Private and Confidential

Your Financial Needs Analyser (Section 1)

Before I make any recommendations, I need to ask you about and record your financial situation and goals. This questionnaire is designed to record this information.

My financial advice to you will be based on:

- the answers you provide in this document,
- any other information we receive from you such as bank statements, and
- our discussions either by phone or face to face.

Putting the pieces in place for your success.

This Financial Needs Analyser is divided into two sections.

- Section 1 contains preliminary information and is compulsory to complete.
- Section 2 allows for more detailed information to be provided and should be completed upon request.

Client Name :			
ILCN :			
Financial Adviser :		Accountant :	

Privacy statement

Your privacy is important to us and to Count Financial Limited. Our collection and use of your personal information will be according to the Count Privacy Policy Statement, which is available at www.count.com.au or on request. The policy requires Count companies and us to respect the confidentiality of your information and your privacy.

Personal Details

	Client 1 details	Client 2 details
Title		
Given names		
Surname		
Date of Birth		
	Male ☐ Female ☐	Male ☐ Female ☐
Relationship status		
	Tax resident of Australia Yes ☐ No ☐	Tax resident of Australia Yes ☐ No ☐

Contact Information

Residential address					
Suburb		State		Post Code	
Postal address	As above ☐ OR				
Suburb		State		Post Code	

	Client 1 details	Client 2 details
Internet access	Yes ☐ No ☐	Yes ☐ No ☐
Email address		
Phone (1)		
Phone (2)		
Preferred contact method		

Dependants / Child / Other Details

☐ I/We have do not have any dependants at this time ☐ I/We choose not to provide these details at this time

	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Name				
Date of Birth				
Living at home	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Still at school	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Private health ins.	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Marital status				
Child care type				
Hours per week	hrs per week	hrs per week	hrs per week	hrs per week
Tax dependant of				
Super dependant of				

Employment Details

☐ I/We choose not to provide these details at this time

	Client 1 details	*Client 2 details*
Work status	☐ Full time ☐ Part time ☐ Casual ☐ Not working or retired	☐ Full time ☐ Part time ☐ Casual ☐ Not working or retired
Hours	☐ Secure ☐ Not secure hrs per week	☐ Secure ☐ Not secure hrs per week
Employment commencement		
Occupation		
Employer name		

Health Issues

☐ I/We choose not to provide these details at this time

	Client 1 details	*Client 2 details*
Private health ins.	☐ Yes ☐ No	☐ Yes ☐ No
Smoked within the last 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
Any health issues	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please state		

Estate Planning Situation

☐ I/We choose not to provide these details at this time

	Client 1 details	*Client 2 details*
Do you have a valid will?	☐ Yes ☐ No Date last reviewed	☐ Yes ☐ No Date last reviewed
Will location		
Solicitors name		
Solicitors location		
Testamentary Trust?	☐ Yes ☐ No	☐ Yes ☐ No
Power of Attorney?	☐ Yes ☐ No Enduring? ☐ Yes ☐ No	☐ Yes ☐ No Enduring? ☐ Yes ☐ No
Date last updated		
Attorney name		
Guardianship?	☐ Yes ☐ No Enduring? ☐ Yes ☐ No	☐ Yes ☐ No Enduring? ☐ Yes ☐ No
Date last updated		
Guardian name		

Goals & Objectives

What goals and needs do you have – eg. planning children, children's education, renovations, travel, new car / home, savings target, retirement?

To assist us in providing you with suitable and appropriate advice, please rate the following objectives in their order of importance to you.

The numbers represent:

1. Not important **2.** Slightly important **3.** Important **4.** Very important **5.** Most important

Short term (less than 3 years)	**Owner** (Client 1, Client 2, Joint)		**Goal type**	**Level of importance** 1 2 3 4 5
		$		☐ ☐ ☐ ☐ ☐
		$		☐ ☐ ☐ ☐ ☐
		$		☐ ☐ ☐ ☐ ☐

Medium term (3 - 5 years)	**Owner** (Client 1, Client 2, Joint)		**Goal type**	**Level of importance** 1 2 3 4 5
		$		☐ ☐ ☐ ☐ ☐
		$		☐ ☐ ☐ ☐ ☐
		$		☐ ☐ ☐ ☐ ☐

