Financial Planning Questionnaire

Issue Number 2 | June 2013

Prepared for

Adviser Name

STERLING PRIVATE WEALTH

Contents

Personal Details	3
Lifestyle and Financial Goals	5
Investment Preferences	7
Income and Expenses	8
Social Security	10
Assets and Liabilities	11
Superannuation and Income Streams	14
Insurance	16
Insurance Needs Analysis	17
Health and Estate Planning	19
Authorisation	20
Client authorisation for Additional Information from Other Institutions or Financial Advisers	23

This is an important and confidential document. The information you have provided within this document forms the basis of any advice given by your Magnitude Financial Adviser. Please note, it may be necessary to ask additional questions to identify your needs, objectives and financial situation.

Personal Details

All clients need to complete this section.

	Client 1	Client 2
Title (e.g. Mr, Mrs)		
Surname		
Given name		
Preferred name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Marital status		
Date of birth (DD/MM/YYYY)	/ /	/ /
Retirement age		
Relationship between clients 1 & 2		
Residential address	State Postcode	State Postcode
Postal address (write 'as above' if same as residential address)	State Postcode	State Postcode
Home telephone		
Business telephone		
Mobile		
Email address		
Facsimile		
Preferred contact method		
Occupation		
Employment status	☐ Full-time ☐ Part-time ☐ Self employed ☐ Not working/Retired	☐ Full-time ☐ Part-time ☐ Self employed ☐ Not working/Retired
Hours worked per week		
Employer's name		
Employer's address		
Employer's phone number		
Date employment commenced	/ /	/ /
Is salary packaging available?	☐ Yes ☐ No	☐ Yes ☐ No
If self-employed, what is the business structure?	☐ Sole Trader ☐ Company ☐ Partnership Split %	☐ Sole Trader ☐ Company ☐ Partnership Split %

	Client 1	Client 2
Are you an Australian resident for taxation purposes?	☐ Yes ☐ No	☐ Yes ☐ No
If no, which country?		
Have you applied for a Significant Investor Visa 188?	☐ Yes ☐ No	☐ Yes ☐ No
Are you fluent in English?	☐ Yes ☐ No	☐ Yes ☐ No
Do you require the assistance of an interpreter?	☐ Yes ☐ No	☐ Yes ☐ No

Dependants

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

Name	Date of birth	Relationship	When would you expect dependency to cease?
	/ /		
	/ /		
	/ /		
	/ /		

Third Parties

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

	Name	Phone	Address
Family member			
Accountant/Tax agent			
Banker			
Solicitor			
Doctor			
Other			
Do you need to consult any of the above in your decision making process?	☐ Yes ☐ No	If yes, who?	

Notes

Lifestyle and Financial Goals

All clients need to complete this section.

Details of Explicit Needs/Client Verbatim	Amount/Instruction
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope

Details of Explicit Needs/Client Verbatim	Amount/Instruction
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope
	$ ☐ Address now ☐ Ongoing goal ☐ Address in ___ years ☐ Not in scope

Do you have any environmental, social or ethical considerations that need to be taken into account?	☐ Yes If yes, please give details: ☐ No

Notes

Investment Preferences

Client 1

Rate the importance of the following	Important	Neutral	Not important
Flexibility and diversity in investment choice	☐	☐	☐
Need for capital growth	☐	☐	☐
Need for regular income	☐	☐	☐
Automatic asset allocation/rebalance	☐	☐	☐
Greater control and more active management	☐	☐	☐
Desire to minimise costs	☐	☐	☐
Need for liquidity/cash	☐	☐	☐
Capacity to service loans	☐	☐	☐
Other	☐	☐	☐
Other	☐	☐	☐

Client 2

Rate the importance of the following	Important	Neutral	Not important
Flexibility and diversity in investment choice	☐	☐	☐
Need for capital growth	☐	☐	☐
Need for regular income	☐	☐	☐
Automatic asset allocation/rebalance	☐	☐	☐
Greater control and more active management	☐	☐	☐
Desire to minimise costs	☐	☐	☐
Need for liquidity/cash	☐	☐	☐
Capacity to service loans	☐	☐	☐
Other	☐	☐	☐
Other	☐	☐	☐

Notes

Income and Expenses

All clients need to complete this section.

