



Australia and New Zealand Banking Group Limited
ABN 11 005 357 522

ANZ Financial Planning

This 'Fact Find' document is strictly confidential between you and Australia and New Zealand Banking Group Limited
ABN 11 005 357 522

Important Notice to Client/s

The Corporations Act requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigation as to the financial objectives, situation and particular needs of the client. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Client/s Name: _____

Referred by: _____

Date of Initial Interview: _____

1. Personal 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"/> Dr <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other
Given & Middle Name:		
Surname:		
Preferred Name:		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth:		
Anticipated Retirement Age:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Tax Status:	<input type="checkbox"/> Single <input type="checkbox"/> Couple	<input type="checkbox"/> Single <input type="checkbox"/> Couple

2. Contact Details

	Client 1	Client 2
Address:		
Suburb:		
State:		
Postcode:		
Address Type:	<input type="checkbox"/> Home <input type="checkbox"/> Postal <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Postal <input type="checkbox"/> Work
Phone (Home):		
Phone (Work):		
Mobile:		
Fax:		
E-mail:		

Please ensure that you complete the Know Your Customer procedures as outlined in the relevant standalone forms and retain on file.

Non-adherence to this requirement may lead to a fine of up to \$1.1 million to the individual financial planner, as well as fines imposed on ANZ.

6. Health Details

	Client 1	Client 2
Describe current health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Issues (eg: history of family illness, medical procedures, prescription medicine):		
Do you have Private Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes; what type?		

7. Other Details

	Client 1	Client 2
Australian Resident for Tax Purposes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this advice being sought by a POA or Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, retain copy on file)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, retain copy on file)
If yes, name of attorney/guardian:		
Contact Number:		

8. Professional Advisers

Type	Name	Company	Telephone
Accountant			
Solicitor			
Other Advisers			

3. Employment Details

	Client 1	Client 2
Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Part Time/Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Not Employed <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Retired _____	<input type="checkbox"/> Employed <input type="checkbox"/> Part Time/Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Not Employed <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Retired _____
Hours worked Weekly:		
Occupation:		
Employer Name:		
Date commenced current employment:		
Phone/Fax:		
ABN:		

4. Children/Dependants

Name	Relationship (e.g. child/parent)	D.O.B.	Gender	Financial Dependant
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Estate Planning

	Client 1	Client 2
Wills		
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Review Date:		
Next Review Date:		
Do you believe that your Will reflects your wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the date of the Will?		
Where is the Will located?		
Power of Attorney		
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of PoA:		
Name of PoA:		
Relationship:		
Expiry Date:		
Do you believe that the PoA is current:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location:		

11. Personal Cashflow

Annual Income	Client 1 Annual \$	Client 2 Annual \$
Employment Income:		
Bonus/Commission:		
Other Taxable Income:		
Other Non-taxable income:		
Other Non-taxable Centrelink Exempt Income:		
Centrelink/DVA (Taxable) Type:		
Centrelink/DVA (Non-taxable) Type:		
Estimated Investment Income:		
Other (e.g. rental income, family trust distribution):		
Total Income	\$	\$
Reportable Fringe Benefits:		
Tax Deductible expenses:		
Annual Expenses	Client 1/Joint	Client 2
Housing <i>Rent/Rates/Electricity</i> :		
Personal <i>Food/Clothing/Health</i> :		
Transport <i>Car/Taxis/Registration</i> :		
Entertainment <i>Dinners/Social Events</i> :		
Dependents <i>School fees/Books/Child Care</i> :		
Loans <i>Total Repayments for all loans</i> :		
Insurance <i>Health/Car/House/Contents/Life</i> :		
Other:		
Total Expenses	\$	\$
Note: Insert an estimate of clients surplus/deficit		
Estimated Surplus/Deficit	\$	\$

12. Extraordinary Income & Expenses

Description	Expense/ Income	Entity	Date Incurred or Received	Expected End date	Frequency	Amount \$	Taxable (income only)
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Corporate Summary Details

Entity name and ACN:		
Contact person:		
Position:		
Phone number:		
Fax number:		
Address of registered office:		
Address of principle place of business (if any):		
City, State, Postcode:		
Nature of business/industry:		
Description of activities:		
No. of employees:	Payroll (p.a.)	
Country and Date of Establishment:		
Fiscal year ends/salary review date:		
Type of entity:	<input type="checkbox"/> Public Company <input type="checkbox"/> Trustee <input type="checkbox"/> SMSF <input type="checkbox"/> Private Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
Entity gross sales turnover:	Entity net assets	
Names of each Beneficial Owner (if private company):		

	Owner/Director/ members of SMSF	Date of Birth	Value of Shares (%)	Address (not needed for companies)
Client 1:				
Client 2:				
Client 3:				
Client 4:				

Please ensure that you complete the Know Your Customer procedures as outlined in the relevant standalone forms and retain on file.

