

SECURITY NATIONAL

FINANCIAL SERVICES PTY LTD

FINANCIAL PLANNERS

CONFIDENTIAL CLIENT DATA FORM

Client Name: _____

Date: _____

Planner: _____

IMPORTANT INFORMATION

The Corporations Act 2001 (Cwlth) requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client.

The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information. If this Client Data Form is not completed and signed by you, you are not afforded the protection of the professional indemnity insurance held by Security National Financial Services Pty Ltd.

SECURITY NATIONAL FINANCIAL SERVICES PTY LTD
Holder of Australian Financial Services License Number 244565

ABN 54 007 375 420

Level 7, 607 St. Kilda Road Melbourne VIC 3004

Tel: 61 3 9510 5400 Fax: 61 3 9510 5405

www.secnat.com.au

PERSONAL SUMMARY DETAILS

YOURSELF

Mr Mrs Miss Ms Dr

PARTNER (IF APPLICABLE)

Mr Mrs Miss Ms Dr

Given Names

Preferred Name

Surname

Date of Birth / /

Work Status Self Employed Self Employed
 Employed Employed
 Not Employed Not Employed

Occupation

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

Does your employer permit Salary packaging? Yes No Yes No

Marital Status

Tax File Number (see declarations) _ _ _ _ _ _ _ _ _ _

Expected Retirement Age

Residential Address

Suburb..... ..

Postal Address (if different from above) State Postcode

..... ..

Suburb..... ..

State Postcode

Email Address

Telephone (Home)

Telephone (Work)

Telephone (Mobile)

Preferred Communication Phone Email Written Mail

Dependents:

| Name | Date of Birth | Sex | Dependent until age? |
|----------|-----------------------|---|----------------------|
| | / / | <input type="checkbox"/> M <input type="checkbox"/> F | ..... .. |
| | / / | <input type="checkbox"/> M <input type="checkbox"/> F | ..... .. |

ASSETS & LIABILITIES

| | ASSETS | LIABILITIES | OWNERSHIP | | | |
|--|---------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | \$ | \$ | Yourself | Partner | Joint | Other |
| Principal Residence | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cash and Bank Deposits | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Vehicles | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment Property | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Contents | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Interests | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shares and Debentures | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surrender Value of Traditional Life Insurance | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collectables | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Superannuation | | | | | | |
| - Client | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Partner | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caravan / Boat | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holiday Home | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Farm | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Undeveloped Land | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreational Property | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Assets | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Loans / Overdrafts etc | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit Cards etc | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Liabilities | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTALS | | | | | | |
| | (A) | (L) | | | | |
| NET ASSETS (A) – (L) = \$ | | | | | | |

CURRENT INVESTMENTS

* Y = Yourself P = Partner J = Joint O = Other

| Description | Purchase Date | Purchase Cost \$ | Maturity Date | Current Value \$ | Annual Income \$ | *Owner Y/P/J/O | Subject to CGT |
|-------------|---------------|---------------------|---------------|---------------------|---------------------|-------------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

.....

.....

.....

.....

MONTHLY INCOME

| TAXABLE WAGE/SALARY (\$pa) | YOURSELF \$ | PARTNER \$ | JOINT \$ |
|---------------------------------------|----------------|---------------|-------------|
| Gross Salary / Pension (\$pa) | | | |
| Superannuation | | | |
| Fringe Benefits | | | |
| TOTAL WAGE/SALARY (\$pa) | | | |
| OTHER TAXABLE INCOME | | | |
| Share Dividends / Managed Fund Income | | | |
| Rental Income | | | |
| Social Security | | | |
| Other | | | |
| TOTAL TAXABLE INCOME | | | |
| LESS TAX | | | |
| PLUS NON TAXED INCOME | | | |
| NET INCOME | | | |

EXPENSES

| | AMOUNT | FREQUENCY | YEARLY TOTAL |
|---|---------------|------------------|---------------------|
| | \$ | | \$ |
| HOUSING EXPENSES | | | |
| Food etc | | | |
| Mortgage / Rent | | | |
| Rates | | | |
| Electricity / Gas / Heating / Phone | | | |
| Insurance | | | |
| MOTOR VEHICLE EXPENSES | | | |
| Loan Repayments | | | |
| Registration & Third Party | | | |
| Insurance | | | |
| Maintenance | | | |
| Petrol & Other Running Costs | | | |
| PERSONAL INSURANCES ETC | | | |
| Medical / Health Insurance | | | |
| Life / Trauma Insurance | | | |
| Income Protection Insurance | | | |
| ENTERTAINMENT EXPENSES | | | |
| Travel & Holidays | | | |
| Club Memberships / Sporting Fees | | | |
| Other Entertainment | | | |
| OTHER EXPENSES | | | |
| Gifts & Donations | | | |
| Education Expenses | | | |
| Other Vehicle Expenses (boat, caravan etc) | | | |
| Other | | | |
| | | | |
| TOTAL YEARLY EXPENSES | | | |
| SURPLUS INCOME FOR SAVINGS | | | |

