$
Store card	\$		\$
HECS/Help payments	\$		\$
Other	\$		\$
Sub total			\$
Household			
Rent	\$		\$
Council rates	\$		\$
Electricity	\$		\$
Gas	\$		\$
Water	\$		\$
Phone/internet/Foxtel	\$		\$
Mobile phone	\$		\$
Home & contents insurance	\$		\$
Building insurance	\$		\$
Repair/maintenance	\$		\$
Car registration	\$		\$
Car insurance	\$		\$
Petrol	\$		\$
Groceries	\$		\$
Other	\$		\$
Sub total			\$

Children

School fees	\$		\$
Day care	\$		\$
University	\$		\$
Tuition	\$		\$
Books & uniforms	\$		\$
Camps/excursions	\$		\$
Activities	\$		\$

Sub total**Health**

Health insurance	\$		\$
Pharmaceutical	\$		\$
Doctor	\$		\$
Dentist	\$		\$
Life insurance	\$		\$
Trauma insurance	\$		\$
Income protection	\$		\$

Sub total**Lifestyle**

Gifts	\$		\$
Eating out	\$		\$
Entertaining	\$		\$
Holiday	\$		\$
Donations	\$		\$
Subscriptions/memberships	\$		\$
Pet costs	\$		\$
Hair/beauty	\$		\$
Other	\$		\$

Sub total**TOTAL EXPENDITURE**

Fixed Assets

Not disclosed Not applicable Nil

Description	Purchase date & cost	Owner (name/joint/entity)	Est. market value(\$)	Existing liability (\$)	Disposal on?
			Insured?		Retain?
Home					Death/Disability
			Yes/No		Yes/No
Home contents					Death/Disability
			Yes/No		Yes/No
Motor vehicle					Death/Disability
			Yes/No		Yes/No
Motor vehicle					Death/Disability
			Yes/No		Yes/No
Caravan					Death/Disability
			Yes/No		Yes/No
Boat/marine craft					Death/Disability
			Yes/No		Yes/No
Collectables					Death/Disability
			Yes/No		Yes/No
Un-rented holiday home					Death/Disability
			Yes/No		Yes/No
					Death/Disability
			Yes/No		Yes/No
					Death/Disability
			Yes/No		Yes/No

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Investment Assets

Not disclosed Not applicable Nil

Description/ address	Purchase date & cost	Owner (name/ joint/entity)	Est. market Value (\$)	Income (\$ or %)	Existing liability (\$)	Disposal on?
			Insured?			Retain?
Investment property						Death/Disability
			Yes/No			Yes/No
Investment property						Death/Disability
			Yes/No			Yes/No
						Death/Disability
			Yes/No			Yes/No
						Death/Disability
			Yes/No			Yes/No
Shares Managed Funds/Other						Death/Disability
						Yes/No
						Death/Disability
						Yes/No
						Death/Disability
						Yes/No
						Death/Disability
						Yes/No
						Death/Disability
						Yes/No
						Death/Disability
						Yes/No

Are you unhappy with any of your investments? Yes (provide details) No

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Banking

Not disclosed Not applicable Nil

Cash description	Owner (name/ joint/entity)	Est. market value (\$)	Interest rate	Maturity date	Disposal on?
					Retain?
Day to day, offset, term deposit					Death/Disability
					Yes/No
					Death/Disability
					Yes/No
					Death/Disability
					Yes/No
					Death/Disability
					Yes/No

Loan type and lender	Owner (name/ joint/entity)	Original amount	Credit limit	Balance outstanding	Repayment amount & frequency	Interest rate
						Tax deductible?
Home loan (P&I or line of credit)						%
						Yes/No
Investment loan						%
						Yes/No
Margin loan						%
						Yes/No
Credit card						%
						Yes/No
Personal loan/ car loan						%
						Yes/No
Other (e.g. HECS/ HELP debt)						%
						Yes/No

Does anyone act as a guarantor of any of these loans? Yes (provide details) No

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Current Debt Management

Not disclosed Not applicable Nil

Do you expect income and/or expenditure changes in the next 12 months? Yes (provide details) No

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Do you currently spend more or less than you earn? More = Deficit Less = Surplus
How do you fund a deficit or spend/save a surplus?
Please provide details:

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Do you think you have an opportunity to save additional money? Yes (provide details) No

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Does your home loan have either or both of the following? Offset account Redraw facility Nil

Are you making extra repayments into your home loan or offset account? Yes (provide details) No

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Are there any fees/charges associated with extra repayments or redraws with your home loan? Yes (provide details) No

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How much extra cash would you be comfortable with to pay towards your home loan and/or other debts?
Please provide details:

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What is the interest free period for your credit card(s)?