Long term (more than 5 years)	**Owner** (Client 1, Client 2, Joint)		**Goal type**	**Level of importance** 1 2 3 4 5
		$		☐ ☐ ☐ ☐ ☐
		$		☐ ☐ ☐ ☐ ☐
		$		☐ ☐ ☐ ☐ ☐

Other Information

Are there any lifestyle goals (non-financial) you would like me to be aware of? ☐ Yes ☐ No

If yes - provide comments

Financial Planning Objectives

To assist us in providing you with suitable and appropriate advice, please rate the following objectives in their order of importance to you.
The numbers represent:

1. Not important **2.** Slightly important **3.** Important **4.** Very important **5.** Most important

My / Our objectives are to:	Level of importance				
	1	2	3	4	5
> Generate more income from investments	☐	☐	☐	☐	☐
> Invest a lump sum amount	☐	☐	☐	☐	☐
> Invest for capital growth / wealth creation	☐	☐	☐	☐	☐
> Invest funds on an ongoing regular basis	☐	☐	☐	☐	☐
> Invest to meet on call (liquidity) needs / security of capital	☐	☐	☐	☐	☐
> Invest in tax advantaged investments	☐	☐	☐	☐	☐
> Make a contribution to superannuation (inc. spouse / Govt co-contribution)	☐	☐	☐	☐	☐
> Rollover an existing superannuation benefit	☐	☐	☐	☐	☐
> Consolidate existing superannuation benefits	☐	☐	☐	☐	☐
> Assess if I / we are on track to meet my / our retirement income needs	☐	☐	☐	☐	☐
> Create an income stream to meet my / our retirement income needs	☐	☐	☐	☐	☐
> Borrow to invest (gearing) as part of a wealth creation strategy	☐	☐	☐	☐	☐
> Maintain flexibility with investments / fund options	☐	☐	☐	☐	☐
> Qualify for or maximise Centrelink / Veterans Affairs benefits	☐	☐	☐	☐	☐
> Efficiently manage my / our portfolio	☐	☐	☐	☐	☐
> Minimise investment costs	☐	☐	☐	☐	☐
> Other -	☐	☐	☐	☐	☐

> Please state minimum cash reserve required $

> Please state minimum annual income required $

Retirement Planning Considerations

Is retirement planning required at this point in time? Yes ☐ No ☐

		Client 1 details	*Client 2 details*
When do you expect to retire?		year or age	year or age
Desired retirement income?		$ in todays dollars	$ in todays dollars
Have you been receiving a Centrelink or Veterans Affairs benefit?		☐ Yes ☐ No	☐ Yes ☐ No
If yes, what date did the payment commence?			
Please state the type of payment you are receiving?			
How important to you is receiving a Centrelink / Veterans Affairs benefit?		☐ Important ☐ Not important	☐ Important ☐ Not important
Have you gifted any money within the last 5 years?		☐ Yes ☐ No	☐ Yes ☐ No
If yes, what was the amount and the date it was gifted?	Gift 1	$ &	$ &
	Gift 2	$ &	$ &

Wealth Protection Considerations

Is wealth protection to be considered at this point in time? Yes ☐ No ☐

To assist us in providing you with suitable and appropriate advice, please rate the following objectives in their order of importance to you.

The numbers represent:

1. Not important **2.** Slightly important **3.** Important **4.** Very important **5.** Most important

My / Our objectives are to:	Level of importance				
	1	2	3	4	5
> Protect my / our family / estate against the financial consequences of death	☐	☐	☐	☐	☐
> Protection against the financial consequences of an illness or accident that results in an incident of total and permanent disability	☐	☐	☐	☐	☐
> Protection against the financial consequences of an illness or accident that results in an incident of significant but temporary or partial disability	☐	☐	☐	☐	☐

Your financial protection in case of disability and/or significant illness:

	Client 1 details	*Client 2 details*
What proportion of your income would you prefer you or your family to receive?	☐ 0% ☐ 75% ☐ 50% ☐ 100% Other	☐ 0% ☐ 75% ☐ 50% ☐ 100% Other
In case of permanent disability would you want your debts paid off?	☐ Yes ☐ No Specify amount $	☐ Yes ☐ No Specify amount $
Would you want a lump sum for medical, rehabilitation, & home renovation costs?	☐ Yes ☐ No Specify amount $	☐ Yes ☐ No Specify amount $
Are there any assets that you would want to realise in case of permanent disability?	☐ Yes ☐ No Specify amount $	☐ Yes ☐ No Specify amount $