SUPERANNUATION DETAILS

YOURSELF

PARTNER (IF APPLICABLE)

| | | |
|--|--|--|
| Fund Name | ..... | ..... |
| Policy Number | ..... | ..... |
| Type of Fund | ..... | ..... |
| Date of Joining Fund | ..... | ..... |
| Date of Commencing Employment | ..... | ..... |
| Current Employer | ..... | ..... |
| Employer / Employee Contribution | \$..... | \$..... |
| Death Benefit | \$..... | \$..... |
| Disability Benefit | \$..... | \$..... |
| Current Value | \$..... | \$..... |
| Transfer Value | \$..... | \$..... |
| Undeducted Amount | \$..... | \$..... |
| Does a Binding Nomination of Beneficiaries apply | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PROFESSIONAL ADVISERS

| | Name | Address | Phone Number |
|-------------------------|--|---------|--------------|
| Accountant | | | |
| Solicitor | | | |
| Financial Adviser | | | |
| Other (ie Bank Manager) | | | |
| Authority to Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

OFFICE USE ONLY

| | | | |
|--------------------------|--|--|------------------------------------|
| Date of First Contact | / / | | |
| Copy of Recommendation | <input type="checkbox"/> Yes <input type="checkbox"/> No | To: <input type="checkbox"/> Accountant | <input type="checkbox"/> Solicitor |
| Date Recommendation Sent | / / | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Other |

RISK MANAGEMENT (INSURANCES)

Which of the following do you have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Home / Contents | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Business |
| <input type="checkbox"/> Whole of Life / Endowment | <input type="checkbox"/> Term Life / Trauma | <input type="checkbox"/> Income Protection |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Health | <input type="checkbox"/> Legal Will |

FIRE & GENERAL INSURANCE

| Description | Insurer | Policy no. | Sum Insured \$ | Renewal Date | Premium \$ |
|---------------|---------|------------|-------------------|--------------|---------------|
| Contents | | | | | |
| Home | | | | | |
| Motor Vehicle | | | | | |
| Business | | | | | |

WHOLE OF LIFE/ ENDOWMENT INSURANCE

| Owner / Insured | Date commenced | Company / Policy No | Death \$ | Sum Insured Disability \$ | Trauma \$ | Maturity Date | Cash Value \$ | Premium \$ |
|--------------------|-------------------|------------------------|-------------|---------------------------------|--------------|------------------|---------------------|---------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

TERM LIFE/ TRAUMA

| Owner / Insured | Date commenced | Company / Policy No | Death \$ | Sum Insured Disability \$ | Trauma \$ | Expiry Date | Cash Value \$ | Premium \$ |
|--------------------|-------------------|------------------------|-------------|---------------------------------|--------------|----------------|---------------------|---------------|
| | | | | | | | | |
| | | | | | | | | |

INCOME PROTECTION

| Owner / Insured | Date Commenced | Policy Type | Company / Policy No. | Accident / Sickness \$ | Waiting Period | Monthly Period \$ | Stepped / Level | Premium \$ |
|--------------------|-------------------|-------------|-------------------------|------------------------------|-------------------|-------------------------|--------------------|---------------|
| | | | | | | | | |
| | | | | | | | | |

PERSONAL RISK QUESTIONS

For how many years would you like to provide cover for your family?

.....

How much income would you like to leave your partner in the event of your death?

HEALTH INSURANCE

| Fund Name | Benefit \$ | Premium \$ | Renewal Date |
|-----------|---------------|---------------|--------------|
| | | | |
| | | | |

PERSONAL HEALTH

What is the condition of your health?

YOURSELF

- Excellent
- Good
- Poor

PARTNER

- Excellent
- Good
- Poor

Do you smoke?

- Yes
- No

- Yes
- No

ESTATE PLANNING

Do you have:-

Will

- Yes
- No

- Yes
- No

Last Reviewed

..... / /

..... / /

Enduring Power of Attorney

- Yes
- No

- Yes
- No

Testamentary Trust

- Yes
- No

- Yes
- No

Name of Executor

.....