Do you pay off your credit card within the interest free period? Yes No

Are you acting as a guarantor for any loan? Yes (provide details) No

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Superannuation Details

Not disclosed
 Not applicable
 Nil

	Fund 1	Fund 2	Fund 3
Product name			
Owner			
Member number			
Current value	(\$)	(\$)	(\$)
Retain	Yes/No	Yes/No	Yes/No
Employer SG account	Yes/No	Yes/No	Yes/No
Defined benefit	Yes/No	Yes/No	Yes/No
Binding death nomination	Yes/No	Yes/No	Yes/No
Exit fee	(\$)	(\$)	(\$)
Death cover			
TPD cover			
Salary continuance			
Other details			

	Fund 4	Fund 5	Fund 6
Product name			
Member			
Member number			
Current value	(\$)	(\$)	(\$)
Retain	Yes/No	Yes/No	Yes/No
Employer SG account	Yes/No	Yes/No	Yes/No
Defined benefit	Yes/No	Yes/No	Yes/No
Binding death nomination	Yes/No	Yes/No	Yes/No
Exit fee	(\$)	(\$)	(\$)
Death cover			
TPD cover			
Salary continuance			
Other details			

Pension and Annuity Details

Not disclosed Not applicable Nil

	Fund 1	Fund 2	Fund 3
Product name			
Pension/annuity type			
Member			
Member number			
Current value	(\$)	(\$)	(\$)
Centrelink complying	Yes/No	Yes/No	Yes/No
Reversionary beneficiary	Yes/No	Yes/No	Yes/No
Defined benefit	Yes/No	Yes/No	Yes/No
Binding death nomination	Yes/No	Yes/No	Yes/No
Purchased date and term			
Deductible amount	(\$)	(\$)	(\$)
Income and frequency			
Tax free component			
Taxable component			

	Fund 4	Fund 5	Fund 6
Product name			
Pension/annuity type			
Member			
Member number			
Current value	(\$)	(\$)	(\$)
Centrelink complying	Yes/No	Yes/No	Yes/No
Reversionary beneficiary	Yes/No	Yes/No	Yes/No
Defined benefit	Yes/No	Yes/No	Yes/No
Binding death nomination	Yes/No	Yes/No	Yes/No
Purchase date and term			
Deductible amount	(\$)	(\$)	(\$)
Income and frequency			
Tax free component			
Taxable component			

Goals and Objectives

Do you have any specific needs, expenses or objectives you would like to achieve? For example debt reduction, wealth accumulation, retirement etc.	Time frame and importance (high, medium, low)	Advice required
Short term		
		Yes/No
Medium term		
		Yes/No
Long term		
		Yes/No

Do you wish to keep a cash reserve or emergency fund? Yes (provide details) No

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Are there any issues that should be taken into consideration that may affect your ability to achieve your goals e.g. job security?

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Notes:

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Retirement Income Planning

Not disclosed Not applicable Nil

If you retired today and all your principal debts were paid and you only had to meet your usual living and preferred lifestyle expenses, how much income would you need?

	Client 1	Client 2
Desired retirement income in today's (\$)		
Planned retirement age		
Expected retirement age		
Do you plan to leave an inheritance?		
Do you have any planned one off expenditures in retirement (holiday or renovation)?		

Social Security and Department of Veterans' Affairs (DVA) Planning

Not disclosed Not applicable Nil

	Client 1	Client 2
Are you interested in qualifying for any social security or DVA payments or benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any substantial gifts in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide details:

Are you willing to forgo access to your capital to qualify for social security benefits?

Yes No

Yes No

Are you prepared to rearrange your financial affairs to qualify for social security benefits?