Income

Select Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly

Source of income (before tax)	Client 1 ($)	Client 2 ($)	Joint ($)	Non-taxable ($)
Salary and/or wages (exclude Super Guarantee contributions)				
Bonus income				
Social security income				
Maintenance (e.g. child or spousal) income				
Investment income				
Pension/annuity income				
Distribution income (e.g. trust)				
Net rental income^				
Net business income (e.g. sole trader, partnership)				
Other taxable income (e.g. director's fees)				
Other				
Other				
Other				
Subtotal Income				
Total combined income (before tax)				
Less: Estimated tax and/or other deductions (e.g. salary sacrifice, salary packaging)				
Net combined income				

^ Include where there is a long-term tenancy agreement in place of at least 12 months.

Notes

Expenses

Select Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly

	Client 1 ($)	Client 2 ($)	Joint ($)	Non-taxable ($)
Household (rates, utilities, food, etc.)				
Car/boat/transport				
Rent/ home mortgage				
Credit cards				
Other debt repayments				
Personal (e.g. clothing)				
Transport (e.g. car(s), fares)				
Insurance premiums (general/life)				
Medical/dental				
Dependant(s)/maintenance payments				
Entertainment				
Education				
Holidays				
Superannuation contributions*				
Business overheads				
Regular savings plans				
Donations (charity/foundation)				
Other				
Other				
Other				
Total combined expenses				
Surplus/deficit (total net combined income less total combined expenses)				

* Includes non-concessional or spouse superannuation contributions. Note, concessional or salary sacrifice contributions are recorded at 'Income' above.

Summary: Income, Expenses and Savings	($)
What are your living costs? (from above)	p.a.
How much do you or your household save each year?	p.a.
Do you expect any changes to your income and/or expenses?	☐ Yes ☐ No
If yes, please provide details	
How much readily accessible money do you expect you might need to meet emergencies and your day-to-day expenditure?*	p.a.
How is your surplus used or deficit met?	

* Cash, savings, liquid investments.

Social Security

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

	Client 1	Client 2
Are you currently eligible for Centrelink/DVA benefits?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, what benefit(s) are you eligible for? Please provide details of the benefits received, such as frequency, reason, length of payment, etc.		
Do you have any Centrelink/DVA concession cards (PCC, HCC or CSHC)?	☐ Yes ☐ No	☐ Yes ☐ No
Have you 'gifted' assets in the last 5 years?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, how much and when?	$ / /	$ / /

Notes

Assets and Liabilities

All clients need to complete this section.

Assets

	Amount ($)	Owner	Date Purchased	Insured and up to date?	Insurer	Sum Insured ($)	Premium ($)	Centrelink Value ($)
Principal residence			/ /	☐ Yes ☐ No				
Home contents			/ /	☐ Yes ☐ No				
Motor vehicle			/ /	☐ Yes ☐ No				
Caravan, boat, etc.			/ /	☐ Yes ☐ No				
Collectibles			/ /	☐ Yes ☐ No				
Holiday house			/ /	☐ Yes ☐ No				
Business goodwill			/ /	☐ Yes ☐ No				
Business (plant, equipment and stock)			/ /	☐ Yes ☐ No				
Other			/ /	☐ Yes ☐ No				
Other			/ /	☐ Yes ☐ No				
Other			/ /	☐ Yes ☐ No				

Liabilities

	Lender	Owner	Facility/ Limit ($)	Balance ($)	Interest Rate (%)	P&I or Interest. only	Start Date	Term	Monthly Repayment ($)	Secured against	Deductible
Mortgage							/ /				N/A
Credit cards							/ /			N/A	N/A
Storecards							/ /			N/A	
Investment / margin loan							/ /				☐ Yes ☐ No
Personal loans							/ /				☐ Yes ☐ No
Business loans							/ /				☐ Yes ☐ No
Other							/ /				☐ Yes ☐ No
Other							/ /				☐ Yes ☐ No
Other							/ /				☐ Yes ☐ No

Does anyone act as a loan guarantor over any of these loan obligations?	☐ Yes ☐ No
If yes, please specify the name of guarantor(s) and for which loan(s)	

Notes

Extra information regarding repayment options – Principal and Interest (P&I) or Interest only, frequency of payment and any establishment, exit or other applicable fees payable, etc.

