



CONFIDENTIAL CLIENT DATA FORM

Version 3 2010

Client Name: _____

Date: _____

Your 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 may not be 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

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www.secnat.com.au

PERSONAL DETAILS

YOURSELF

Mr. Mrs. Miss Ms Dr

PARTNER (IF APPLICABLE)

Mr. Mrs. Miss Ms Dr

Surname

First Names

Occupation

Date of Birth / /

Employment Status Self Employed Employed Not Employed

Employer Name/ Phone Number

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

Does your employer permit Salary packaging? Yes No

Do you feel your current employment is secure? Yes No

Do you foresee any substantial changes to your income in the next 2-5 years? Yes No

Marital Status

Tax File Number (see declarations)

Expected Retirement Age

Residential Address

Suburb..... Suburb.....

State Postcode

Postal Address (if different from above)

Suburb..... Suburb.....

State Postcode

Email Address

Telephone (Home)..... Work.....

Telephone (Mobile)

Preferred Communication Phone Email Written Mail

Dependents:	Name	Date of Birth	Dependent until age?
..... / /	<input type="checkbox"/> M <input type="checkbox"/> F
..... / /	<input type="checkbox"/> M <input type="checkbox"/> F
..... / /	<input type="checkbox"/> M <input type="checkbox"/> F

ASSETS & LIABILITIES

	ASSETS \$	LIABILITIES/MORTGAGES LEASES \$	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/Art			<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"/>
Loans owed to you			<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"/>
<u>OTHER LIABILITIES</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal loans/overdrafts			<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"/>
Other Liabilities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>TOTALS</u>						
NET ASSETS (assets minus liabilities) =						

CURRENT INVESTMENTS

= 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
.....
.....
.....
.....
.....

GEARING AND MARGIN LENDING

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

.....

Are you willing to borrow money to invest? Yes No

Do you know the difference between a Line of Credit and a Margin Loan? Yes No

Which one would you prefer to have in place as a wealth creation strategy? And why?

Do you understand the difference between negative, neutral and positive gearing? Yes No

Do you believe your time horizon and risk tolerance will allow you to tolerate a geared investment position? Yes No

Do you know what a margin call is? Yes No

Do you understand what an LVR is? Yes No

Realistic debt levels need to be put in place, can you afford to pay interest on a geared position? Yes No

Do you know what double and triple gearing is? Yes No

You must understand the risks, advantages and disadvantages of taking a geared position, are you willing to learn and sign off on a geared wealth creation strategy? Yes No

ANNUAL INCOME

TAXABLE WAGE/SALARY	YOURSELF \$	PARTNER \$	JOINT \$
Gross Salary / Pension
Superannuation
Business Interest Income
Social Security
Rental Income
Share Dividends / Managed Fund Income
Other
TOTAL TAXABLE INCOME
LESS TAX
PLUS NON TAXED INCOME
NET INCOME

PENSIONS

Are you and/or your partner eligible to receive a government Pension/allowance? Yes No

If **Yes**, what type of Pension for you?

AGED WIDOWS SOLE PARENT INVALID JOB SEARCH VETERANS*

If **Yes**, what type of Pension for partner?

AGED WIDOWS SOLE PARENT INVALID JOB SEARCH VETERANS*

*What type of Veterans Pensions?

WAR WIDOWS SERVICES DISABILITY OTHER (Specify)

EXPENSES

Monthly or annually

HOUSING EXPENSES	AMOUNT \$	FREQUENCY	YEARLY TOTAL \$
Mortgage / Rent
Food and Beverage
Rates/Taxes
Electricity / Gas / Heating / Phone
Insurance House and Contents
MOTOR VEHICLE EXPENSES			
Loan Repayments
Registration & Third Party / Insurance
Petrol and Running costs
Maintenance

PERSONAL INSURANCES ETC

Medical / Health Insurance
 Life / Trauma Insurance
 Income Protection Insurance

DENTAL/MEDICAL/PHARMACY

ENTERTAINMENT EXPENSES

Travel & Holidays
 Club Memberships / Sporting Fees
 Other Entertainment

OTHER EXPENSES

Gifts & Donations
 Education Expenses
 Other Vehicle Expenses (boat, caravan etc)
 Clothing/Footwear
 Other

TOTAL YEARLY EXPENSES

SURPLUS INCOME FOR SAVINGS

GSO STATE SUPER CLIENTS ONLY	
1) Resignation @ 54-11 compared with retirement @ 55 or?
2) Exempt Officer Option.....
3) Novated Lease of Car.....
4) Other.....

<u>SUPERANNUATION DETAILS</u>	YOURSELF	PARTNER (IF APPLICABLE)
Fund Name
Policy Number
Type of Fund
Date of Joining Fund
Current Value of Fund		
Date of Commencing Employment
Employer SGC or Other employer	\$.....	\$.....
Salary Sacrifice	\$.....	\$.....
Employee Contribution deducted	\$.....	\$.....
Employee Undeducted	\$.....	\$.....
Life Cover Death/ Disability Benefit	\$.....	\$.....

