



MATRIX
PLANNING SOLUTIONS

Financial Needs Analysis

Strictly Confidential

Matrix Planning Solutions Limited

ABN 45 087 470 200

AFS Licence No: 238256

This document will assist us in discovering your current financial position, your goals and aspirations

Date

Name

Surname

Name

Surname

Adviser

Important notice regarding provision of personal information and privacy

In order for an Adviser to make a sound financial recommendation, the adviser must conduct an appropriate investigation of your particular needs and financial situation. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis. If you do not provide complete and accurate information as requested in this form, the adviser may not be able to give you an appropriate recommendation.

All Matrix Planning Solutions Advisers will adhere to the ten National Privacy Principles under the Privacy Act 1988 when collecting, using, storing and disclosing the information contained in this form and will not unlawfully disclose this information.

You are entitled to gain access to this information and should you wish to do so, you can contact us on (02) 8022 3500 or write to us at PO Box Q1493 QVB, NSW 2000 or Level 3, 31 Market Street, Sydney NSW 2000. Alternatively, you can contact your Matrix Planning Solutions Adviser.

Personal Summary Details

<p>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 _____</p> <p>Surname <input type="text"/></p> <p>Given Names <input type="text"/></p> <p>Preferred Name <input type="text"/></p> <p>Maiden Name <input type="text"/></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth <input type="text"/></p> <p>Place of Birth <input type="text"/></p> <p>Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____</p> <p>Permission to discuss matters with client/ partner <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Plan focus <input type="checkbox"/> Individual <input type="checkbox"/> Both clients</p>	<p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Contact Information

Home Address	<input type="text"/>		
Town / Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Postal Address <small>If different from Home</small>	<input type="text"/>		
Town / Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone (H)	<input type="text"/>	<input type="text"/>	
Phone (W)	<input type="text"/>	<input type="text"/>	
Mobile	<input type="text"/>	<input type="text"/>	
Fax	<input type="text"/>	<input type="text"/>	
Email – Client	<input type="text"/>	Send Email	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email – Client	<input type="text"/>	Send Email	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health Issues

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Private Health Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of fund & type of cover (hospital / extras etc.)	<input type="text"/>	<input type="text"/>
Any major health issues?	<input type="text"/>	<input type="text"/>

Child / Dependant / Other Details

Name	DOB	Sex	School / Occupation	Dependant Until

Do you receive a Family Tax Benefit A or B ☐ Yes ☐ No

Employment Details

Occupation		
Work Status	<input type="checkbox"/> Full Time Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Part Time Employed <input type="checkbox"/> Not Working or Retired	<input type="checkbox"/> Full Time Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Part Time Employed <input type="checkbox"/> Not Working or Retired
Number of hrs worked (casual or part time)		
Position Title		
Employer Name		
Retirement Age		
Retirement Date		
Do you have a Self Managed Super Fund (SMSF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Leave Entitlements

Do you have accumulated annual leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have long service leave entitlements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What sick leave entitlements do you have?

Tax Status

☐ Personal ☐ Company ☐ Trust ☐ Super Fund ☐ Other _____

Company Name / Trust Name / SMSF Name _____

If Company / Trust / Super fund ticked, please describe structure:

Present Estate Planning Situation

☐ Not Disclosed ☐ Not applicable ☐ Nil

Do you have a valid will?
(legally valid and reflects
your current wishes)

☐ Yes ☐ No

☐ Yes ☐ No

Date of will

Last Reviewed

Does the will allow for a
testamentary trust?

Power of Attorney? ☐ Yes ☐ No

☐ Yes ☐ No

Enduring Power of
Attorney? ☐ Yes ☐ No

☐ Yes ☐ No

Enduring Guardianship? ☐ Yes ☐ No

☐ Yes ☐ No

Location of Powers of
Attorney and will/s?