Yes No

Yes No

Notes:

Insurance Planning

Not disclosed Not applicable Nil

Our analysis of your risk needs depends on the answers you provide to us on the following areas:

Death Cover Needs

	Client 1	Client 2
Liabilities to be paid out	(\$)	(\$)
Emergency fund	(\$)	(\$)
Funeral expenses	(\$)	(\$)
Annual income to be replaced? Or lump sum to provide income	(\$)	(\$)
How long would you like this income to be replaced or at what return?		
Children's education expenses (per annum)	(\$)	(\$)
Other expenses (per annum or one off)	(\$)	(\$)
TOTAL	(\$)	(\$)
Desired features		
Expiry age on cover (e.g. to age 99)		
Other: (e.g. automatic indexation)		

TPD Cover Needs

	Client 1	Client 2
Liabilities to be paid out	(\$)	(\$)
Emergency fund	(\$)	(\$)
Medical expenses	(\$)	(\$)
Home renovations	(\$)	(\$)
Annual income to be replaced? Or lump sum to provide income	(\$)	(\$)
How long would you like this income to be replaced or at what return?		
Children's education expenses (per annum)	(\$)	(\$)
Other expenses (per annum or one off)	(\$)	(\$)
TOTAL	(\$)	(\$)
Desired features		
Own/any occupation	<input type="checkbox"/> Own <input type="checkbox"/> Any	<input type="checkbox"/> Own <input type="checkbox"/> Any
Buy back	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (e.g. automatic indexation)		

Insurance Planning

Trauma Cover Needs

	Client 1	Client 2
Liabilities to be paid out	(\$)	(\$)
Emergency fund	(\$)	(\$)
Medical expenses	(\$)	(\$)
Home renovations	(\$)	(\$)
Annual income to be replaced? Or lump sum to provide income	(\$)	(\$)
How long would you like this income to be replaced or at what return?		
Children's education expenses (per annum)	(\$)	(\$)
Other expenses (per annum or one off)	(\$)	(\$)
TOTAL	(\$)	(\$)
Desired features		
Comprehensive benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy backs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (e.g. automatic indexation)		

Child Trauma Needs

In the case of parents with dependant children, a plan which doesn't address the financial consequences of a serious child illness not only causes enormous emotional strain, it can also place severe financial stress on the family.

Because as parents, the response in these circumstances is automatic; we would do whatever it takes to care for our children, which may mean taking months or even years off work to be with them, and funding major medical expenses.

	Client 1	Client 2
Would you like to consider child trauma cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' amount per child:	<input type="text"/>	<input type="text"/>
Would you like to receive more information on child trauma benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Referral

Who referred you to us?

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Third Party Involvement

Accountant

Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		

Lawyer/Solicitor

Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		

Doctor

Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		

Other

Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		

Do you require consultation with or input from any of the above people in your financial decision making process? e.g. partner, family member etc.

Yes

No

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Risk and Investment Profile

In order to recommend investments that are suitable to your goals and needs, we need to find out more about how you feel about certain aspects of investments and returns. We use a tool called a risk profile to assist in recommending the right mix of assets for you.

Question 1: How familiar are you with investment markets?			
Score		Client 1	Client 2
1	Very little understanding or interest		
2	Not very familiar		
3	Have enough experience to understand the importance of diversification		
4	Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics		
5	Experienced with all investment sectors and understand the various factors which may influence performance		

Question 2: When you think of the term "investment markets", which of the following words comes to mind?			
Score		Client 1	Client 2
1	Risky		
2	Complicated		
3	Unsure		
4	Potential		
5	Possibilities		

Question 3: What level of risk or periods of poor returns would you be prepared to accept with regards to your investments, both super and non super?			
Score		Client 1	Client 2
1	Very conservative, I will not take any risk of losing capital for any period of time		
2	Fairly conservative, preferring not to have negative returns but with a view to consistent returns		
3	Willing to take some risk of short term, negative performance to improve returns		
4	Willing to take reasonable amount of risk of short term, negative performance to improve returns		
5	Willing to take more risk of short term negative performance, than most to improve long term returns		

Question 4: The greatest returns are generally obtained from more volatile investments. Which statement do you feel more comfortable with?			
Score		Client 1	Client 2
1	Prefer guaranteed returns		
2	Stable, reliable returns		
3	Some volatility in returns		
4	Moderate volatility in returns		
5	Greatest volatility but potentially higher returns		

Question 5:	How long are you likely to continue with an investment strategy that is not meeting your expectations, for example the strategy has been generating a negative return or not producing sufficient income?		
Score		Client 1	Client 2
1	I would change it immediately		
2	Up to 6 months		
3	Up to 18 months after discussing concerns with my adviser		
4	Up to 3 years after discussing concerns with my adviser		
5	More than 3 years after discussing concerns with my adviser		