Investments and savings

Cash and fixed interest investments	Owner	Current value ($)	Interest rate (%) pa	Purchase price ($)	Purchase date	Maturity date	Reinvest income	Amount ($ or %) to re-allocate
					/ /	/ /	☐ Yes ☐ No	
					/ /	/ /	☐ Yes ☐ No	
					/ /	/ /	☐ Yes ☐ No	
					/ /	/ /	☐ Yes ☐ No	
					/ /	/ /	☐ Yes ☐ No	

Direct property investments	Owner	Current value ($) (as at ___ /___ /___)	Rental income ($)	Purchase price ($)	Purchase date	Mortgaged	Re-allocate
					/ /	☐ Yes ☐ No	☐ Yes ☐ No
					/ /	☐ Yes ☐ No	☐ Yes ☐ No
					/ /	☐ Yes ☐ No	☐ Yes ☐ No

Shares and managed funds	Owner	Current value ($) (as at ___ /___ /___)	Total units/ shares	Purchase price ($)	Purchase date	Geared	Re-invest income	Amount ($ or %) to re-allocate
					/ /	☐ Yes ☐ No	☐ Yes ☐ No	
					/ /	☐ Yes ☐ No	☐ Yes ☐ No	
					/ /	☐ Yes ☐ No	☐ Yes ☐ No	
					/ /	☐ Yes ☐ No	☐ Yes ☐ No	
					/ /	☐ Yes ☐ No	☐ Yes ☐ No	

Savings plans	Owner	Amount ($)	Start date	Term	Frequency
			/ /	☐ Yes ☐ No	
			/ /	☐ Yes ☐ No	
			/ /	☐ Yes ☐ No	

Superannuation and Income Streams

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

Superannuation Details

Superannuation &/or Rollover Funds*	Owner	Current value ($)	Start date	Super Choice	Amount ($ or %) to re-allocate
			/ /	☐ Yes ☐ No	
			/ /	☐ Yes ☐ No	
			/ /	☐ Yes ☐ No	
			/ /	☐ Yes ☐ No	
			/ /	☐ Yes ☐ No	

* Where the fund is a SMSF, please complete the SMSF Investment Strategy Workbook.

Previous Contribution Amounts

Please provide details of superannuation contributions made in the current financial year and previous two (2) financial years. If unknown, please contact the ATO or your super fund.

	Client 1	Client 2
Current Financial Year		
Year ending	30/06/	30/06/
SG contribution	$	$
Other concessional amount	$	$
Non-concessional amount	$	$
Previous two (2) Financial Years		
Year ending	30/06/	30/06/
SG contribution	$	$
Other concessional amount	$	$
Non-concessional amount	$	$
Year ending	30/06/	30/06/
SG contribution	$	$
Other concessional amount	$	$
Non-concessional amount	$	$

Income Stream Details

	1	2	3	4
Owner				
Fund name				
Pension/annuity type				
Complying (Centrelink)				
Date of purchase	/ /	/ /	/ /	/ /
Investment amount	$	$	$	$
Current value	$	$	$	$
Current units				
Centrelink deductable amount	$	$	$	$
Tax free component	$	$	$	$
Taxable component	$	$	$	$
Income p.a.	$	$	$	$
Indicate min/max/ specified				
Payment frequency				
Term of pension/ annuity				
Indexed	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Indexation rate	%	%	%	%
Residuary capital value	$	$	$	$
Reversionary	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Death Benefit nomination	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Redundancy or early Retirement Payment

Have you, or will you expect to receive a Redundancy or Early Retirement Payment? ☐ Yes ☐ No

Please provide any documentation relating to such payments.