Non-adherence to this requirement may lead to a fine of up to \$1.1 million to the individual financial planner, as well as fines imposed on ANZ.

10. Subsidiaries/Affiliates (if applicable)

	Company 1	Company 2
Company Name:		
Contact:		
Position:		
Phone/Fax:		

1.3 Personal & Investment Assets

Asset Details							Lending Details				
Owner (I/C1/C2)	Date Acquired	Original amount invested	Current Value \$	Income re-invest (Yes/No)	Re-allocate? (Yes/No)	Loan Provider	Loan Interest Rate %	Current Value \$	Residual Term	Monthly Payment \$	Tax Deduct? (Yes/No)
Principal Residence											
Personal Property											
Motor Vehicle(s)											
Land											
Other (including other liabilities)											
Bank Accounts:											
Non-Super Invest Assets:											
Superannuation											
Total		Current Value	\$					Current Value	\$		

Do you wish to be contacted by an ANZ Lending Specialist to discuss your current lending arrangements? Yes No

17. Scope of Advice

The following planning services were offered to me/us and at my/our request wish to include the following in the recommendation:

	Included	Mandatory Sections to be completed
Personal Insurance Needs:	<input type="checkbox"/>	Section 27 and 29
Business Insurance Needs:	<input type="checkbox"/>	Section 28
Investment Portfolio: Wealth Creation/Placement	<input type="checkbox"/>	Section 18, 19, 26 and 29
Pre Retirement Planning: Accumulation/Rollover	<input type="checkbox"/>	Section 18, 19 and 29
Self Managed Superannuation Fund	<input type="checkbox"/>	Section 18, 19, 20, 22 and 29
Redundancy	<input type="checkbox"/>	Section 24
Transition to Retirement	<input type="checkbox"/>	Section 18, 19, 20, 23 and 29
Post Retirement Planning: Commence Income Streams	<input type="checkbox"/>	Section 18, 19, 20, 23 and 29
Rollover of Income Stream	<input type="checkbox"/>	Section 18, 19, 21, 23 and 29
Pensions and Allowances:	<input type="checkbox"/>	Section 25
Additional Information:		

16. Financial needs and objectives

<input type="checkbox"/> Create wealth through investing tax effectively	<input type="checkbox"/> Target Retirement at Age of _____
<input type="checkbox"/> Contribute to your superannuation retirement savings in a tax-effective manner	<input type="checkbox"/> Target Retirement Income of \$_____ pa
<input type="checkbox"/> Access Centrelink benefits	<input type="checkbox"/> To invest a lump sum of \$_____
<input type="checkbox"/> Portfolio Liquidity of _____	<input type="checkbox"/> Contribute to your retirement savings
<input type="checkbox"/> Invest to meet annual living expenses of \$_____ pa	<input type="checkbox"/> To implement a regular savings plan utilising your surplus cashflow
<input type="checkbox"/> Commence a tax effective retirement income stream	<input type="checkbox"/> Provide funds in the event of a traumatic condition
<input type="checkbox"/> Advice on current superannuation funds	<input type="checkbox"/> Provide funds in the event of death
<input type="checkbox"/> Increase your retirement savings while potentially reducing your tax	<input type="checkbox"/> Protect your income
<input type="checkbox"/> Review your personal insurance needs	<input type="checkbox"/> Provide funds in the event of permanent disability

Other 1 (e.g. ongoing service):

Other 2:

In order to meet your needs and objectives you require that your investment preferences be (Tick preferences relevant to objectives):

Preference	
Easy to Manage	<input type="checkbox"/>
Diversified across asset classes	<input type="checkbox"/>
Diversified across fund managers	<input type="checkbox"/>
Treated favourably for Centrelink purposes	<input type="checkbox"/>
Tax-effective	<input type="checkbox"/>
Growth Orientated	<input type="checkbox"/>
Income Orientated	<input type="checkbox"/>
Accessible	<input type="checkbox"/>
Flexible	<input type="checkbox"/>
Socially Responsible*	<input type="checkbox"/>
Other:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

*Is it your overriding preference to direct at least one of your Australian or international equity investments to funds that consider environmental and socially responsible factors, which have been endorsed by the Responsible Investment Association Australasia?