Funeral Plan and
amount paid? ☐ Yes \$ _____ ☐ No

☐ Yes \$ _____ ☐ No

Notes in relation to Estate Planning or Tax Structures

Estate Planning Objectives

Are there any special estate planning issues which should be considered when providing my recommendations
(e.g. special needs of beneficiaries, potential for estate disputes, capital gains tax issues etc.)?

Financial Data Section

☐ Not Disclosed ☐ Not applicable ☐ Nil

Current Income

Income description	(\$pa)	(\$pa)
Salary or wages income		
Reportable Fringe Benefits Taxable Value		
Annuity or allocated pension income		
Rental income		
Share / investment income (dividends / interest)		
Foreign pension income		
Maintenance income		
Current Centrelink or Department of Veterans' Affairs (DVA) benefit amount		
Work allowances Commissions / Bonus / non taxable income		
Is your income likely to change over the next 12 months? If so, to what?		
TOTAL INCOME	\$	\$

☐ Do you receive any Centrelink payments at this time

☐ Do you wish to provide these details at this time

Capital Gains Tax Liability

Assessable capital gain		
Do you have a HECS debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$_____
Are you an Australian Resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tax losses carried forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Expenditure

☐ Not Disclosed ☐ Not applicable ☐ Nil

Budget Calculations

☐ Weekly ☐ Monthly ☐ Annually

Expenses	Amount	Expenses	Amount
Household		Transport	
Groceries	\$	Car Registration	\$
Rent	\$	Parking	\$
Repairs / Maintenance	\$	Public Transport	\$
Gas	\$	Fuel	\$
Electricity	\$	Repairs / Maintenance	\$
Water	\$		\$
Telephone	\$		\$
Furniture	\$		\$
Appliances	\$	SUB TOTAL	\$
	\$	Medical	
	\$	Doctor	\$
	\$	Dentist	\$
SUB TOTAL	\$		\$
Children			\$
School Fees	\$	SUB TOTAL	\$
University / TAFE Fees	\$	Insurance	
Tuition	\$	Home & Contents	\$
Books & Uniforms	\$	Car	\$
Camps / Excursions	\$	Health	\$
	\$	Income Protection	\$
	\$	Life Insurance	\$
SUB TOTAL	\$		\$
		SUB TOTAL	\$
		EXPENSES PAGE TOTAL	\$

Expenses	Amount
Debt Repayment	
Mortgage	\$
Personal Loans	\$
Car Loan	\$
HECS / Help payments	\$
Credit Cards	\$
Store Cards	\$
Lay-bys	\$
	\$
	\$
SUB TOTAL	\$
Savings	
Super Contribution	\$
Regular Savings	\$
Regular Investment	\$
	\$
	\$
SUB TOTAL	\$

Expenses	Amount
Other	
Child Care	\$
Child Support	\$
Gifts	\$
Donations	\$
Hobbies / Sport	\$
Subscriptions	\$
Newspapers etc.	\$
DVD's	\$
Eating Out	\$
Alcohol & Cigarettes	\$
Pet Food	\$
Other Pet Costs	\$
Holidays	\$
Clothes & Shoes	\$
Hair & Beauty	\$
	\$
	\$
SUB TOTAL	\$
TOTAL INCOME	\$
LESS DEDUCTIONS e.g. Salary Sacrifice	\$
LESS INCOME TAX & Medicare	\$
TOTAL INCOME AFTER TAX	\$
EXPENSES PREVIOUS PAGE	\$
EXPENSES THIS PAGE	\$
TOTAL EXPENSES	\$
SURPLUS	\$

Fixed Assets

Personal assets (excluding assets which generate income)

☐ Not Disclosed ☐ Not applicable ☐ Nil

Description	Date Purchased & Cost if known	Owner (Client Name, Joint, Other Entity)	Estimated market value (\$)	Existing liability \$	Disposable on:	Retain Y / N
Home or principal residence						
Home contents						
Motor vehicle 1						
Motor vehicle 2						
Caravan						
Boat / Marine craft						

