



## Equiti Financial Services Pty Ltd

ABN: 20 120 384 474

Australian Financial Services Licence No. 328681

# Financial Needs Analysis

*Private & Confidential*

**Client Name:**

**Advisor Name:**

**Date of Appointment:**

Has a FSG been provided to Client?

Yes

No

If Yes, FSG Version No.:

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### IMPORTANT NOTICE TO CLIENT

In order for an Advisor to make any recommendations, the Advisor must have reasonable grounds for making those recommendations. This means that the Advisor must conduct an affordable investigation into your investment objectives, personal needs and financial situation.

The information requested in this form is necessary to enable the Advisor to make a recommendation on a reasonable basis and will be used for that purpose only.



## Personal Client Details

	Client 1	Client 2
Title:		
Given Names:		
Surname:		
Date of Birth:	/ /	/ /
Marital Status:		
Home Address:		
Postal Address:		
Home Phone:	( )	( )
Work Phone:	( )	( )
Mobile Phone:		
Fax:	( )	( )
Email Address:		
Australian Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number:		

Children / Dependents	1	2	3	4
Given Name/s:				
Date of Birth:				
Dependant till age:				
Gender:				

### Advisor Personal Details Notes:


## Income and Expenses

Employment Details	Client 1	Client 2
Employment or Business Status:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Sole Trader <input type="checkbox"/> Part-time <input type="checkbox"/> Company <input type="checkbox"/> Full Time <input type="checkbox"/> Partnership <input type="checkbox"/> Self <input type="checkbox"/> Contractor <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Unemployed <input type="checkbox"/> Sole Trader <input type="checkbox"/> Part-time <input type="checkbox"/> Company <input type="checkbox"/> Full Time <input type="checkbox"/> Partnership <input type="checkbox"/> Self <input type="checkbox"/> Contractor <input type="checkbox"/> Retired <input type="checkbox"/> Other
Occupation:		
Employer Name:		
Commencement Date:		
Work Address:		

Income Details	Client 1	Client 2
Annual Gross Salary:	\$	\$
Bonus / Commissions:	\$	\$
Salary Sacrifice:	\$	\$
Interest Income:	\$	\$
Rental Income:	\$	\$
Dividend Income:	\$	\$
Social Security Benefits:	\$	\$
Super / Annuity Income:	\$	\$
Fringe Benefits:	\$	\$
Other Income:	\$	\$
<b>Total Annual Income:</b>	<b>\$</b>	<b>\$</b>

Extraordinary Income Events:		
Do you foresee any substantial change to your income in the next 5 year?	Yes	No
If Yes: please detail in Notes below:		
Do you expect to be a beneficiary of an estate or receive other one-off injections of money/income/wealth in the next 5 years?	Yes	No
If Yes: please detail in Notes below:		

Investment Allowance:	
Based upon my/our current level of income and expenditure, I/we am/are able to comfortably contribute this amount of money per week towards our long-term investment strategy:	\$

Advisor Income Notes:

Household Expenditure				
	Weekly	Fortnightly	Monthly	Annually
<b>Utilities</b>				
Gas				
Water				
Electricity				
Telephone / Mobile				
Television				
<b>Car</b>				
Petrol				
Repairs and Maintenance				
<b>Food</b>				
Groceries				
Dining Out				
<b>Insurance</b>				
Life				
Disability				
Home				
Health				
Car				
<b>Health Care</b>				
Doctor / Dental / Optical				
Pharmaceutical				
Hospital / Cover				
<b>Personal Care</b>				
Clothing				
Dry Cleaning				
Hairdressing and Cosmetics				
<b>Entertainment</b>				
Memberships and Sports				
Holiday				
CD's, Video's, Movies				
<b>Other</b>				
<b>Total Expenditure</b>				\$
<b>Annual Surplus / (Shortfall)</b>				\$

Extraordinary Expenditure:		
Do you have any significant existing or planned expenses (e.g. new car, holiday, home renovation, etc)	Yes	No
If Yes: please detail in Notes below:		

Advisor Expenditure Notes:

## Assets and Liabilities

Assets				
Asset	Description	Owner	Market Value	Acquisition Cost / Date
Principal Residence:				
Investment Property 1:				
Investment Property 2:				
Investment Property 3:				
Investment Property 4:				
Cash at Bank 1:				
Cash Management:				
Superannuation 1: (details over page)				
Superannuation 2: (details over page)				
Superannuation 3: (details over page)				
Superannuation 4: (details over page)				
Managed Funds 1:				
Managed Funds 2:				
Direct Shares 1:				
Direct Shares 2:				
Business:				
Other Investments 1:				
Other Investments 2:				
<b>Personal Assets:</b>				
Furniture and Contents:				
Motor Vehicle 1:				
Motor Vehicle 2:				
Jewellery:				
Caravan / Boat / Trailer:				
Other Personal Assets 1:				
Other Personal Assets 2:				
<b>Total Assets:</b>			\$	



## Superannuation Details

Superannuation Fund 1	Client 1	Client 2
Fund Name		
Account Number		
Current Value (estimate)	\$	\$
Insurance – Salary continuance, Life & TPD Cover		
Superannuation Fund 2	Client 1	Client 2
Fund Name		
Account Number		
Current Value (estimate)	\$	\$
Insurance – Salary continuance, Life & TPD Cover		
Superannuation Fund 3	Client 1	Client 2
Fund Name		
Account Number		
Current Value (estimate)		
Insurance – Salary continuance, Life & TPD Cover		
Superannuation Fund 4	Client 1	Client 2
Fund Name		
Account Number		
Current Value (estimate)	\$	\$
Insurance – Salary continuance, Life & TPD Cover		

\* please provide your most recent superannuation statement for each fund

Current Superannuation:		
Is your current superannuation provider/s assisting you in achieving your longer term financial objectives through the provision of suitable advice for someone in your circumstances?	Yes	No
Would you consider suitable holistic financial advice as a benefit to someone in your position>	Yes	No

Advisor Superannuation Notes:



<b>Liabilities</b>								
<b>Liability</b>	<b>Loan Balance</b>	<b>Owner</b>	<b>Finance Provider</b>	<b>Payments</b>		<b>Rate %</b>	<b>Term of Loan</b>	<b>P&amp;I or IO</b>
				<b>\$</b>	<b>Fq</b>			
Mortgage:								
Inv. Property 1:								
Inv. Property 2:								
Inv. Property 3:								
Inv. Property 4:								
Investment Loans:								
Margin Loans:								
Personal Loans:								
Credit Card 1:								
Credit Card 2:								
Other 1:								
Other 2:								
<b>Total:</b>	\$							

<b>Net Assets:</b>	\$
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<b>Advisor Assets and Liabilities Notes:</b>

## Risk Management / Insurances

Client 1	Existing	Amount of Cover	Insurer	Premium \$	Beneficiary
Life / TPD Insurance:	Yes / No	\$			
Trauma Insurance:	Yes / No	\$			
Income Protection Insurance:	Yes / No	\$			
Health Insurance:	Yes / No	\$			
Business Insurance:	Yes / No	\$			
Property:	Yes / No	\$			
Contents:	Yes / No	\$			
Motor Vehicle:	Yes / No	\$			
Other:	Yes / No	\$			

Client 2	Existing	Amount of Cover	Insurer	Premium \$	Beneficiary
Life / TPD Insurance:	Yes / No	\$			
Trauma Insurance:	Yes / No	\$			
Income Protection Insurance:	Yes / No	\$			
Health Insurance:	Yes / No	\$			
Business Insurance:	Yes / No	\$			
Property:	Yes / No	\$			
Contents:	Yes / No	\$			
Motor Vehicle:	Yes / No	\$			
Other:	Yes / No	\$			

Lifestyle Pursuits	Client 1	Client 2
Activity	Details (eg diving, frequency of dives, etc)	Details (eg diving, frequency of dives, etc)