19. Investor Risk Profile - Type Selection Table

Note. The result of the "Needs" Investor type calculation will determine your Investor Risk profile unless discussed and agreed otherwise.

Client 1 Result	Client 2 Result	Agreed Client 1	Agreed Client 2	Investor Type	Description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive (71 to 88 points)	An investor who acknowledges that there will be short term fluctuations in performance and are comfortable to invest in high risk investments. Based on your risk profile you would generally prefer a portfolio comprising solely growth assets such as shares and property. They will accept the higher risk of a negative annual return, that may occur approximately once every three to four years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderately Aggressive (61 – 70 points)	An investor who is prepared to accept short term fluctuations in performance for potentially greater returns over the longer term. Based on your risk profile, you would generally prefer a diversified portfolio with a strong bias towards growth assets such as shares and property. They will accept the risk of a negative annual return, that may occur approximately once every four to five years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balanced (51 to 60 points)	An investor who is prepared to experience short term fluctuations in performance for potentially higher returns over the long term. Based on your risk profile, you would generally prefer a diversified portfolio with a bias towards growth assets such as shares and property. They will accept the possibility of a negative annual return, that may occur approximately once every six to seven years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderately Conservative (31 to 50 points)	An investor who wants some potential for capital growth, but who prefers not to have large fluctuations in short term performance. Based on your risk profile, you would generally prefer a diversified portfolio with a balance of defensive assets, such as bonds and cash, and growth assets such as shares and property. They will accept the low possibility of a negative annual return that may occur approximately once every seven to 25 years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conservative (Less than 30)	An investor who is prepared to accept lower returns to reduce the risk of losing capital. Based on your risk profile you would generally prefer an investment mix that is positioned defensively to produce a stable return with a higher amount invested in bonds and cash and a smaller amount of funds in shares and property investments. They will accept the low possibility of a negative annual return that may occur approximately once every 22 years.

Reason if results differ from the Agreed Investor (mandatory):

18. Investor Risk Profile

The following questions will assist us to determine your investment risk "Needs" profile

		Client 1	Client 2	
Time Horizon:	How long do you intend to invest your savings?			
	Less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	0 points
	12 months to 2 years	<input type="checkbox"/>	<input type="checkbox"/>	5 points
	2 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	10 points
	5 to 7 years	<input type="checkbox"/>	<input type="checkbox"/>	22 points
	7 years +	<input type="checkbox"/>	<input type="checkbox"/>	30 points
Access:	Will you need to access these funds during the term of your investment?			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>	-8 points
	No	<input type="checkbox"/>	<input type="checkbox"/>	0 points
Inflation:	Inflation erodes the value of your savings. Growth investing can counter the eroding effect of inflation but will also expose you to the risk of short-term losses.			
	I am comfortable with this trade off to beat inflation	<input type="checkbox"/>	<input type="checkbox"/>	10 points
	I am conscious of the risks inflation presents, but would prefer a middle ground	<input type="checkbox"/>	<input type="checkbox"/>	5 points
	Inflation may erode my savings but I have no tolerance for loss	<input type="checkbox"/>	<input type="checkbox"/>	0 points
Risk & Return:	Which of the following risk/return scenarios would you be most comfortable with?			
	low risk/low return	<input type="checkbox"/>	<input type="checkbox"/>	0 points
	average risk/average return	<input type="checkbox"/>	<input type="checkbox"/>	5 points
	above average risk/above average return	<input type="checkbox"/>	<input type="checkbox"/>	10 points
	high risk/high return	<input type="checkbox"/>	<input type="checkbox"/>	15 points
Investment Attitude:	What would you do if the value of your investment dropped by a significant amount?			
	Move the entire investment to a capital stable investment	<input type="checkbox"/>	<input type="checkbox"/>	0 points
	Move some of the investment to a capital stable investment	<input type="checkbox"/>	<input type="checkbox"/>	5 points
	Do nothing	<input type="checkbox"/>	<input type="checkbox"/>	10 points
	Buy more of the investment	<input type="checkbox"/>	<input type="checkbox"/>	15 points
Investment Experience:	What is the most aggressive investment you have ever made?			
	Share, technology fund, smaller companies fund	<input type="checkbox"/>	<input type="checkbox"/>	8 points
	Managed fund	<input type="checkbox"/>	<input type="checkbox"/>	6 points
	Investment Property	<input type="checkbox"/>	<input type="checkbox"/>	4 points
	Own Home	<input type="checkbox"/>	<input type="checkbox"/>	2 points
	Cash Management or Term Deposit	<input type="checkbox"/>	<input type="checkbox"/>	0 points
Portfolio Preference:	If you were investing in a share portfolio, which of the following would suit you best?			
	A portfolio of potentially high returning growth assets whose value could rise and fall dramatically	<input type="checkbox"/>	<input type="checkbox"/>	10 points
	A portfolio that pays a regular income amount	<input type="checkbox"/>	<input type="checkbox"/>	4 points
	A mixture of the above two options	<input type="checkbox"/>	<input type="checkbox"/>	7 points
	I am not interested in growth type assets	<input type="checkbox"/>	<input type="checkbox"/>	0 points
Total Points				