Ongoing income and financial protection for your estate / family in case of unexpected death:

	Client 1 details	*Client 2 details*
If you were to die unexpectedly would you want your estate / family to be financially:	☐ Better off ☐ Not as well off ☐ At least as well off	☐ Better off ☐ Not as well off ☐ At least as well off
For what length of time?	☐ Ongoing ☐ For a period No. years	☐ Ongoing ☐ For a period No. years
What proportion of your income would you prefer you or your family to receive?	☐ 0% ☐ 75% ☐ 50% ☐ 100% Other	☐ 0% ☐ 75% ☐ 50% ☐ 100% Other
Would you want your debts paid off?	☐ Yes ☐ No Specify amount $	☐ Yes ☐ No Specify amount $
What lump sum is required for funeral expenses, education costs?	☐ Yes ☐ No Specify amount $	☐ Yes ☐ No Specify amount $
Are there any assets that you would want to realise in case of unexpected death?	☐ Yes ☐ No Specify asset	☐ Yes ☐ No Specify asset

Understanding your expectations:

	Client 1 details	*Client 2 details*
Expected retirement age or date?	☐ yrs of age Date	☐ yrs of age Date
What proportion of your income are you currently contributing towards retirement?	☐ Legislated SG ☐ Other Amt	☐ Legislated SG ☐ Other Amt
Given what you are contributing towards retirement what proportion of your income would you consider reasonable to allocate towards your insurance premiums?	☐ None ☐ 6 - 9 % ☐ 1 - 3 % ☐ 9 - 12 % ☐ 3 - 6 % ☐ Other Amt	☐ None ☐ 6 - 9 % ☐ 1 - 3 % ☐ 9 - 12 % ☐ 3 - 6 % ☐ Other Amt
Would you be interested in funding your insurance premiums via superannuation?	☐ Yes ☐ No	☐ Yes ☐ No

Lifestyle Asset Details

☐ I/We do not have any lifestyle assets at this time ☐ I/We choose not to provide these details at this time

Asset type	Asset description	Owner (Client 1, Client 2, Joint)	Amount (Current value)
			$
			$
			$
			$
			$
		Total	$

Investment Asset Details

☐ I/We do not have any investment assets at this time ☐ I/We choose not to provide these details at this time

☐ I/We have attached an investment statement ☐ Full details are provided in Section 2 of this document

Asset type	Asset description	Owner (Client 1, Client 2, Joint)	Amount (Current value)
			$
			$
			$
			$
			$
		Total	$

Superannuation Asset Details (including accumulation & income stream accounts)

☐ I/We do not have any superannuation assets at this time ☐ I/We choose not to provide these details at this time

☐ I/We have attached a superannuation statement ☐ Full details are provided in Section 2 of this document

Asset type	Asset description	Owner (Client 1, Client 2, Joint)	Amount (Current value)
			$
			$
			$
			$
		Total	$

Liability Details

☐ I/We do not have any liabilities at this time

☐ I/We have attached a loan statement

☐ I/We choose not to provide these details at this time

☐ Full details are provided in Section 2 of this document

Liability type	Liability description	Owner (Client 1, Client 2, Joint)	Amount (Current value)
			$
			$
			$
			$
		Total	$

Insurance Policies

☐ I/We do not have any insurance policies at this time

☐ I/We have attached a policy statement

☐ I/We choose not to provide these details at this time

☐ Full details are provided in Section 2 of this document

Policy type	Premium amt	Frequency	Owner (Client 1, Client 2, Joint)	Benefit Amount (Current value)
	$			$
	$			$
	$			$
	$			$
	$			$
			Total	$

Notes

Income Details

☐ I/We do not have any income at this time ☐ I/We choose not to provide these details at this time

Income type	Income description	Owner (Client 1, Client 2, Joint)	Amount (Current value)
			$
			$
			$
			$
			$
			$
		Total	$

Expense Details

☐ I/We do not have any expenses at this time ☐ I/We choose not to provide these details at this time

Expense type	Expense description	Owner (Client 1, Client 2, Joint)	Amount (Current value)
			$
			$
			$
			$
			$
			$
		Total	$

Future Changes in Your Financial Situation

Include any expected future changes to your assets, liabilities, income & expenses below

Risk & Investment Profile Questionnaire

Investment risk is the chance that the actual value of, or return from, an investment may be less than its expected value or return. Some investors find it easy to ignore movements in the market and to focus on their long-term investment goals. However, others become anxious when their investments decrease in value, even by a small amount.