Notes

Investment Property Assets

☐ Not Disclosed ☐ Not applicable ☐ Nil

Property address	Owner (Client name, Joint, Other entity)	Date purchased & cost if known	Estimated market value (\$)	Existing liability (\$)	Net income (\$ pa)	Disposable	Retain Y / N

Where relevant, please include acquisition details for Capital Gains Tax implications in the notes section that follows

Cash / Fixed Interest Assets

☐ Not Disclosed ☐ Not applicable ☐ Nil

Description	Owner (Client Name, Joint, Other Entity)	Market value (\$)	Interest rate/ return %	Maturity date	Disposable	Retain Y / N

Liabilities (including credit cards)

☐ Not Disclosed ☐ Not applicable ☐ Nil

Loan type and lender	Owner (Client Name, Joint, Other Entity)	Original amount (\$)	Credit limit (\$)	Balance O/S (\$)	Interest (% p.a.)	Repayment amount (\$ & Frequency	Tax deduction
Home loan							
Investment loan							
Margin loan							
Credit card							
Line of credit							
Personal loan							
Car loan							

Would you be prepared to borrow against any of these assets? ☐ Yes ☐ No (if yes please specify below)

Notes

Current Investment Portfolio

☐ Not Disclosed ☐ Not applicable ☐ Nil

Investment Name / Type (include Managed Funds & Direct Shares)	Owner (Client Name, Joint, Other Entity)	Original amount / Purchase price invested / Date purchased (if applicable)	Current Value	Income Reinvested

Please provide copies of your latest statements in relation to the above investments

Are you unhappy with any of your current investments? If yes please explain:

Notes

Superannuation / Pension Details

☐ Not Disclosed
 ☐ Not applicable
 ☐ Nil

	Fund 1	Fund 2	Fund 3	Fund 4
Product name				
Owner				
Member number				
Current value				
Retain	Y / N	Y / N	Y / N	Y / N
Employer SG contributions p.a.				
Concessional (pre tax)				
Non concessional (after tax)				
Eligible for choice of fund				
Accumulation / Defined benefit				
Insurance cover; death / TPD				
Insurance cover; Income Protection / Salary continuance				
Binding nomination / year made				
Other benefits included; e.g. employer pays for insurance				

Notes

Current Life Insurance and General Insurance Policies

☐ Not Disclosed ☐ Not applicable ☐ Nil

Insurance Company Name	Insured	Policy Owner	Type of Policy: Life, Income Protection, Trauma	Inside Super Y/ N which fund	Sum Insured	Annual Premium	Retain Y/ N

Where you have indicated that you may consider replacing an above policy / policies we will require further information such as costs associated with cancelling the policy etc.

Are you unhappy with any of your current insurance policies? If yes please explain:

Notes

Risk and Investment Profile

In order to recommend investments that are suitable to your goals and needs, we need to find out more about how you feel about certain aspects of investments and returns. We use a tool called a risk profile to assist in recommending the right mix of assets for you.

1. How familiar are you with investment markets?

	Score	Client 1	Client 2
Very little understanding or interest	1		
Not very familiar	2		
Have some experience to understand the importance of diversification	3		
Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics	4		
Experienced with all investment sectors and understand the various factors which may influence performance	5		

2. When you think of the term “investment markets”, which of the following words comes to mind?

	Score		
Risky	1		
Complicated	2		
Unsure	3		
Potential	4		
Possibilities	5		

3. What level of risk or periods of poor returns would you be prepared to accept with regards to your investments, both super and non super?

	Score		
Very conservative. I will not take any risk of losing capital for any period of time	1		
Fairly conservative, preferring not to have negative returns but with a view to consistent returns	2		
Willing to take some risk of short term, negative performance to improve returns	3		
Willing to take reasonable amount of risk of short term, negative performance to improve returns	4		
Willing to take more risk of short term negative performance than most people, to improve long term returns	5		

4. The greatest returns are generally obtained from more volatile investments. Which statement do you feel more comfortable with?