22. Self-Managed Superannuation Fund Details

Complete the following details if there is an existing SMSF

Name of Fund:		
ABN:		
TFN:		
Administrator:		
Trustee Type:		
Trustee:		
	Member Name	Member Account Balance
Member 1: Client 1 / Client 2		\$
Member 2: Client 1 / Client 2		\$
Member 3:		\$
Member 4:		\$
Total Fund Balance:		\$
Investment Strategy:		
Date of trust deed		<i>(Photocopy and retain on file)</i>
Date of Investment Strategy		<i>(Photocopy and retain on file)</i>
Proof of Compliance		<i>(Photocopy and retain on file)</i>
Estimated Income	\$	
Estimated expenses (i.e. admin costs)	\$	

Please note: Assets for the SMSF are to be detailed in Section 13

23. Previous Withdrawals from Superannuation

Have you cashed out any Superannuation or Employer Eligible Termination Payments (ETP's) at any time? Yes No

If yes, please specify details:

Type of payment received:	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Employer ETP	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Employer ETP
Person who has made the withdrawal (C1/C2):				
Date of payment:				
Amount received:				
Exempt <small>(if super is pre 1 July 2007 document pre 83, undeducted, Post June 94, concessional, and CGT exempt components)</small>				
Taxable <small>(if super is pre July 2007 document post 83 and non qualifying components)</small>				

20. Superannuation Accumulation and ETP Details

Company / Fund Manager				
Owner (Client 1/ Client 2)				
Fund / Policy Type: <small>Defined Benefit / Accumulation</small>				
Copy of ETP Statement held on File	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number				
Is this a death benefit ETP? (Y/N)				
Eligible Service Date				
Current Value				
Exempt <small>(if super is pre 1 July 2007 document pre 83, undeducted, Post June 94, concessional, and CGT exempt components)</small>				
Taxable <small>(if super is pre July 2007 document post 83 and non qualifying components)</small>				
Superannuation Accumulation Phase Details				
Preserved Amount				
Non-Preserved Amount				
Pre-tax contributions (p.a.) \$				
Post-tax contributions (p.a.) \$				
Total Post-tax contributions in last 3 financial years \$				
Employer contributions (p.a.) \$				
Choice of Superannuation available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

21. Existing Pension Details

Owner (Client 1/ Client 2)				
Copy of ETP Statement held on File	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Pension Commenced				
Purchase Price				
Relevant Number				
Components at purchase				
Exempt <small>(if pension is pre 1 July 2007 document pre 83, undeducted, Post June 94, concessional, and CGT exempt components)</small>				
Taxable <small>(if pension is pre July 2007 document post 83 and non qualifying components)</small>				
Maturity Date				
Annual Income (specify min/max/other)				
Rebate %				
Tax Deductible Amount				
Centrelink/DVA Non-Assessable Amount				
Indexation CPI%				
Reversionary Beneficiary				
Residual Capital Value				
Term of annuity pension				