Question 6:	Generally, when seeking higher long term returns from your investments, from time to time, you will also increase the likelihood of poor performance. Which of the following best describes your investment priorities?		
Score		Client 1	Client 2
1	Preservation of my current capital is my only objective		
2	Security of capital and consistent returns are more important than capital growth		
3	A balance of both investment income and capital growth returns are expected over the long term, accepting the possibility of short periods of poor performance from time to time		
4	Capital growth is more important than investment income returns over the longer term. I am comfortable with poor performance in the value of my investments over short periods		
5	Growing my assets substantially over the long term. I do not require income returns to support my living needs and accept that the value of my investment may fluctuate materially from year to year		

Question 7:	Historically, the share market has experienced rapid rises and falls in value. What do you think you would do if your investment experienced a fall by as much as 30% in value in a very short period of time i.e. a year or less.		
Score		Client 1	Client 2
1	Sell the investment immediately		
2	Reduce holdings in the investment to limit any loss		
3	Do nothing		
4	Buy more of the investment		
5	Borrow money to buy more of the investment		

Question 8:	Choose the most appropriate response to the following statement. I am willing to experience the ups and downs of the market for the potential of greater returns.		
Score		Client 1	Client 2
1	Strongly disagree		
2	Disagree		
3	Neither agree nor disagree		
4	Agree		
5	Strongly agree		

Question 9: Choose the most appropriate response to the following statement. My main concern is security. Keeping money safe is more important than earning higher returns.			
Score		Client 1	Client 2
1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		

Question 10: When it comes to investing, you would describe yourself as...			
Score		Client 1	Client 2
1	Inexperienced; investing is a new experience for me		
2	Somewhat inexperienced; investing is fairly new to me		
3	Somewhat experienced; knowledgeable		
4	Experienced; knowledgeable of the factors that make investments go up and down		
5	Very experienced; knowledgeable of the factors that make investments go up and down		

Question 11: How do you feel if your investments go down in value?			
Score		Client 1	Client 2
1	Extremely concerned; it becomes the thing I think about most		
2	Very concerned; it becomes something I think about a lot		
3	Concerned; it comes to mind when I see or hear the media		
4	Not very concerned; it crosses my mind on occasion		
5	Indifferent		

Question 12: Choose the most appropriate response to the following statement. My main concern is the effect of taxation on my investment.			
Score		Client 1	Client 2
1	Not a major concern		
2	Tax effectiveness is good but not if I need to take higher risks		
3	Neither agree nor disagree		
4	Agree - taxation effects on investments are important		
5	Strongly agree taxation effects on investments are extremely important		

SCORE TOTAL

Score 12 - 19	Conservative	Score 45 - 52	Growth
Score 20 - 27	Moderately Conservative	Score 53 - 60	High Growth
Score 28 - 44	Balanced		

Client Investment Profiles

Conservative: Score 12 - 19

You are a Conservative investor to whom security of capital is of major importance, however, you may seek higher returns from investing in longer term fixed interest securities and may consider investing a minor portion of your funds into growth investments. Your profile will generally give rise to high income and some capital growth. Your return will be low and consistent compared with other portfolios. You accept the low possibility of a negative return one in every twelve to thirteen years. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Moderately Conservative: Score 20 - 27

You are a Moderately Conservative investor who cautiously desires capital stability and are willing to increase your investment potential by investing in some growth assets such as shares. You accept the low possibility of a negative annual return, which may occur approximately once every six to seven years. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Balanced: Score 28 - 44

You are a Balanced investor who desires a prudent balance of income and growth. You do not wish to see all of your capital eaten away by tax and inflation and are prepared to take a small short term risk in order to gain longer term capital growth and accept a higher possibility of a negative annual return, that may occur once in every four to five years. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Growth: Score 45 - 52

You are a Growth investor who aggressively seeks to maximise long term capital growth investing mostly in growth assets. You remain cautious towards taking high levels of long term risks. However your general understanding of the investment market enables you to feel comfortable with short term risk. You accept the possibility of a negative annual return that may occur once every four to five years. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

High Growth: Score 52 - 60

You are a High Growth investor who aggressively seeks to maximise long term capital growth, by investing predominantly in growth assets. You are well aware of the heightened potential for capital loss in the short term and accept the higher risk of a negative return that may occur once every three to four years. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Risk and Investment Profile