.....

Where is your will held?

.....

.....

MAJOR FUTURE EXPENSES

Detail here all planned future lump sum expenses over the next 5 years

| Item | Amount (\$) | Estimated Year of Expense |
|-----------------------|-------------|---------------------------|
| Holidays | | |
| New Car / Car Upgrade | | |
| Home Improvements | | |
| Debt Repayment 1 | | |
| Debt Repayment 2 | | |
| Other: | | |

FINANCIAL PLANNING OBJECTIVES

Your Financial Plan should take into consideration factors that are considered important to you. To assist designing your Financial Plan please rate the following objectives in their order of importance to you. Rate each item in order of priority ticking the box next to the relevant number.

- The numbers represent :
- 1: Not important
 - 2: Slightly important
 - 3: Important
 - 4: Very important

OBJECTIVE

| | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Protecting family / assets in the event of death | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Protecting current income in the event of sickness or accident | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Protecting family / assets in the event of serious illness or trauma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Maintain current standard of living if permanently disabled | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Having an emergency fund (cash on call) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| If you require money to be held at call please indicate the approximate amount of cash required \$..... | | | | |
| Providing funds for your children's education | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Paying off your mortgage | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Paying for Retirement - Accumulation capital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| - Planning Retirement Income | | | | |
| Maximising Social Security benefits | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Saving for short term (1 - 2 years) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Saving for medium term (3 - 5 years) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Saving for long term (5 years or more) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Protecting assets from the effects of inflation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Ease of portfolio management | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Generate income from Investments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Generate capital growth from Investments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Tax minimization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

MAIN OBJECTIVE

Detail here the main reason for seeking financial advice.

.....

.....

.....

.....

PERSONAL INVESTMENT PREFERENCE

1. RISK PROFILE

To help determine the most suitable investment portfolio for your needs, please read the explanations and answer the following questions. Indicate your response by ticking the box and circling the corresponding points on the right. At the end of the risk profile, total your points and determine your risk profile from the summaries on page 14.

Question 1

Sometimes you will want to invest for a short time only, if you have specific goals such as a home deposit, education etc. If you are building wealth for your retirement you have a longer term view, aiming for growth on your portfolio. This will affect the types of investments you choose.

Keeping in mind your primary financial goals, in approximately how many years would you expect to need this money?

- | | | |
|--------------------------|---------------------|---|
| <input type="checkbox"/> | Less than 2 years | 1 |
| <input type="checkbox"/> | 2 - 3 years | 2 |
| <input type="checkbox"/> | 3 - 5 years | 3 |
| <input type="checkbox"/> | 5 - 7 years | 4 |
| <input type="checkbox"/> | Longer than 7 years | 5 |

Question 2

To achieve a higher rate of return it is necessary to place emphasis on growth investments such as shares and property, which can fluctuate subject to market volatility. If these investments are included in a long term strategy then movements in the market can be expected and largely ignored. Shorter term fixed interest and cash deposits will be subject to prevailing interest rates, and a drop in rates may affect your income. If you have a term deposit or fixed term investment ready to roll over for a further term, your capital may be reinvested at a lower rate, and there is no capital growth available to boost your reduced income level.

What return do you reasonably expect to achieve from your investments?

- | | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | A return without losing capital | 1 |
| <input type="checkbox"/> | 2 – 4% pa | 2 |
| <input type="checkbox"/> | 5 – 7% pa | 3 |
| <input type="checkbox"/> | 8 – 12% pa | 4 |
| <input type="checkbox"/> | Over 12% pa | 5 |

Question 3

Which of the following best describes your attitude towards your financial investments?

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | The safety of my money is my primary objective. I would rather have a low rate of return than risk the loss of any part of my capital | 1 |
| <input type="checkbox"/> | I want my investment to produce the current income I need and my capital should remain | 2 |
| <input type="checkbox"/> | I am willing to accept some fluctuation in my capital over the short term in exchange for higher returns over the long term. | 3 |
| <input type="checkbox"/> | I am a medium / long term investor and I will tolerate a medium level of risk for higher returns. | 4 |
| <input type="checkbox"/> | In order to receive the maximum return on my investment, I am willing to accept a higher degree of risk. | 5 |

Question 4

Some investment strategies, such as gearing or leveraging can be tax effective. However, there is a risk associated with these strategies. Gearing is in effect borrowing to invest and you must be able to cover any fall in value of these investments should they occur. Your adviser will fully explain gearing to you.