## Risk Management Objectives

Income Protection Needs	Client 1		Client 2	
If you were unable to work as a result of sickness or injury would this substantially impact upon your household spending requirements (mortgage payments, bills, etc)	Yes	No	Yes	No
Would you look at strategies to mitigate this risk through income protection?	Yes	No	Yes	No
Should the amount of this cover be an 'agreed' amount (cannot be varied down by the insurance company) based on your level of income?	Yes	No	Yes	No
Amount of Income to be Covered	\$		\$	
In the event of you being unable to work for a long period of time due to illness or an accident, how long should the monthly benefit continue for?	2-5 yrs to age 65		2-5 yrs to age 65	
If you were unable to work due to accident or illness how long could you reasonable last without your income?	1-2 wks 3-6 mths	1-2 mths 12 mths	1-2 wks 3-6 mths	1-2 mths 12 mths
Waiting Period ( <i>How long could you live comfortably with no income?</i> )				
Benefit Period ( <i>How long would you like the benefits paid?</i> )				

Death Needs	Client 1		Client 2	
In the event of your death, you would like to:				
Discharge Mortgage	\$		\$	
Discharge other debts	\$		\$	
Provide funds for children's education	\$		\$	
Provide funds for an emergency / funeral costs	\$		\$	
Provide funds for an ongoing income of \$? per annum	\$		\$	
Other:	\$		\$	
Other:	\$		\$	
<b>Total:</b>	<b>\$</b>		<b>\$</b>	

TPD Needs	Client 1		Client 2	
In the event of total and permanent disability, you would like to:				
Discharge Mortgage	\$		\$	
Discharge other debts	\$		\$	
Provide funds for children's education	\$		\$	
Provide a lump sum for home and lifestyle alterations	\$		\$	
Provide funds for medical costs				
Provide funds for an ongoing income of \$? per annum	\$		\$	
Other:	\$		\$	
Other:	\$		\$	
<b>Total:</b>	<b>\$</b>		<b>\$</b>	

## Risk Management Objectives Cont ...

Trauma Needs	Client 1	Client 2
In the event of you suffering a trauma (suffer a medical condition such as cancer, heart attack, etc), you would like to:		
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children's education	\$	\$
Provide a lump sum for home and lifestyle alterations	\$	\$
Provide funds for medical costs		
Provide funds for an ongoing income of \$? per annum	\$	\$
Other:	\$	\$
Other:	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>

Business Expenses	Client 1	Client 2
If you are self employed or own a private business, do you require an analysis and estimate For Business Expense Insurance: <span style="float: right;">Yes      No</span>		
Accounting fees	\$	\$
Rent	\$	\$
Lease costs	\$	\$
Salaries to employees	\$	\$
Other employee costs	\$	\$
Utilities	\$	\$
Other:	\$	\$
Other:	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>

Insurance Background	Client 1	Client 2
State of Health:	Excellent    Good    Poor Congenital    Conditions	Excellent    Good    Poor Congenital    Conditions
Notes:		
Do you intend to seek medical treatment for any health problems	Yes    No	Yes    No
Have you recently had treatment for any health problems?	Yes    No	Yes    No
Do you smoke (including social)?	Yes    No	Yes    No
If Yes to any of the above, please provide details:		

## Goals and Objectives

### Reasons for seeking Financial Advice:


### Short Term (1 to 3 years):


### Medium Term (3 to 7 years):


### Long Term (7 year plus):


### Other:


## Estate Planning

Estate Planning Details	Client 1	Client 2
Do you have a current Will?	Yes / No	Yes / No
Date of Will / Last Reviewed:	/ /	/ /
Have your circumstances changed since it was last reviewed?	Yes / No	Yes / No
Do you have any Trusts or other Asset Protection structures?	Yes / No	Yes / No
Have you executed a Power of Attorney?	Yes / No	Yes / No
Have you executed an Enduring Power of Attorney?	Yes / No	Yes / No
Are there any special estate planning issues or requirements such as special bequests, testamentary trusts or substantial inheritances that we should be aware of?	Yes / No	Yes / No

Retirement Needs	Client 1	Client 2
Planned Retirement Age:		
Desired Retirement Income (in today's dollar):	\$	\$
What lump sum amount would you like at retirement?	\$	\$
Once retired, do you plan to work on a part-time basis?	Yes      No	Yes      No
	Est. Income: \$	Est. Income: \$
How much cash would you require for emergencies?	\$	\$
Are you expecting a future lump sum or inheritance?		
Do you have any planned major expenses?		

Advisor Estate Planning Notes:

## Investor Risk Profiling

Your attitude to risk is probably the most important factor to consider before investing. To achieve higher returns, you may have to be prepared to accept a higher risk of capital loss. This is what we refer to as the 'risk/reward trade off'.