Asset Class	Conservative	Moderately Conservative	Balanced	Growth	High Growth
Minimum investment time frame	3 years	4 years	5 years	6 years	7 years
Range of annual gross returns 1 year	-5.2 to 17.8%	-11.8 to 26.4%	-17.9 to 33.8%	-22.6 to 39.5%	-27.4 to 45.3%
Expected 10 year returns	2.7 to 9.9%	1.2 to 13.3%	-0.2 to 16.1%	-1.4 to 18.3%	-2.5 to 20.4%
Expected probability of negative return over any single year	7.8% Approx. 1 in every 12 to 13 years	16.3% Once in 6 to 7 years	21.5% Once in 4 to 5 years	24.2% Once in 4 to 5 years	26.3% Once in 3 to 4 years
General characteristics of portfolio	Stable portfolio, value may be lessened by inflation. Provides income but no capital growth, generally no tax advantages, quick access to investment monies for short investment terms	Conservative but with some tolerance to risk, small exposure to growth, consists of mostly income and some capital growth, may keep better pace with inflation than conservative portfolio and provide minimal tax effectiveness	Will accept some exposure to growth to increase potential returns. Will achieve greater tax effectiveness due to spread of assets and will provide minimum amount of income from assets. Capital less likely to be eaten away by inflation	Will accept short term volatility for higher returns long term. Provides more tax effectiveness than Balanced portfolio. Portfolio will have more growth than income. Suitable for longer term investing	Will accept high short term volatility for higher returns long term. Provides more tax effectiveness than growth portfolio. Portfolio will have mostly growth with little income. Suitable for longer term investing
Benchmarks					
Cash	25	15	10	5	0
Australian fixed interest	40	20	10	5	0
International fixed interest	10	15	10	5	0
Australian shares	10	25	40	50	60
International shares	10	20	25	30	35
Property & infrastructure	5	5	5	5	5
Client's tested profile	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Agreed risk profile/asset allocation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Sourced from Morningstar 2013

Actual allocation may be 10% either side of this benchmark depending on current, economic and personal circumstances. Note that past performance is not an indication of future performance.

Investment Concerns

Did you discuss any changes to the client's risk profile? Yes (provide details) No

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Time frame	Super		Non-super	
1 - 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 7 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7+ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like your superannuation and non-superannuation money invested in the same manner? Yes No (provide details)

.....

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	Client 1		Client 2	
How would you like your <u>Investment</u> fund manager and asset allocations to be managed?	<input type="checkbox"/> Active	<input type="checkbox"/> Passive	<input type="checkbox"/> Active	<input type="checkbox"/> Passive
How would you like your <u>Superannuation</u> fund manager and asset allocations to be managed?	<input type="checkbox"/> Active	<input type="checkbox"/> Passive	<input type="checkbox"/> Active	<input type="checkbox"/> Passive
Would you like your investments to be administered and reported by a third party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How often would you like your investments reported? We require this information to determine the level of active management by us.

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Are there any specific investments that you wish to have? Yes (provide details) No

.....

.....

Are there any investments you would like to avoid? Yes (provide details) No

.....

.....

Did you have any specific discussions regarding client preference surrounding inflation, social security, tax, security of capital, liquidity and income needs? Yes (provide details) No

.....

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Privacy Acknowledgement and Consent

In this document 'We', 'Us' and 'Our' refer to: Matrix Planning Solutions Limited ("Matrix"), and its representatives. Matrix can be contacted by writing to Level 3, 31 Market Street, Sydney, NSW, 2000 or by telephone on (02) 8022 3500.

'You' and 'Your' refer to: the person whose information we collect and hold in order to give advice about financial products and services.

Collection of personal information

We collect personal information about you so we can advise you about financial products and services, credit products and services, administer our relationship with you and to provide you with information on other services we provide. The personal information we collect from you will depend on the advice involved, but includes your name, address, contact details, business details, financial information, and in the case of an application for life insurance, medical and lifestyle information.

The law can also require us to collect personal information, e.g. Commonwealth legislation requires us to identify persons who open or operate accounts, or we may be required to collect your tax file number.

Other members of Matrix Planning Solutions

We are permitted by the Privacy Act to disclose personal information (other than sensitive information) to our related body corporates. This enables Matrix to have an integrated view of its customers. Any related body corporate of ours to which personal information is properly disclosed, will also be bound by the Privacy Act, in relation to the use and disclosure of such information.

Other disclosures

Personal information may be disclosed to:

- If you have life insurance: the insurer, claims investigators, medical practitioners, reinsurers, and insurance reference agencies. If sensitive information about you (including health information) is collected for the purpose of an application for life insurance, that sensitive information will only be used for that purpose or with your consent;
- If you have superannuation or managed investments: external product providers into which you might direct some of your investment, other product providers to which your investment might be transferred, fund administrators and fund trustees;
- Austrac the government agency who oversees Anti Money Laundering and Counter Terrorism: we are required to provide details of certain transactions and entities where we hold reasonable suspicion of suspect nature.