Service period	Client 1	Client 2
Employment commencement date	/ /	/ /
Date employment to cease	/ /	/ /
Amount of redundancy/ early retirement payment	$	$
Payment for unused annual leave	$	$
Payment for unused long service leave	$	$
Will you have to exit the superannuation fund?	☐ Yes ☐ No	☐ Yes ☐ No

Insurance

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

Current personal insurance (term life cover, total & permanent disability (TPD), trauma, whole of life or endowment)

Provider	Type	Life insured	Owner/ beneficiary	Cover level ($)	Annual premium ($)	Surrender value (if any) ($)	Maturity value (if any) ($)	TPD definition – own/any/home duties/general	Inside/outside Super	Retain
										☐ Yes ☐ No
										☐ Yes ☐ No
										☐ Yes ☐ No

What existing assets would be realised (fully and/or partially) in the event of death/TPD/trauma?

Asset	Amount ($)	Owner	Death	TPD	Trauma
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Current income protection or salary continuance insurance

Provider	Owner	Agreed or indemnity value ($)	Monthly benefit ($)	Annual premium ($)	Waiting period	Retain	Inside or outside Super	Benefit payment period
						☐ Yes ☐ No		
						☐ Yes ☐ No		
						☐ Yes ☐ No		

Notes

Insurance Needs Analysis

In the event of death	Client 1	Client 2
Insurance needs		
Assets willing to sell (refer to page 16 for further information)	$	$
Debts to extinguish	$	$
Monthly repayments on debts being extinguished	$	$
Income required to age or number of years	Age _____ or years _____	Age _____ or years _____
Supplementary income required to age or number of years		
Proportion of income recovered	$ or %	$ or %
Proportion of supplementary income recovered	%	%
Annual costs per child	$	$
Period of child cover	Until independent at age _____ or for _____ years	Until independent at age _____ or for _____ years
One off estate planning cost	$	$
Annual estate planning cost	$_____ for _____ years	$_____ for _____ years
Emergency funds	$	$
Existing cover retained	$	$
Years of loan repayments required	_____ years and $_____	_____ years and $_____
In the event of total & permanent disability (TPD)		
Insurance needs		
Assets willing to sell (refer to page 16 for further information)	$	$
Debts to extinguish	$	$
Monthly repayments on debts being extinguished	$	$
Income required to age or number of years	Age _____ or years _____	Age _____ or years _____
Supplementary income required to age or number of years	Age _____ or years _____	Age _____ or years _____
Proportion of income recovered	$ or %	$ or %
Proportion of supplementary income recovered	$ or %	$ or %
Annual costs per child	$	$
Period of child cover	Until independent at age _____ or for _____ years	Until independent at age _____ or for _____ years
One off medical/lifestyle cost	$	$
Annual medical/lifestyle cost	$_____ for _____ years	$_____ for _____ years
Emergency funds	$	$
Recovery income	$	$
Existing cover retained	$	$
In the event of trauma (Living cover)		
Insurance needs		
Assets willing to sell (refer to page 16 for further information)	$	$
Debts to extinguish	$	$
Monthly repayments on debts being extinguished	$	$
Income required to age or number of years	Age _____ or years _____	Age _____ or years _____
Supplementary income required to age or number of years	Age _____ or years _____	Age _____ or years _____
Proportion of income covered	$ or %	$ or %
Proportion of supplementary income covered	$ or %	$ or %
Annual costs per child	$	$
Period of child cover	Until independent at age _____ or for _____ years	Until independent at age _____ or for _____ years
One off medical/lifestyle cost	$	$
Annual medical/lifestyle cost	$_____ for _____ years	$_____ for _____ years
Emergency funds	$	$
Recovery income	$	$
Existing cover retained	$	$

In the event of illness or injury (Income protection)		
How many weeks/months can you go without your income?	_____ weeks or ____ months	_____ weeks or ____ months
Income not affected by disability	$	$
Years of loan repayments required	_____ years and $_____	_____ years and $_____
In the event of child trauma		
Sum insured per child	$	$