26. Gearing Checklist

Planner Gearing Checklist		Yes	No
A	Is 'Wealth Creation' within their scope of advice? (Refer section 17)		
B	Is the client 'Agreed' risk profile either Balanced, Moderately Aggressive or Aggressive investor?		
All questions in the above table need to be answered 'Yes' prior to the below table being completed			
Client Gearing Checklist		Yes	No
1	Do you have previous experience in gearing?		
2	Have you previously invested in shares or managed funds?		
3	Have the risks involved in gearing been fully explained by the adviser?		
4	Do you have a full understanding of the risks involved (interest rates, volatility)?		
5	Are you prepared to accept volatility of your investment portfolio?		
6	Are you comfortable with an 'Agreed' risk profile of either "Balanced", "Moderately Aggressive" or "Aggressive"? (as indicated in section 19)		
Questions 3-6 need to be ticked YES before proceeding to the next section			
Are you prepared to:			
7	Use some of your existing disposable income to service the loan repayments?		
8	Contribute more of this disposable income to cope with an increase in repayments if interest rates increase or investment income decreases?		
9	Contribute some of your existing financial resources, including selling existing investments if necessary, to meet a margin call if the value of your investment falls in value? (only applicable if using margin lending facility)		
10	Take out Income replacement (disability) insurance and adequate risk cover to protect your income and investment portfolio? (adequate risk cover will be determined by a risk needs analysis to be performed by the planner)		

Please note that implementation of the gearing strategy is subject to loan approval from an independent lending specialist.

27. Personal Risk Management Needs continued

Trauma and Critical Illness		Client 1	Client 2
Debts	Clear Debt	\$	\$
Other	Medical/Lifestyle	\$	\$
	Emergency Funds	\$	\$
	Recovery Income	\$	\$
	Capital Needs	\$	\$
	Plus	\$	\$
Income Required	Annual income to be available for family	\$	\$
	Period this to be payable (Income Required)		
	Annual income to be available for Childcare Education	\$	\$
	Period this to be payable (Childcare Education)		
	Capital Required for Income replacement	\$	\$
Current Provisions		\$	\$
	Less cash available or realisable assets	\$	\$
	Less Existing Insurances	\$	\$
	Less Existing Provision	\$	\$
Recommended Trauma and Critical Illness		\$	\$

Income Protection		Client 1	Client 2
Income	Income	\$	\$
	% Income to cover		%
	Super Maintenance Benefit	\$	\$
	Proposed Cover	\$	\$
	Less	\$	\$
	Income not effected by disability	\$	\$
	Existing Insurance Cover	\$	\$
Cover Required		\$	\$
Cover Required (Monthly)		\$	\$

Additional Information		Client 1	Client 2
Waiting Period	Annual Leave		
	Sick Leave		

27. Personal Risk Management Needs

Risk needs analysis undertaken in Software

Date / /

Death Personal Risk Management		Client 1	Client 2
Debts	Clear Debts	\$	\$
	Funeral Costs	\$	\$
	Emergency Funds	\$	\$
	Capital Needs	\$	\$
	Plus	\$	\$
Gross Income Needs	Annual income to be available for family	\$	\$
	Period this to be payable (Income Required)		
	Annual income to be available for Childcare Education	\$	\$
	Period this to be payable (Childcare Education)		
	Capital Required for Income replacement	\$	\$
Current Provisions			
	Less cash available or realisable assets	\$	\$
	Less Existing Cover	\$	\$
	Less Existing Provision	\$	\$
Recommended Death Cover			

Disabilities Personal Risk Management		Client 1	Client 2
Debts	Clear Debts	\$	\$
Other	Medical/Lifestyle Debts	\$	\$
	Emergency Funds	\$	\$
	Recovery Income	\$	\$
	Capital Needs	\$	\$
	Plus	\$	\$
Gross Income Needs:	Annual income to be available for family	\$	\$
	Period this to be payable (Income Required)		
	Annual income to be available for Childcare Education	\$	\$
	Period this to be payable (childcare Education)		
	Capital Required for Income replacement	\$	\$
Current Provisions			
	Less cash available or realisable assets	\$	\$
	Less Existing Insurances	\$	\$
	Less Existing Provision		
Recommended Disability Cover		\$	\$

29. Existing Product Information

Type of Fund				
Contribution/Entry Fee				
Management Fee p.a.				
Member Fee				
Transaction buy/sell Fee				
Exit Fee				
Other (please specify)				
Has "Authority to provide information" been signed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement consequences	<hr/> <hr/> <hr/> <hr/>			