Having read the above explanation, what level of taxation are you prepared to accept in order to meet your goals?

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | I do not want to derive tax savings by purchasing investments which may put my capital at risk | 1 |
| <input type="checkbox"/> | I would prefer stable, reliable capital value and returns with some tax savings if possible | 2 |
| <input type="checkbox"/> | I can accept a small reduction in value from time to time, in exchange for a tax advantage income | 3 |
| <input type="checkbox"/> | I can accept moderate volatility in value from time to time in exchange for reasonable tax advantages | 4 |
| <input type="checkbox"/> | I can accept high volatility but potentially higher returns in exchange for maximizing tax savings | 5 |

Question 5

Inflation refers to increases in the price we pay for goods and services, and is an important consideration for all investors. Low risk products such as term deposits and savings accounts may not keep up with inflation. Without growth investments such as shares and property there is a chance your portfolio may not give you returns higher than inflation and therefore you may not achieve your financial objectives.

How concerned are you that the earnings on your savings and investment dollars can exceed the rate of inflation?

- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Not concerned | 1 |
| <input type="checkbox"/> | Slightly concerned | 2 |
| <input type="checkbox"/> | Moderately concerned | 3 |
| <input type="checkbox"/> | Highly concerned | 4 |
| <input type="checkbox"/> | Very highly concerned | 5 |

Question 6

In a sound financial plan there is potential for all types of investments. It is a clear opportunity to diversify into all asset classes, i.e. shares, property, cash, fixed interest. Whilst it can happen, there is a very low risk that all of these asset classes will drop in value simultaneously. Therefore your portfolio is protected by having good diversification. There is obviously a huge risk in having 100% of your funds in say, international shares, or all in property. You do not need to be an expert, but we need to know how much you are aware of financial markets.

How would you rate your investment knowledge?

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | I consider my knowledge to be fairly limited | 1 |
| <input type="checkbox"/> | I've been investing for a few years and I sometimes read the business press | 2 |
| <input type="checkbox"/> | I've been investing for several years within a broad range of different assets | 3 |
| <input type="checkbox"/> | I've been investing for quite a while and I've lived through at least one market downturn | 4 |
| <input type="checkbox"/> | I'm an experienced investor and am comfortable with all ups and downs in the market | 5 |

Question 7

Market risk refers to volatility, or the extent to which the market value of your investments will go up and down. Different levels of investments will experience different levels of volatility at various times. Higher risk long term assets generally experience greater volatility in the short term. Sometimes your capital may appear to have eroded, or your return can be low in any year. It is important to realize that this is normal market behaviour. If you are investing for the long term and stick with your strategy, you can recover and prosper.

How would you react if your long term investments declined by 10% in one year?

- I could not tolerate any decline in my investments 1
- If the income I received didn't change, I would not be too concerned about my capital declining in the short term 2
- I would be concerned but I would wait to see if the investments improve 3
- I generally invest for the long term, but would be concerned with this decline 4
- I invest for the long term and would accept these fluctuations due to short market influences 5

Question 8

It is nearly impossible to "time" the market. That is, to get in before the prices rise on any asset class, and get out when values have peaked. To anticipate rises and falls is difficult as no two business cycles are the same and many factors influence the markets on a daily basis. There will also be times when growth on any class of asset is negative. Therefore knowing you and your objectives for the long term is more important to us than trying to time the market. Buying and holding investments best suited to your attitude and goals can lead to achieving longer term prosperity.

Which one of the following statements describes your feelings towards choosing an investment?

- I would prefer investments that have a low degree of risk associated with them 1
- I prefer to diversify with a mix of investments which have an emphasis on low risk. I am happy to have a small proportion of the portfolio invested in assets which have a higher degree of risk in order to achieve a slightly higher return. I am happy to accept a negative investment return 1 in 9 years 2
- I prefer to have a balance of investments that are high risk & low risk 3
- I prefer to diversify my investments with an emphasis on more investments which have higher returns, but still having a small amount of low risk investments. I would accept a negative return of 1 in 5 years. 4
- I would prefer investments which have a higher degree of investment price fluctuation so that I can earn higher long term returns. I would accept a negative return of 1 in 3 years in order to achieve this goal 5

Question 9

Which of the following best describes your purpose for investing:

- You have specific objectives and require money within the next 5 years 1
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement 2
- You have a lump sum and wish to invest for:
short term / medium term / long term 3
- You are nearing retirement and are aiming to accumulate long term wealth 4
- You want to invest for longer than 5 years. You understand investment markets and are mainly investing for growth in assets such as shares and property to accumulate wealth 5

Question 10

Which of the following best describes your current stage in life?