	Score		
Prefer guaranteed returns	1		
Stable, reliable returns	2		
Some volatility in returns	3		
Moderate volatility in returns	4		
Greatest volatility but potentially higher returns	5		

5. How long are you likely to continue with an investment strategy that is not meeting your expectations, for example the strategy has been generating a negative return or not producing sufficient income?

	Score		
I would change it immediately	1		
Up to 6 months	2		
Up to 18 months after discussing concerns with my adviser	3		
Up to 3 years after discussing concerns with my adviser	4		
More than 3 years after discussing concerns with my adviser	5		

6. Generally, when seeking higher long term returns from your investments, from time to time, you will also increase the likelihood of poor performance. Which of the following best describes your investment priorities?

	Score		
Preservation of my current capital is my only objective	1		
Security of capital and consistent returns are more important than capital growth	2		
A balance of both investment income and capital growth returns are expected over the long term, accepting the possibility of short periods of poor performance from time to time	3		
Capital growth is more important than investment income returns over the longer term. I am comfortable with poor performance in the value of my investments over short periods	4		
Growing my assets substantially over the long term. I do not require income returns to support my living needs and accept that the value of my investment may fluctuate materially from year to year	5		

7. Historically, the share market has experienced rapid rises and falls in value. What do you think you would do if your investment experienced a fall by as much as 30% in value in a very short period of time i.e. one year or less.

	Score		
Sell the investment immediately	1		
Reduce holdings in the investment to limit any loss	2		
Do nothing	3		
Buy more of the investment	4		
Borrow money to buy more of the investment	5		

8. Choose the most appropriate response to the following statement.**I am willing to experience the ups and downs of the market for the potential of greater returns.**

	Score		
Strongly disagree	1		
Disagree	2		
Neither agree nor disagree	3		
Agree	4		
Strongly agree	5		

9. Choose the most appropriate response to the following statement.**My main concern is security. Keeping money safe is more important than earning higher returns.**

	Score		
Strongly disagree	5		
Disagree	4		
Neither agree nor disagree	3		
Agree	2		
Strongly agree	1		

10. When it comes to investing, you would describe yourself as...

	Score		
Inexperienced; investing is a new experience for me	1		
Somewhat inexperienced; investing is fairly new to me	2		
Somewhat experienced; knowledgeable	3		
Experienced; knowledgeable of the factors that make investments go up and down	4		
Very experienced; knowledgeable of the factors that make investments go up and down	5		

11. How do you feel if your investments go down in value?

	Score		
Extremely concerned; it becomes the thing I think about most	1		
Very concerned; it becomes something I think about a lot	2		
Concerned; it comes to mind when I see or hear the media	3		
Not very concerned; it crosses my mind on occasion	4		
Indifferent	5		

**12. Choose the most appropriate response to the following statement.
My main concern is the effect of taxation on my investment.**

	Score		
Not a major concern	1		
Tax effectiveness is good but not if I need to take higher risks	2		
Neither agree nor disagree	3		
Agree – taxation effects on investments are important	4		
Strongly agree taxation effects on investments are extremely important	5		
SCORE TOTAL			

Score 12-19 **Conservative**

Score 45-52 **Growth**

Score 20-27 **Moderately Conservative**

Score 53-60 **High Growth**

Score 28-44 **Balanced**

Client Investment Profiles:

Conservative – Score 12-19

You are a Conservative investor to whom security of capital is of major importance, however, you may seek higher returns from investing in longer term fixed interest securities and may consider investing a minor portion of your funds into growth investments. Your profile will generally give rise to high income and some capital growth. Your return will be low and consistent compared with other portfolios. Your ideal asset allocation would fall within the range of your risk profile listed on the following page, depending on your score.