This questionnaire has been designed to give you, and us, a clearer picture of you as an investor by defining your investor profile.

Q .1 Which of the following best describes your current situation?

- ☐ Investor with few financial commitments (eg single) looking to accumulate wealth for the future.
- ☐ Investor with established financial commitments (eg young family), don't have a lot of money at the moment but want to save
- ☐ Well-established, finances are under control, want to save more and starting to seriously consider funding retirement
- ☐ Retired - depend on investments and keen to maintain lifestyle
- ☐ Preparing for retirement - thinking of downsizing home and strategies to release retirement funds

Q .2 How long do you want to invest for?

- ☐ Less than 1 year
- ☐ 1 -3 years
- ☐ 3 - 5 years
- ☐ Greater than 5 years

Q .3 Do you plan to make withdrawals from this money during the term of your investment?

- ☐ Yes
- ☐ No

Q .4 What is your primary investment objective?

- ☐ Retirement
- ☐ To buy a new home
- ☐ Pay down debt
- ☐ Holiday
- ☐ Other

Q .5 How would you classify your investment style to reach this investment objective?

- ☐ Long-term investment focus and will ride out the good and bad times
- ☐ Actively trade investments in the short term to maximise gains
- ☐ Prefer an investment that has little or no fluctuations in value, ie minimal chance of a loss

Q .6 What type of investments have you held in the past or do you currently hold?

- ☐ Australian shares or share fund
- ☐ Cash management fund
- ☐ International share fund
- ☐ Managed funds - Other
- ☐ Investment property
- ☐ Own home
- ☐ Geared investment

Risk Profile Questionnaire (cont)...

Q .7 Are you an experienced investor?

- ☐ Very experienced - have used investments extensively in the past across different sectors and understand the factors that can influence performance
- ☐ Somewhat experienced - have an understanding of how investment markets work and how returns can fluctuate
- ☐ Very little understanding - have not had a lot of previous experience with investments

Q .8 What type of returns best sum up what you are comfortable with in the short-term and long-term?

☐ Worst 12 month return: 4%	Best 12 month return: 8%	Long term average: 6%
☐ Worst 12 month return: -5%	Best 12 month return: 20%	Long term average: 9%
☐ Worst 12 month return: -22%	Best 12 month return: 35%	Long term average: 10%
☐ Worst 12 month return: -42%	Best 12 month return: 86%	Long term average: 12%

Q .9 Which of the following best describes your current situation?

- ☐ Risk is not a major concern – prepared to weather a loss in investment value in the short-term to get maximum returns in the long-term
- ☐ Want to control the chance of getting a loss in value in return for lower returns
- ☐ Prefer not to see a loss in the value of investments - have a strong need for security of capital

Q .10 What type of returns are you expecting / what type of returns best sum up what you are expecting?

- ☐ Comfortable with an investment that has a 1 in 5 chance of a negative return, including in the first year of investment, in return for higher long-term returns.
- ☐ Comfortable with an investment that has a 1 in 6 chance of a negative return, including in the first year of investment, in return for moderately high long-term returns.
- ☐ Comfortable with an investment that has a 1 in 100 chance of a negative return, including in the first year of investment, in return for lower long-term returns.

Q .11 What would you do if the value of your portfolio fell by 20%?

- ☐ Sell all the investment
- ☐ Sell a portion of the investment
- ☐ Do nothing
- ☐ Buy more of the investment

Q .12 What is your primary source of income?

- ☐ Salary and other earnings from a primary occupation
- ☐ Earnings from an investment portfolio
- ☐ Retirement pension and/or social security

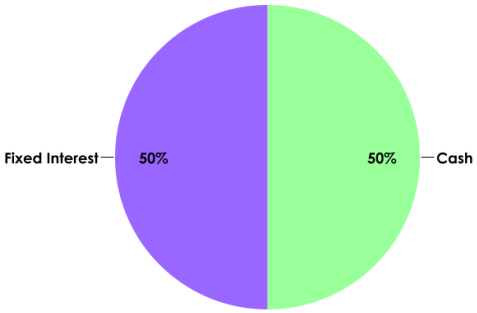
Q .13 Insurance cover is an important consideration (theft, fire, car, death, income, illness etc). How much cover do you have?