Life Cover Current Value	\$.....	\$.....
Life Cover 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

GSO STATE SUPER CLIENTS ONLY (OFFICE USE ONLY)

Total Remuneration Package			
Superannuation Salary			
Statutory Super Contribution			
Superannuation Fund	Revised/New at	%	
Date of Entry to the Service:			
Date of Entry to the Fund:		Age then:	
Date Contract First Signed:		Age then:	
Date turns 55:		Years in Fund:	
Accumulation in Fund:	\$	to 30/06/	
Cost of Prior Service:	\$	for years	to
Long Service Leave taken:	Year	Duration	
	Year	Duration	
	Year	Duration	

PROFESSIONAL ADVISERS

Name

address

phone no

Financial Adviser
 Accountant
 Solicitor
 Other (ie Bank Manager)
 Authority to Contact Yes 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

Consider consequences of no general insurance

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

Business

Other

WHOLE OF LIFE/ ENDOWMENT INSURANCE

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

Comments

TERM LIFE/ TRAUMA

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

Comments

INCOME PROTECTION *maximum benefit =75% of gross salary paid monthly*

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

PERSONAL RISK QUESTIONS

For how long could you reasonably survive if unable to work due to illness or accident before income protection was required?

In the event of your death, what is your goal with life insurance? Mortgage?

Children’s Education? Lump sum? Other debts?

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

YOURSELF

PARTNER

What is the condition of your health?

- Excellent
- Good
- Poor

- Excellent
- Good
- Poor

Do you smoke?

- Yes
- No

- Yes
- No

Known illness/disease? specify

ESTATE PLANNING

YOURSELF

PARTNER

Do you have:-

current valid 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?

Do you have a Funeral Plan?

Details of Plan

MAJOR FUTURE EXPENSES/INCOME

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

Description (INCOME)	Amount (\$)	Estimated Year of Expense
Loans due to you?
Known inheritance ?
Description (EXPENSE)
New Car / Car Upgrade
Home Improvements
Debt Repayment
Holidays
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 by 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 (Life Insurance)	<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
Paying off your mortgage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Having an emergency fund (cash on call) If you require money to be held at call please indicate the approximate amount of cash required \$.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Providing funds for your children's education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Any Priority for Charitable causes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Paying for Retirement - Accumulation capital - Planning Retirement Income	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Maximizing 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

Compare the results with the Risk Profile following to ascertain Investor Profile

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 intact | 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?

- I do not want to derive tax savings by purchasing investments which may put my capital at risk 1
- I would prefer stable, reliable capital value and returns with some tax savings if possible 2
- I can accept a small reduction in value from time to time, in exchange for a tax advantage income 3
- I can accept moderate volatility in value from time to time in exchange for reasonable tax advantages 4
- 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 will exceed the rate of inflation?

- Not concerned 1
- Slightly concerned 2
- Moderately concerned 3
- Highly concerned 4
- 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?

- I consider my knowledge to be fairly limited 1
- I've been investing for a few years and I sometimes read the business press 2
- I've been investing for several years within a broad range of different assets 3
- I've been investing for quite a while and I've lived through at least one market downturn 4
- 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 behavior. 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?

- Preparing for retirement/Retired.** You probably own your own home and have few financial commitments, however you want to ensure that you can afford and maintain comfortable retirement. Interested in travel, recreation and self education 1
- 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. 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
- 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 4
- 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 5

LIQUIDITY REQUIREMENTS

Please indicate your requirement to access money:

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

INCOME REQUIREMENTS

Please indicate your level of income required from your investments:

- | | | |
|--------------------------|----------------------------------------------------------------|---|
| <input type="checkbox"/> | Maximum possible income from my investment is required | 1 |
| <input type="checkbox"/> | Substantial income is required with some capital growth | 2 |
| <input type="checkbox"/> | Income is required however capital growth is important | 3 |
| <input type="checkbox"/> | A small income requirement with a preference to capital growth | 4 |
| <input type="checkbox"/> | No current income from investments is required | 5 |

CONSTRAINTS OR REQUIREMENTS

Are there any specific investments you would not wish to consider? Direct Shares that contain Tobacco Companies? Etc

.....No score
.....

Are there specific investments you would wish to have included in your Financial Plan? For example: Ethical investments, Environmental and Socially Responsible Investments (SRI's) or direct shares.

.....No score
.....

Are you willing to borrow capital to make investments? Yes No

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 diverse, but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation.

DECLARATIONS

Please sign where indicated at the bottom of the page.

CLIENT STATEMENT/ AUTHORISATION

I / we understand that Security National Financial Services Pty Ltd will share my information with other professionals where applicable i.e. Accountants, Centre link.

I/we agree to receive newsletters and other marketing material, and we understand we may opt out at anytime.

I / we hereby declare that the information set out in this form is true and correct and accurately represents my objectives, current financial situation and particular needs 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 for a period of 30 days. Should I/we not proceed with implementation we understand it will be necessary to review the information at a later date before any Statement of Advice can be produced.

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

I/we acknowledge that if the information provided is inaccurate or incomplete, I/we should consider the appropriateness of the recommendations in the Statement of Advice, having regard to my/our personal circumstances. I acknowledge I may require only limited advice.

I/we accept the risk profile recommended by the adviser on page 8 or I/we acknowledge that we have requested a different risk profile from what was recommended.

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 authorize 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 version # _____ including the Privacy Policy from Security National Financial Services and a Supplementary Financial Services Guide from my Authorised Representative. I confirm I have received PDS (Product Disclosure Statements) for all investments:

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: / /