In all circumstances where we contract with others to provide services to us, and these contractors have access to your personal information, confidentiality agreements will apply. Personal information may only be used by our contractors for our purposes.

We may be allowed or obliged to disclose information by law. E.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws.

You need to provide us with accurate and relevant information

If you provide us with incomplete or inaccurate information, the advice we give you may be incomplete or inappropriate or we may not be able to arrange the products or services you are seeking.

Sending of personal information overseas

We may send information overseas if we outsource functions using overseas agents or contractors.

Access

You may (subject to permitted exceptions) access your information by contacting the Compliance Manager in writing: Matrix Planning Solutions Limited, Level 3, 31 Market Street, Sydney, NSW, 2000. We may charge you for providing this service.

More information

For more information about our policies on privacy, please read our Privacy Statement, which can be obtained upon request or located on our website: www.matrixplan.com.au > About Us > Privacy Policy.

Client Acknowledgement and Consent

Please tick the applicable boxes

Combined Financial Services & Credit Guide

- I/We have received the Combined Financial Services and Credit Guide Version _____
Date provided:

Privacy and Consent

- We acknowledge and consent to the use, storage and disclosure of your personal information as indicated above. I/we will inform any other individuals such as my spouse, partner, dependants that I/we have provided information about them and I/we will provide them with FSG/CG of my Adviser and advise them that their information was collected for the purpose of my Adviser providing me/us with the financial advice requested.

Risk Profile

- We have completed our Risk Profile Questionnaire with the assistance of our Adviser. Our profile has been fully explained and we have understood the volatility and exposure to more Growth and High Growth strategies.

Limited Personal Information Warning

- If you have chosen not to provide all information requested by your Adviser, you must understand that appropriate advice may not be able to be given and you risk making a financial commitment to a life product or investment product that may not be in your best interest.

Acknowledgement

- We confirm that the details recorded in this Financial Needs Analysis are correct and reflect our true personal and financial position. Please prepare a financial plan for our consideration.

Electronic Receipt of Information

- I/We confirm that we have access to a computer and the internet and would like to receive financial & credit services disclosure documents, fee disclosure statements, investment and loan statements, Product Disclosure Statements, education material, client newsletters and any changes and updated information that may be relevant to us in an electronic format. We have provided our email address for this purpose.

Scope of Advice

- I/We confirm that we have discussed our objectives with our Adviser and that the scope of advice has been agreed in line with these objectives.

Tax File Number Declaration

- We give permission for our Adviser to retain our tax file number for financial planning purposes. You are not required to provide us with your TFN and it is not an offense if you choose not to do so. If you do not provide us with your TFN and you wish to quote your TFN on the applicable forms, you will need to bring your TFN with you whenever you complete these application forms

Tax File Number

Tax File Number

Client 1 or Power of Attorney

Client 2 or Power of Attorney

We agree to a plan fee or \$..... incl GST Or Please refer to Terms of Engagement or Service Agreement

Signature

Date

Adviser signature

Date

Adviser name

Notes

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MATRIX
PLANNING SOLUTIONS
AFSL & ACL 238256

Adviser Details

I/We _____:

Hereby request and instruct that all relevant information on my/our investments/superannuation/ insurance or other financial information be released to _____
_____ and their staff, Authorised Representative of Matrix Planning Solutions Limited, AFSL & ACL No. 238256.

Hereby request that all relevant documentation to act on my/our behalf be sent to:

Hereby request that the servicing adviser on my accounts be transferred immediately to:

Please accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file.

Name

Date of Birth

Address

Fund Manager/Insurer and Account Number

Fund Manager/Insurer and Account Number

Signature

Date

Matrix Planning Solutions Head Office Address 31 Market St Sydney NSW 2000



MATRIX
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Name

Date of Birth

Address

Fund Manager/Insurer and Account Number

Fund Manager/Insurer and Account Number

Signature

Date

Matrix Planning Solutions Head Office Address 31 Market St Sydney NSW 2000

Matrix Planning Solutions Limited, ABN 45 087 470 200, is a holder of an Australian Financial Services and Australian Credit Licence No. 238256 and is responsible for the services and advice given to you by your Adviser.

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