Moderately Conservative – Score 20-27

You are a Moderately Conservative investor who cautiously desires capital stability and are willing to increase your investment potential by investing in some growth assets such as shares. You accept the low possibility of a negative annual return, which may occur approximately once every seven to ten years. Your ideal asset allocation, would fall within the range of your risk profile listed on the following page, depending on your score.

Balanced – Score 28-44

You are a Balanced investor who desires a prudent balance of income and growth. You do not wish to see all of your capital eaten away by tax and inflation and are prepared to take a small short term risk in order to gain longer term capital growth and accept a higher possibility of a negative annual return, that may occur once in every six to seven years. Your ideal asset allocation would fall within the range of your risk profile listed on the following page, depending on your score.

Growth – Score 45-52

You are a Growth investor who aggressively seeks to maximise long term capital growth investing mostly in growth assets. You remain cautious towards taking high levels of long term risks. However your general understanding of the investment market enables you to feel comfortable with short term risk. You accept the possibility of a negative annual return that may occur once every four to five years. Your ideal asset allocation would fall within the range of your risk profile listed on the following page, depending on your score.

High Growth – Score 53-60

You are a High Growth investor who aggressively seeks to maximise long term capital growth, by investing predominantly in growth assets. You are well aware of the heightened potential for capital loss in the short term and accept the higher risk of a negative return, that may occur once every three to four years. Your ideal asset allocation would fall within the range of your risk profile listed on the following page, depending on your score.

A suggested asset allocation for each risk profile is as follows:

Asset Class	Conservative	Moderately Conservative	Balanced	Growth	High Growth
Minimum Investment Time Frame	3 years	4 years	5 years	6 years	7 years
Range of Annual Gross Returns 1 Year	-3.1 to 19 %	-8.9 to 29.1 %	-13.6 to 38.1 %	-16.9 to 45 %	-20.1 to 52.1 %
Expected 10 Year Returns	3.9 to 10.9 %	2.6 to 14.6 %	1.4 to 17.6 %	0.5 to 19.9 %	-0.4 to 22.1 %
Expected probability of negative return over any single year	3.7 % Approx 1 in every 28 years	11.5 % Once in 7 to 10 yrs	16.6 % Once in 6 to 7 yrs	19.4 % Once in 4 to 5 yrs	21.7 % Once in 3 to 4 yrs
General Characteristics of Portfolio	Stable portfolio, value may be lessened by inflation. Provides income but no capital growth, generally no tax advantages, quick access to investment monies for short investment terms	Conservative but with some tolerance to risk, small exposure to growth, consists of mostly income and some capital growth, may keep better pace with inflation than conservative portfolio and provide minimal tax effectiveness	Will accept some exposure to growth to increase potential returns. Will achieve greater tax effectiveness due to spread of assets and will provide minimum amount of income from assets. Capital less likely to be eaten away by inflation	Will accept short term volatility for higher returns long term. Provides more tax effectiveness than Balanced portfolio. Portfolio will have more growth than income. Suitable for longer term investing	Will accept high short term volatility for higher returns long term. Provides more tax effectiveness than growth portfolio. Portfolio will have mostly growth with little income. Suitable for longer term investing
	Benchmark %	Benchmark %	Benchmark %	Benchmark %	Benchmark %
Cash	25	15	10	5	0
Fixed Interest - Defensive	40	20	10	5	0
Fixed Interest - Other	10	15	10	5	0
Australian Shares	10	25	40	50	60
International Shares	10	20	25	30	35
Property & Infrastructure	5	5	5	5	5
Client's Tested Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreed Risk Profile / Asset Allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sourced from Morningstar 2010

Actual allocation may be 10% either side of this benchmark depending on current economic and personal circumstances

Investment Concerns

Fund Preferences – Please tick if any of the following are important to you

- | | |
|---|--|
| <input type="checkbox"/> Website Access | <input type="checkbox"/> Ability to invest in Shares directly |
| <input type="checkbox"/> Wholesale Managed funds | <input type="checkbox"/> Want to consolidate Super / Investments |
| <input type="checkbox"/> Insurance to age 65 and beyond | <input type="checkbox"/> Wide variety of fund options |
| <input type="checkbox"/> Want to roll over Superannuation | <input type="checkbox"/> Ability to convert to income stream |
| <input type="checkbox"/> UK Pension transfer | <input type="checkbox"/> Portable |
| <input type="checkbox"/> BPay / Direct Debit | <input type="checkbox"/> Accepts all types of contributions i.e. personal and employer |
| <input type="checkbox"/> Advice on Investment options | |

What is your investment time frame?