Insurance Features – Desired

	Client 1	Client 2
Death		
Basic cover		
Buy back options	☐ Buy back TPD ☐ Double TPD ☐ Double living	☐ Buy back TPD ☐ Double TPD ☐ Double living
Extend expire age on Life cover (e.g. til 99)		
Minimal impact on cash flow		
Waiver of premium		
TPD		
Basic cover		
Own occupation definition		
Minimal impact on cash flow		
Waiver of premium		
Needlestick benefit		
Income Protection		
Policy type	☐ Agreed value ☐ Indeminity value	☐ Agreed value ☐ Indeminity value
Definition of occupation	☐ Any occupation ☐ Own occupation	☐ Any occupation ☐ Own occupation
Agreed value		
Superannuation Contribution Option		
Minimal impact on cash flow		
Preferred benefit period		
Accident benefit		
Needlestick benefit		
Trauma		
Basic cover		
Re-instatement		
Needlestick benefit		
Other		
Stepped or level premiums		
CPI automatic adjustment		
Automatic upgrade in better features and benefits		
Flexibility to adjust structure of premium to your needs		
Child Benefits		
Other		

Health and Estate Planning

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

Health

	Client 1	Client 2
What is the state of your health?	☐ Excellent ☐ Good ☐ Poor ☐ Other (specify)	☐ Excellent ☐ Good ☐ Poor ☐ Other (specify)
Smoker	☐ Yes ☐ No	☐ Yes ☐ No
Are there any health issues that need to be considered in making an investment or insurance decisions?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please provide details		
Do you have private health insurance?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please outline the provider details		
Accrued sick leave days		
Accrued annual leave days		
Accrued days long service leave		
What are the main duties of your occupation?		
Are you involved in any hazardous pursuits?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please provide details		

Estate Planning

	Client 1	Client 2
Power of Attorney		
Do you have a current Power of Attorney?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please state type:	☐ Enduring ☐ Medical ☐ Normal ☐ General ☐ Other	☐ Enduring ☐ Medical ☐ Normal ☐ General ☐ Other
Will		
Do you have a Will?	☐ Yes ☐ No	☐ Yes ☐ No
What is the date of your Will?	/ /	/ /
Is your Will current?	☐ Yes ☐ No	☐ Yes ☐ No
Where is your Will located?		
Who is the executor?		
Adequacy and Equity		
Will sufficient funds be available to your dependants between your death and the distribution of your Estate?	☐ Yes ☐ No	☐ Yes ☐ No
Have you considered Capital Gains Tax on any assets you bequeath directly to beneficiaries?	☐ Yes ☐ No	☐ Yes ☐ No
Superannuation Assets		
Have you made binding nominations on death?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, who?		

Authorisation

Client acknowledgement and engagement authority

Subject matter

At our meeting, we discussed the goals you are seeking to achieve and the strategy for reaching these goals. As part of the process we discussed your needs, objectives and financial situation and agreed on the following:

Scope of advice

After identifying the subject matter above we agreed to cover the following areas of advice, as relevant to your circumstances, within an appropriate advice document:

Where the advice is limited, please state reasons for the limitation:

The following matters will not be included as part of the advice document preparation at this time:

Client acknowledgement and engagement authority

I/We request that you provide financial advice based on the information disclosed and acknowledge that you will rely on the information contained in this document.

I/We have informed you if any of the funds available for investment have been borrowed from any source related or unrelated to the advice sought (eg. home equity loan, margin loan, credit card etc.)

I/We acknowledge that if I/we provided any incomplete or inaccurate information that I/we will carefully consider the appropriateness of the advice according to our personal objectivess, before acting on any advice provided.

I/We acknowledge that you will charge a plan preparation fee of $ _____(GST inclusive) for the written advice and on completing the written advice authorise the payment of this fee by:

☐ Debiting my bank account – (where fees are paid via direct debit please complete a direct debit authority form)

☐ Banking the attached cheque – (Please make cheque payable to Sterling Private Wealth)

☐ Other – (Please specify): _____.

I/We _____ and _____ confirm that I/We have received a copy of the Magnitude Financial Services Guide and Credit Guide Part 1 Version _____, dated _____ and Part 2 Version _____, dated _____ at (or prior to) the first interview and have read and understood it, including the section titled 'Privacy Statement'.