- ☐ Very little
- ☐ Some
- ☐ Considerable
- ☐ Complete

Risk / Return Profile

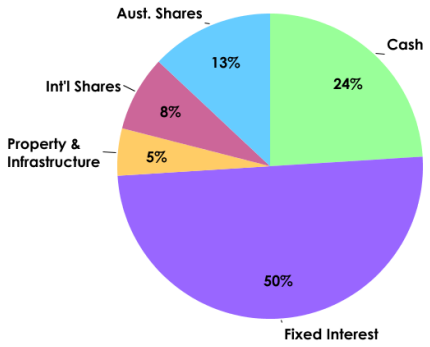
Capital Secure Risk Profile

- **Suitable for:** Investors with low risk tolerance and/or short investment timeframe
- **Minimum time frame:** 2 years
- **Approx. % of portfolio in shares and property:** 0%
- **Volatility:** Low
- **Returns:** Low



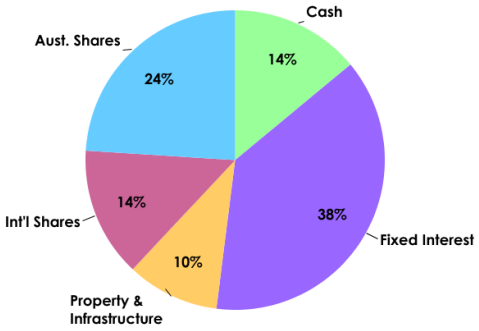
Conservative Risk Profile

- **Suitable for:** Investors with low risk tolerance and/or short to medium investment timeframe
- **Minimum time frame:** 3 years
- **Approx. % of portfolio in shares and property:** 26%
- **Volatility:** Low - Moderate
- **Returns:** Low - Moderate



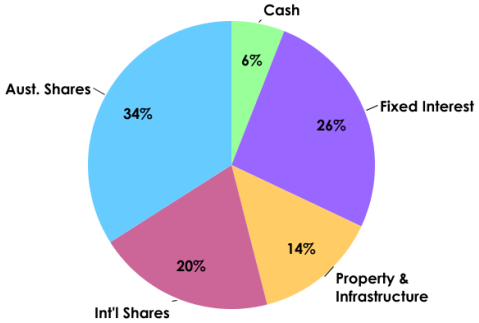
Moderate Risk Profile

- **Suitable for:** Investors with a moderate risk tolerance and/or medium investment timeframe
- **Minimum time frame:** 4 years
- **Approx. % of portfolio in shares and property:** 48%
- **Volatility:** Low - Moderate
- **Returns:** Low - Moderate



Balanced Risk Profile

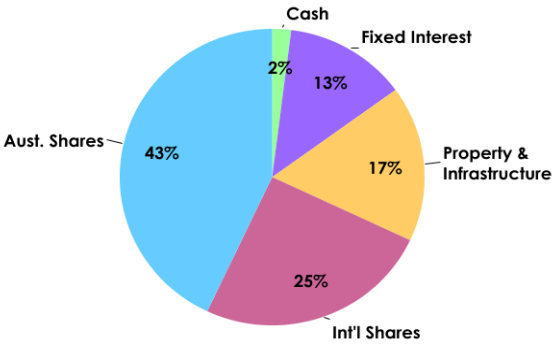
- **Suitable for:** Investors with a moderate risk tolerance and/or long investment timeframe
- **Minimum time frame:** 5 years
- **Approx. % of portfolio in shares and property:** 68%
- **Volatility:** Moderate - High
- **Returns:** Moderate - High



Risk / Return Profile

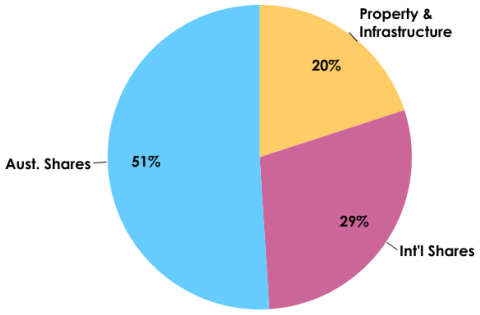
Growth Risk Profile

- **Suitable for:** Investors with a moderate to high risk tolerance and/or long investment timeframe
- **Minimum time frame:** 6 years
- **Approx. % of portfolio in shares and property:** 85%
- **Volatility:** High
- **Returns:** High



High Growth Risk Profile

- **Suitable for:** Investors with a high risk tolerance and/or long investment timeframe
- **Minimum time frame:** 7 years or more
- **Approx. % of portfolio in shares and property:** 100%
- **Volatility:** High
- **Returns:** High



Custom risk profile:

If you require an allocation to a specific asset class, please complete below.