- 1-3 years ☐
- 3-5 years ☐
- 6-7 years ☐
- 7 + years ☐

How long would your household be comfortable if you were temporarily unable to work?

- Less than 1 month ☐
- 1-3 months ☐
- 3-6 months ☐
- 6-12 months ☐
- Over 12 months ☐

Would you like your superannuation and non superannuation investment money invested in the same manner? Or would you like different investment time frames for your investments?

Have you dealt with Financial Advisers in the past? How would you describe your experience?

Are there any personal matters, or lifestyle complications you believe we should know about, that will help us, to help you?

Are there any investments that you wish to avoid?

Are there any investments that you wish to have?

What matters are most important to you?

The following questions to be completed by the adviser

Portfolio management approach, i.e. strategic, tactical, other.

Record any specific discussions regarding client preference surrounding Inflation, Tax advantages, Security of Capital, Liquidity and Income Needs.

Did you discuss any changes to the risk profile, if yes what? (e.g. was there any concern that the client's financial objective may not be reached with their existing profile). Note any relevant discussions regarding investment preferences.

Main Reasons for Seeking Advice

Goals and Objectives

Do you have any specific needs, expenses or objectives you would like to achieve? For example cash flow monitoring, debt reduction, wealth accumulation, retirement, asset protection etc.

	Time Frame and Importance (High, Medium, Low)
Short Term	
Medium Term	
Long Term	

Do you wish to keep a cash reserve or emergency fund? ☐ Yes ☐ No

Are there any goals identified above that you do not wish to seek advice on?

Superannuation and Retirement Income Planning

☐ Not Disclosed ☐ Not applicable ☐ Nil

If you retired today and all your principal debts were paid and you only had to meet your usual living and preferred lifestyle expenses, how much income would you need?

Plans		
Retirement income in today's dollars	\$	\$
Expected retirement age		
Estimated years of retirement funding		
Present Super Contribution details		
Have you made any personal contributions to any Australian superannuation fund in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concessional caps that apply to you	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Total concessional contributions made this financial year (pre tax e.g. salary sacrifice, super guarantee contributions)	\$	\$
Remaining concessional contributions for this financial year (pre tax)	\$	\$
Total non concessional (after tax) contributions made in the past 3 years	\$	\$
Remaining non concessional (after tax) cap	\$	\$

Notes

[illegible]

Insurance Planning

☐ Not Disclosed ☐ Not applicable ☐ Nil

Term / Life

Your most important financial asset is YOU and your ability to earn income. As part of your financial plan, you should consider whether you and your family have sufficient resources to cover the possibility of loss of income.

Our analysis of your risk needs, depends upon the answers you provide to us on the questions following.

To evaluate your level of risk, we must estimate some of the lump sum needs that would exist at the time of your death.

Life Cover Needs		
Liabilities to be paid out (e.g. mortgage, personal loans)	\$	\$
Emergency fund	\$	\$
Funeral expenses	\$	\$
Income to be replaced (per annum)	\$	\$
For how long would you want your income to be replaced?		
Children's education expenses (per annum)	\$	\$
Other expenses	\$	\$
	\$	\$
	\$	\$
TOTAL		

TPD Needs		
Liabilities to be paid out (e.g. mortgage, personal loans)	\$	\$
Home renovations	\$	\$
Medical expenses	\$	\$
Emergency fund	\$	\$
Income to be replaced (per annum)	\$	\$
For how long would you want your income to be replaced?		
Children's education expenses (per annum)	\$	\$
Other expenses	\$	\$
	\$	\$
	\$	\$
TOTAL		