Investment risk is the chance that your investment outcome will be different from what you expect. It might exceed your expectations, or it might fall short.

Your Equiti financial advisor will recommend financial strategies to match your investments to your risk profile. Investing across the various investment sectors according to your risk profile is called your asset allocation. For example, instead of investing only in property, or only in shares, you might invest a proportion in both, or even include cash or fixed interest to create a more balanced portfolio.

To determine the most appropriate mix of assets for you to invest in, your advisor will need to ask you some questions about investment goals and the exact timeframe in which you want to achieve them.

By answering the following questions, will help us decide on the risk profile that suits you and will provide you with a good idea about your own attitude towards risk and what investments may be best suited to you.

Please tick the boxes below, for each question:

### 1. How long do you expect to invest the majority of your funds for?

- More than 7 years
- 5 to 7 years
- 3 to 5 years
- Less than 3 years

### 2. Have you made the following investments in the past or would you be likely to make in the near future (you may select more than one answer)?

- Cash management account
- Investment property
- Direct shares
- Managed funds
- Own business

### 3. How important is it to you that your investments keep pace with inflation?

- Not important at all – I/we would rather protect the capital
- A little important – but I/we am/are not prepared to take unnecessary risks
- Fairly important – I/we know that I/we need to take some risks to ensure my/our returns beat inflation
- Very important – the priority is for these funds to grow significantly above inflation

### 4. Which of the following best describes what you would achieve through investments?

- I/we want a regular source of income - I/we am/are not worried if the investment does not increase in value over time
- Generating an income would be my/our priority, but I/we would also like to see some increase in the value of my/our investment over time
- I/we want the investment to grow in value overall. I/we would like some income from it, but this is less important to me/us than investment growth
- I/we want solid growth of the investments – I/we am/are not interested in getting an income from the investment

### 5. Some investments can fluctuate, sometimes quite significantly over a short period of time. How would you feel if the value of your investments varied significantly up or down by one a quarter (25%) or more, over a year or less?

- I/we would not be concerned about short term fluctuations at all
- I/we would feel a little uncomfortable but would not spend too much time worrying about it.
- I/we would feel quite uncomfortable about these fluctuations and would monitor my/our investments each week
- I/we would feel very uncomfortable about these fluctuations and would monitor my/our investments on a daily basis

### 6. If a long term investment that was held started to drop significantly in value over a short period of time, you would most likely:

- Sell the whole investment – I/we would not want to lose any money
- Sell part of the remaining investment – it could go back up, but I/we would not want to risk everything just in case it does not
- Hold onto the investment – its likely to increase in value again soon
- Hold the remaining investment and buy more while the value is low – when the value goes up, I/we will make a good return

### 7. What level of return do you expect your investments to achieve?

- A steady return without losing any capital value
- 1 - 2% above inflation
- 3 - 4% above inflation
- 5% or more above inflation



Risk Profile	Growth Asset Allocation	Defensive Asset Allocation	Likelihood of Negative Returns	Minimum Investment Timeframe
Defensive	0%	100%	1 in 10 years	1 to 3 years
Conservative	30%	70%	1 in 7 years	2 to 5 years
Balanced	60%	40%	1 in 5 years	5 to 7 years
Assertive	80%	20%	1 in 3 years	7 years or more
Aggressive	95%	5%	1 in 2 years	7 years or more

**Defensive**

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

**Conservative**

You are a Conservative investor seeking better than basic returns, but risk must still be low. This is represented by an investment portfolio that seeks to protect the wealth which you have accumulated. While capital is protected, the moderate level of exposure to growth assets may not be sufficient to negate the effects of taxation and inflation over the medium to long term.

**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 risks will be acceptable to you to achieve good returns.

**Assertive**

You are an Assertive investor, probably earning sufficient income to invest most funds for capital growth. You are prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term. Your portfolio may include some more aggressive growth investments.

**Aggressive**

You are an Aggressive 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.