I/We agree to Magnitude collecting, using and disclosing my/our personal information in accordance with the Privacy Policy.

My/our risk profile is:

Client 1 _____

Client 2 _____

As agreed in the 'Determining your Investment Risk Profile' booklet.

I/We authorise _____, an Authorised Representative of Magnitude, to (tick the relevant box/s):

☐ Retain and store my Tax File Number for the period the Authorised Representative is acting on my/our behalf.

☐ Quote my/our Tax File Number information to the Australian Taxation Office when necessary and investment bodies when making investments on my/our behalf.

Client 1 _____ Tax File Number _____

Client 2 _____ Tax File Number _____

I/We will only provide information about other individuals, such as dependants, spouse/partner, guarantors, if those individuals have agreed that I can share that information with you and I will inform them that I/we have provided information about them and make them aware of the information provided in the Privacy Policy.

Client 1 Name _____

Client Signature

Date

☐☐/☐☐/☐☐☐☐

Client 2 Name _____

Client Signature

Date

☐☐/☐☐/☐☐☐☐

Financial Adviser Name _____

Financial Adviser Signature

Date

The following documents have been supplied:

- ☐ Bank/Investment/Superannuation statements
- ☐ Tax Returns (last 2 years if self-employed only)
- ☐ ATO Assessment Notices (last 2 years if self-employed only)
- ☐ Financial Statements (Audited Financial Statements only if self-employed from last 2 years only)
- ☐ ETP Statements
- ☐ Other _____

Client Authorisation for Additional Information from Other Institutions or Financial Advisers

To whom it may concern:

Client 1 Client 2

I/We _____

whose date(s) of birth is/are ☐☐/☐☐/☐☐☐☐ ☐☐/☐☐/☐☐☐☐

of (client address)

_____

_____

Request that all information relating to my/our investments, insurances, superannuation, bank accounts and/or other financial information be released to Sterling Private Wealth on request.

Yours faithfully,

Client 1 Name _____

Client Signature Date

☐☐/☐☐/☐☐☐☐

Client 2 Name _____

Client Signature Date

☐☐/☐☐/☐☐☐☐

Account/Policy# _____ Account/Policy# _____

Account/Policy# _____ Account/Policy# _____

Account/Policy# _____ Account/Policy# _____

Account/Policy# _____ Account/Policy# _____

Financial Adviser contact details

Name _____

Address _____

Mobile _____

Telephone _____

Email address _____

Facsimilie _____

Client Authorisation for Additional Information from Other Institutions or Financial Advisers

To whom it may concern:

Client 1 Client 2

I/We _____

whose date(s) of birth is/are ☐☐/☐☐/☐☐☐☐ ☐☐/☐☐/☐☐☐☐

of (client address)

_____

_____

Request that all information relating to my/our investments, insurances, superannuation, bank accounts and/or other financial information be released to Sterling Private Wealth on request.

Yours faithfully,

Client 1 Name _____

Client Signature Date

☐☐/☐☐/☐☐☐☐

Client 2 Name _____

Client Signature Date

☐☐/☐☐/☐☐☐☐

Account/Policy# _____ Account/Policy# _____

Account/Policy# _____ Account/Policy# _____

Account/Policy# _____ Account/Policy# _____

Account/Policy# _____ Account/Policy# _____

Financial Adviser contact details

Name _____

Address _____

Mobile _____

Telephone _____

Email address _____

Facsimilie _____

This page is left blank intentionally.

This page is left blank intentionally.

This page is left blank intentionally.

Contact Sterling Private Wealth for further information on 03 9975 7200 or visit www.sterlingprivatewealth.com.au

Referral Source			
Referral Type:	☐ Financial Adviser referral	☐ Self generated	☐ Other
Referrer Name:			

AML Identification			
Client 1:	☐ Sterling Private Wealth identified	☐ Non-Sterling Private Wealth identified	☐ Not identified
Client 2:	☐ Sterling Private Wealth identified	☐ Non-Sterling Private Wealth identified	☐ Not identified

Magnitude Group Pty Ltd ABN 54 086 266 202, AFSL and Australian Credit License number 221557. MC13706B-0413lc