For TPD is Any / Own occupation Important

☐ Yes ☐ No

☐ Yes ☐ No

Trauma / Crisis Cover Needs		
Medical expenses	\$	\$
Home modifications	\$	\$
Liabilities to be paid out (e.g. mortgage, personal loans)	\$	\$
Emergency fund	\$	\$
Income to be replaced (per annum)	\$	\$
For how long would you want your income to be replaced?		
Children's education expenses (per annum)	\$	\$
Other expenses	\$	\$
	\$	\$
	\$	\$
TOTAL		
Buy backs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Protection Needs		
Amount of income to be covered	\$	\$
Waiting period (please circle)	14 / 30 / 60 / 90 days	14 / 30 / 60 / 90 days
Benefit period (please circle)	2yrs / 5yrs / age 60, 65	2yrs / 5yrs / age 60, 65
Other (e.g. super contribution option)		
Would you prefer agreed or indemnity?		
Do you undertake any dangerous or hazardous pursuits?		

Notes

Referrals

Who referred you to us?

Professional Advisers

Do you want us to contact any other professional advisers and seek input in relation to your financial plans
(e.g. Accountant, Lawyer etc)

Name

Address

Town / Suburb

State

Postcode

Firm

Phone

Fax

Authority to
contact for
information?

Name

Address

Town / Suburb

State

Postcode

Firm

Phone

Fax

Authority to
contact for
information?

Any Other Additional Notes

Privacy Acknowledgment and Consent

In this Document 'We', 'Us' and 'Our' refer to: Matrix Planning Solutions Limited ("Matrix"), and its representatives. Matrix can be contacted by writing to Level 3, 31 Market Street, Sydney NSW 2000 or by telephone on (02) 8022 3500.

'You' and 'Your' refer to the person whose information we collect and hold in order to give advice about financial products and services.

Collection of Personal Information

We collect personal information about you so we can advise you about financial products and services, administer our relationship with you and to provide you with information on other services we provide. The personal information we collect from you will depend on the advice involved, but includes your name, address, contact details, business details, financial information, and in the case of an application for life insurance, medical and lifestyle information.

The law can also require us to collect personal information, e.g. Commonwealth legislation requires us to identify persons who open or operate accounts, or we may be required to collect your tax file number.

Other Members of Matrix Planning Solutions

We are permitted by the Privacy Act to disclose personal information (other than sensitive information) to our related body corporates. This enables Matrix to have an integrated view of its customers. Any related body corporate of ours to which personal information is properly disclosed, will also be bound by the Privacy Act, in relation to the use and disclosure of such information.

Other Disclosures

Personal information may be disclosed to:

- If you have life insurance: the insurer, claims investigators, medical practitioners, reinsurers, and insurance reference agencies.
If sensitive information about you (including health information) is collected for the purpose of an application for life insurance, that sensitive information will only be used for that purpose or with your consent;
- If you have superannuation or managed investments: external product providers into which you might direct some of your investment, other product providers to which your investment might be transferred, fund administrators and fund trustees;
- Austrack the government agency who oversees Anti Money Laundering and Counter Terrorism: we are required to provide details of certain transactions and entities where we hold reasonable suspicion of suspect nature.

In all circumstances where we contract with others to provide services to us, and these contractors have access to your personal information, confidentiality agreements will apply. Personal information may only be used by our contractors for our purposes.

We may be allowed or obliged to disclose information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws.

You Need to Provide us with Accurate and Relevant Information

If you provide us with incomplete or inaccurate information, the advice we give you may be incomplete or inappropriate or we may not be able to arrange the products or services you are seeking.

Sending of Personal Information Overseas

We may send information overseas if we outsource functions using overseas agents or contractors.