28. Business Risk Management Needs

Annual Business Expenses		
Expense Allocation		
Rent & Lease Costs	Premises	\$
	Equipment & Vehicles	\$
Insurance	Business Insurance Premiums	\$
	General Insurance Premiums	\$
	Work Cover Insurance Premiums	\$
Utilities	Telephone	\$
	Electricity	\$
	Gas	\$
	Water	\$
	Heating	\$
Tax & Interests	Property Rates & Taxes	\$
	Mortgage Interest Payments	\$
Fees	Accounting/Audit Fees	\$
	Professional Fees	\$
	Subscriptions	\$
Maintenance & Depreciation	Cleaning	\$
	Depreciation on Equipment	\$
Non-Income Prod. Staff	Salaries	\$
	Superannuation Contributions	\$
Other	Other Expenses	\$
Recommended Sum (Cover required annually)		\$
Key Employee Protection		
What was the total business turnover last year	\$	\$
What is the estimated contribution per month the key person makes to the business turnover (eg. 30% per month)?	A)\$	A)\$
How many months would it take to find a replacement?	B) months	B) months
Total Cover required (A x B)	\$	\$
Plus any additional costs required to attract and train replacement	\$	\$
Recommended Sum	\$	\$
Ownership Arrangements		
If something happened to your business partner, would you buy their share of the business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written agreement that gives you the right to buy the business at an agreed price	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you need to facilitate the purchase	\$	\$

30. Warning: Important Notice to Client

Should you choose not to provide all information requested by the Financial Planner then you must understand that appropriate advice may not be able to be given and you risk making a financial commitment to a financial product that may not be appropriate to your needs.

31. Client Statement / Authorisation

I/We declare that the foregoing information is a correct reflection of my/our personal and financial profiles.

I/We agree that ANZ may disclose my/our personal information to:

- Any contractor or service provider ANZ engages to carry out or assist its functions and activities or to provide services connected with my/our relationship with ANZ;
- Any person who refers or introduces me/us to ANZ;
- ANZ's related companies to enable them to market their products or services which may be of interest to me/us;
- Any third party providing me/us with a product or service in relation to the ANZ product; and
- Your authorised agents, executor, administrator or personal legal representative.

I/We consent to ANZ using my/our personal information to promote its products or services or those of its related companies.

Where I/we do not want ANZ to tell me/us about its products or services or those of its related companies, I/we may withdraw my/our consent by calling 13 13 14.

By signing below, you consent to ANZ disclosing your information to these persons.

By signing this document you are not obliged to implement any recommendations or pay any fees that may be associated with my advice unless otherwise agreed.

I/We agree that the recommendation is to be based on the scope of advice outlined within section 17 (page 9) of this document.

Where details relevant to my/our financial security have not been provided, I understand that the recommendation prepared by the Financial Planner may not be appropriate for my/our needs and I/we risk making a financial commitment to a life product or investment product that may not be appropriate to my/our needs.

I/We understand that recommendations are limited to products offered by ANZ Banking Group Limited.

I/We acknowledge that I/we have received the ANZ Financial Services Guide which includes ANZ's Privacy Disclosure Statement.

Client 1 Signature _____ Date / /

Client 2 Signature _____ Date / /

32. Financial Planner

Planner Signature _____ Date / /

Financial Planner Name _____

Detailed Expense Form (not mandatory if section 11 is completed)

Expense Items		Weekly	Monthly	Annual
Housing	Rent			
	Council Rates			
	Water Rates			
	Telephone/Internet			
	Electricity/Gas			
	Insurance			
	Furniture/Appliances			
	Maintenance			
	Other:			
Personal	Food/Groceries/Household			
	Clothing/Shoes			
	Medical/Dental			
	Mobile Phone			
	Education			
	Donations			
	Other:			
Transport	Reg/Insurance			
	Maintenance/Repairs			
	Public/Taxis			
	Petrol			
	Parking			
	Other:			
Leisure	Holidays			
	Restaurants/Outings			
	Sports/Memberships			
	Magazines/CDs/Books			
	Gifts			
	Other:			
Dependants	Child Care/School Fees			
	Other:			
Loans	Mortgage			
	Car Loan			
	Personal Loan			
	Other Loan			
Insurance	Life Insurance			
	Medical Insurance			
Total Expenditure	Weekly x 52			
		Monthly x 12		
			Annual	
Total Annual Household Expenditure:				



Authority to Provide Information

To: _____

Client(s): _____

Address: _____

Date of Birth: _____

Investor Number(s): _____

I/we authorise my ANZ Financial Planner, _____
who is a representative of Australia and New Zealand Banking Group Limited,
ABN 11 005 357 522 (ANZ) and whose signature appears below, to request and receive
any information during the period set out below in relation to _____
_____ held by me/us.

Please accept a photocopy of this letter as authority, as the original will remain with ANZ.

Should you require further information, I/we can be contacted on _____

This authority is valid for a period of 90 days from the date below.

Client 1 Signature

Client 2 Signature

Date

ANZ Financial Planner
ANZ Financial Planning