- Single with few financial commitments.** You are keen to accumulate wealth for the future. Some funds must be kept available for enjoyment, such as cars, clothes, travel and entertainment 1
- A couple without children.** You may be preparing for the future by establishing and furnishing a home. There are certain things you need to buy. You are probably better off financially now than you may be in the future 2
- Young Family.** This is the peak home purchasing stage. You have a mortgage and a very small amount of savings. Probably concerned with your financial position and the amount of money saved 3
- Mature Family.** You are in your peak earning years and have got the mortgage under control. Your partner may also work and any children you may have are growing up and have either left home or are less financially dependent. You are starting to think about retirement, although it may be some years away. 4
- Preparing for retirement.** You probably own your own home and have few financial commitments, however you want to ensure that you can afford a comfortable retirement. Interested in travel, recreation and self education 5

2. LIQUIDITY REQUIREMENTS

Please indicate your requirement to access money:

- Easy access to the funds is required at all times 1
- The ability to access investments at short notice is required 2
- A reasonable amount of cash is required but I prefer medium term investments 3
- A small amount of cash is required but I prefer longer term investments 4
- Little/no need for short term cash, so longer term investments are acceptable 5

3. INCOME REQUIREMENTS

Please indicate your level of income required from your investments:

\$ AMOUNT

- Maximum possible income from my investment is required \$..... 1
- Substantial income is required with some capital growth \$..... 2
- Income is required however capital growth is important \$..... 3
- A small income requirement with a preference to capital growth \$..... 4
- No current income from investments is required \$..... 5

4. CONSTRAINTS

Are there any specific investments you would not wish to consider?

.....
.....

Are there specific investments you would wish to have included in your Financial Plan?

.....
.....

Your total Investor Risk Profile Score:

Now match your investor risk profile to the Investor Risk Profile Summaries below.

INVESTOR RISK PROFILE

0 - 11 CONSERVATIVE

You are a conservative investor. Risk must be very low and you are prepared to accept lower returns to protect your capital. The negative effects of tax and inflation will not concern you, provided your initial investment is protected.

12 - 23 CAUTIOUS

You are a cautious investor seeking better than basic returns, but risk must be low. Typically an investor seeking to protect the wealth which you have accumulated, you may be prepared to consider less aggressive growth investments.

24 - 35 BALANCED

You are a balanced investor who wants a balanced portfolio to work towards medium to long term financial goals. You require an investment strategy which will cope with the effects of tax and inflation. Calculated risk will be acceptable to you to achieve good returns.

36 - 47 GROWTH

You are a growth investor, probably earning sufficient income to invest most funds for capital growth. Prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term. You require a balanced portfolio, but more aggressive investments may be included.

48 - 60 HIGH GROWTH

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

Your Investor Risk Profile:

I / We believe that the above rating reflects my / our attitudes and would be pleased to consider a portfolio that reflects my / our investor risk profile.

Signature:

Date: / /

Signature:

Date: / /

DECLARATIONS

Please sign where indicated at the bottom of the page.

CLIENT STATEMENT/ AUTHORISATION

I / we hereby declare that the information set out in this form is true and correct to the best of my / our knowledge.

I / we are not aware of any other information that has not been disclosed to the person to whom this form is given, which would be relevant to the making of a recommendation by an Investment Adviser.

I / we give permission for this information to be used for the preparation of my financial plan.

I / we understand that the recommendations will be based solely on the information in this form.

I / We give permission for my spouse / partner to be given details regarding my investments held with Security National Financial Services.

TAX FILE NUMBER AUTHORISATION

Collection of Tax File Numbers (TFN's) is authorized by Taxation and Superannuation laws. While not compulsory, if you do not quote your TFN or an exemption, tax will be deducted at the highest marginal tax rate by the financial institution holding your investment(s).

I/ We authorise my / our TFN to be kept on file and forwarded to financial institutions as required.

Name: TFN:

Name: TFN:

FINANCIAL SERVICES GUIDE & SUPPLEMENTARY FINANCIAL SERVICES GUIDE

I confirm that I have been handed a Financial Services Guide including the Privacy Policy from Security National Financial Services and a Supplementary Financial Services Guide from my Authorised Representative.

Name: Signed: Date: / /.....

Name: Signed: Date: / /.....

ADVISER DECLARATION

I declare that the information gathered is complete and accurate to the best of my knowledge.



Name: Signed: Date: / /.....