Access

You may (subject to permitted exceptions) access your information by contacting the Compliance Manager in writing: Matrix Planning Solutions Limited, Level 3, 31 Market Street, Sydney NSW 2000. We may charge you for providing this service.

More Information

For more information about our policies on privacy, please read our Privacy Statement, which can be obtained upon request or located on our website: www.matrixplan.com.au > About Us > Privacy Policy.

Client Acknowledgement and Consent

Privacy and Consent

☐ I/We acknowledge and consent to the use, storage and disclosure of your personal information as indicated above.

Risk Profile

☐ I/We have completed my/our Risk Profile Questionnaire with the assistance of my/our Adviser. My/Our profile has been fully explained and I/we have understood the volatility and exposure to more Growth and High Growth strategies.

Limited Personal Information Warning

☐ If you have chosen not to provide all information requested by the Financial Planner, you must understand that appropriate advice may not be able to be given and you risk making a financial commitment to a life product or investment product that may not be appropriate for your needs.

Acknowledgement

☐ I/We confirm that the details recorded in this Financial Needs Analysis are correct and reflect my/our true financial position. Please prepare a financial plan for my/our consideration.

Electronic Receipt of Information

☐ I/We confirm that we have access to a computer and the internet and would like to receive material in an electronic format.

Tax File Number (TFN) Consent

☐ I/We give permission to retain My/Our Tax File Number for financial planning purposes

Please note: you do not have to give consent to retain your TFN. It is not an offence not to quote your TFN.

TFN

TFN

I/We agree to a plan fee of

\$

Including GST.

Name

Signature

Date

Name

Signature

Date

Name

Date

Power of Attorney (if applicable)

Adviser Signature

Date

Adviser Name

Review of Financial Information

Reviews

☐ I/We have provided updated personal information for the purposes of reviewing my financial situation.

Are you happy with your current asset allocation/ risk profile?

☐ Yes, I am happy with my risk profile

☐ No, I am not happy with my risk profile (we will need to complete a new risk profile)

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Additional Review Notes

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This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue lines across its entire width, typical of notebook or legal stationery. The background is a clean, solid white color. There are no margins, text, or other markings present on the page.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue lines across its entire surface, typical of notebook or school paper. The background is a solid off-white color, and there are no margins, text, or other markings present.



MATRIX PLANNING SOLUTIONS LIMITED
AFSL No: 238256
ABN: 45 087 470 200

To Whom It May Concern:

☐ I/We _____

hereby request and instruct that all relevant information on My/Our investments, insurances, superannuation or other financial information be released to _____ and their staff, Authorised Representative of Matrix Planning Solutions Limited, Australian Financial Services Licensee No 238256.

☐ I/We request that all relevant documentation to act on My/Our behalf be sent to - _____ including superannuation release forms.

☐ I/We request that the servicing adviser on my accounts be transferred to - _____ I/We wish for this alteration to occur immediately.

Please also accept a photocopy scanned or facsimile copy of this letter as authority, as the original will stay on file.

Name (Client 1) _____ Name (Client 2) _____

Date of Birth (Client 1) _____ Date of Birth (Client 2) _____

Address (Client 1) _____

Address (Client 2 - if different from Client 1) _____

Policy / Account number (Client 1) _____ Policy / Account number (Client 2) _____

Yours faithfully

Name Name

Signed Signed

Date Date



MATRIX PLANNING SOLUTIONS LIMITED
AFSL No: 238256
ABN: 45 087 470 200

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Policy / Account number (Client 1) _____ Policy / Account number (Client 2) _____

Yours faithfully

Name Name

Signed Signed

Date Date



Matrix Planning Solutions Limited, ABN 45 087 470 200, is a holder of an Australian Financial Services Licence No. 238256 and is responsible for the services and advice given to you by your adviser.

St. Martins Tower
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Fax: 02 9993 0390

Email: contactus@matrixplan.com.au
Website: www.matrixplan.com.au

June 2010