Please indicate which Risk Profile you identify with the most:

Client 1	Client 2

As a result of our assessment, we consider your Risk Profile to be:

Advisor Risk Profiling Notes:



## CLIENT ACKNOWLEDGEMENT

- I/We acknowledge that the information contained in this Financial Needs Analysis is true and correct to the best of my/our knowledge. I am/We are not aware of any other information that we have failed to disclose to the person to whom this form has been given which would be relevant to the preparing of an investment and insurance recommendation. In particular we agree with our risk profile as detailed in our FNA or, alternatively, we have requested a non-risk profile;
- I/We give our permission for this information to be used for the preparation of my/our financial plan and I/we understand that the investment recommendations will be based solely on the information supplied in this form.
- I/We permit this document to be passed in confidence to Equiti Financial Services Pty Ltd and to any of its employee and/or authorised representatives or related companies.
- I/We have received a copy of and have read and understood the Financial Services Guide before any advisory services were provided;
- I/We also authorise Equiti Financial Services Pty Ltd and any of its employee and/or authorised representatives to source information relating to my/our investments on an ongoing basis from the various fund managers, stockbrokers, master trusts, wrap services or other similar organisations for the purpose of monitoring and valuing my/our investment portfolio.
- I/We acknowledge Equiti Financial Services Pty Ltd has adopted the principles set out in the Privacy (Private Sector) Amendment Act 2000 as part of our continuing commitment to client service and maintenance to client confidentiality. For further details please refer to our Privacy Policy which can be located online at [www.equiti.com.au](http://www.equiti.com.au).
- I/We also give permission for my/our Tax File Number to be forwarded to financial institutions as requested or as necessary and to be retained on your files.
- I/We agree to receive copies of all relevant Product Disclosure Statements (PDS) electronically rather than via hard copies. I/We will advise my/our Financial Advisor if this method of delivery is not suitable.

Client 1 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Client 2 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Equiti Financial Services Pty Ltd**

ABN: 20 120 384 474

Australian Financial Services Licence No. 328681

**1300 246 600**

[www.equiti.com.au](http://www.equiti.com.au)





## AUTHORITY TO PROCEED

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

I/We have discussed my/our financial planning requirements and have disclosed all relevant information to our Advisor.

I/We wish to appoint our Advisor to prepare and construct a Statement of Advice based on the information disclosed by us in our Financial Needs Analysis on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I/We acknowledge that the cost and the process of preparing this Statement of Advice has been disclosed to me/us on the following basis:

### COST

Preparation of the Statement of Advice will be made on a fixed cost basis and all fees shall be made payable to Equiti Financial Services Pty Ltd.

Statement of Advice preparation fee      \$ \_\_\_\_\_

### Process

The process in preparing your financial plan will include the following:

- The collection and analysis of all relevant personal and financial data,
- Research and analysis of various investment and/or insurance options based on your objectives, needs and financial situation,
- The provision of a written Statement of Advice with specific advice and recommendations,
- The presentation and implementation of those recommendations.

Client 1 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Client 2 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## AUTHORITY TO COLLECT INFORMATION

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### To Whom It May Concern

I/We authorise Equiti Financial Services Pty Ltd and any of its Employee and/or Authorised Representatives to request such information regarding my/our financial affairs as they believe necessary.

I/We give permission for them to hold whatever private information they determine is needed for them to assist with my/our financial affairs, and request that you provide assistance where required in providing the information.

Please be advised that a photocopy or facsimile copy of this letter will act as authority, as the original is to remain on my/our file at the offices of Equiti Financial Services Pty Ltd.

This authority should remain in force until withdrawn in writing by me/us.

Thank you.

Client 1 Name: \_\_\_\_\_ Client 2 Name: \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Address \_\_\_\_\_

\_\_\_\_\_

Advisor Name: \_\_\_\_\_ Signature \_\_\_\_\_

## Equiti Financial Services Pty Ltd

ABN: 20 120 384 474

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1300 246 600

www.equiti.com.au



## LIMITED SCOPE OF ADVICE AUTHORISATION

Legislation requires that your financial planner must 'know the client' before making certain recommendations. However, there is provision that in certain circumstances a client may be supplied with limited advice.

If you are seeking limited advice of a particular nature, you must make this known at the time of the interview and you should recognise that the recommendations will only relate to that limited advice being sought and may not be appropriate considering your overall situation and objectives.

I/We request only limited advice as specified below:

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Client 1 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Client 2 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_