Australian Shares		%
International Shares		%
Property & Infrastructure		%
Fixed Interest		%
Cash		%
TOTAL		%

Comment to support the custom risk profile

Agreed risk profile:

Notes

Scope of Advice

You need to consider the type of advice that you are seeking and provide us with this instruction - the scope of advice.
The scope of the advice will be used as the basis for the advice which we will provide to you - all products and services recommended will result from this. Therefore it is important that we agree on the scope of advice as this ensures your financial needs are suitably addressed.

I am / We are seeking advice about:

Is there anything you do not require advice on? If yes please detail below Yes ☐ No ☐

Are there any investments that you wish to avoid? If yes please detail below Yes ☐ No ☐

Are there any investments that you wish to retain? If yes please detail below Yes ☐ No ☐

List any assets that are not to be included in your:

Asset Allocation

Tax & Cashflow

Notes

Terms of Engagement

If incomplete or limited financial information has been provided:

- Your adviser will not be able to undertake a full analysis of your individual goals, financial situation and particular needs.
- There is the possibility that any recommendation given to you may not be fully appropriate to your individual goals and needs, especially those that you have not disclosed.
- You must carefully assess whether the recommendations are appropriate for your individual goals, financial situation and particular needs before acting on them.

I/We confirm I/we have been given a copy of the Financial Services Guide (FSG) Version No. _____ and had it explained to me/us.

In particular, my/our attention has been drawn to:

- The types of services that have been offered to me/us.
- The payments and other benefits my adviser and Count Financial Limited may receive for providing those services.
- Payment for advisory services by commission depends on products being recommended.
- Advice will only be provided on the products and services approved by Count Financial Limited.

I/We have read the privacy statement in this document. I/we agree to my personal information being collected and used (including shared with related companies of Count Financial Limited) in accordance with the Count Privacy Policy Statement.

Also:

- The information in this document is an accurate and complete record of the information.
- I/We have read and understood the warnings above.
- I/We authorise Count Financial Limited and my adviser to collect, use and retain my/our tax file number for financial planning purposes, including arranging for the issue and administration of my/our financial products.

Please specifiy the agreed plan preparation fee below:

I/We agree to pay my/our financial adviser a plan preparation fee of **$** _____ including GST.

Client Declaration

This Financial Needs Analyser was completed with information gathered during my/our meeting and from subsequent conversations.

Client 1 signature	Client 2 signature
Date acknowledged	Date acknowledged

Adviser Declaration

I declare that:

- The information contained in this Financial Needs Analyser is an accurate and complete record of the information provided by the client(s).
- The client(s) was / were given a copy of the Financial Services Guide before any investment advisory service was provided.
- The preparation of the Statement of Advice will be based on the information and any other documentated correspondence entered into.

Adviser signature	Date acknowledged

Count Financial Limited Head Office: Level 19, 1 Alfred Street, Sydney NSW 2000.
Tel: (02) 8272 0292 | Fax: (02) 9241 7342

`Count' and Count Wealth Accountants® are trading names of Count Financial Limited, ABN 19 001 974 625.
Australian Financial Services Licence Holder Number 227232

Client Authorisation Form

Member of Count

Authority to Access Information

Investor Details

Title :

Last name : First name :

Capacity : D.O.B :

E.g. investor, authorised attorney, director, trustee or legal representative

Address :

Suburb : State : Post Code :

Telephone : Mobile :

Investment Details

Product / Fund : Acct Number :

Product / Fund : Acct Number :

Product / Fund : Acct Number :

Product / Fund : Acct Number :

Product / Fund : Acct Number :

Investor Declaration and Signature

By signing this authorisation form I consent to the release of information relating to my investment(s) to the nominated adviser upon their request.

Signature : Date :

Investor signature

Adviser Details

Name 1 :

Name 2 :

Count Financial Limited
AFSL No : 227232
ABN : 19 001 974 625

Firm :

Address :

Suburb : State : Post Code :

Telephone : Email :