



# Client Questionnaire

**Private and confidential**

Client 1	
Client 2	
Authorised representative (financial adviser)	
Date of completion	
Version of FSG provided	
Date of FSG provided	



# Client Questionnaire

Private and Confidential

## Purpose of a Client Questionnaire

This Questionnaire is used to collect information about your financial position and goals. The information is then used to prepare our recommendations to you by way of a written 'statement of advice'. It is important to complete this Questionnaire as fully as possible so that all aspects of your financial position can be properly considered.

## Authorised Representative's Duty of Care

AXA Financial Planning, an Australian Financial Services Licensee, certifies the Authorised Representative. The Authorised Representative must be able to demonstrate an understanding of your financial situation, objectives, particular needs and concerns, so that he/she has reasonable grounds for making recommendations on appropriate strategies and investments. The information collected in this questionnaire is necessary to enable recommendations to be made and will be used solely for that purpose.

## Your Duty of Care

You are responsible for providing accurate and appropriate information to allow the Authorised Representative to have reasonable grounds for making recommendations. No liability will be accepted for any advice given on the basis of inaccurate or incomplete information supplied by you.

## Limited Advice

You may be seeking advice from the Authorised Representative, which is limited to specific issues and/or concerns and objectives. If this is the case, some of the pages in this Client Questionnaire may not be relevant to you.

In the event that you elect not to complete a section, you should write 'Client did not wish to disclose this information' in that/those section(s).

Limiting advice is your decision and you will be asked to sign to this effect at the end of both this questionnaire and the resulting Statement of Advice. By limiting information provided, you risk receiving advice that may not be appropriate to your overall needs and objectives.

## Personal Details

	Client 1	Client 2
Title		
First Name		
Preferred Name		
Surname		
Date of Birth		
Gender	Male Female	Male Female
County of Birth		
Marital Status		

## Contact Details

Address		
Telephone (home)		
Telephone (work)		
Mobile		
Fax		
Email		

## Dependants

Name	Date of Birth	Relationship	Financially Dependant	No. of Years to Support
			Yes No	
			Yes No	

## Health

Health Status	Excellent Good Fair Poor	Excellent Good Fair Poor
Health issue details		
Smoker	Yes No	Yes No
Private Health cover	Yes No	Yes No
Health Cover Provider		
Health Cover level		

**Reasons for seeking advice**

List the reasons why you are seeking advice:
What lifestyle objectives are important to you?
What issues or events may affect your lifestyle objectives over the next 5 years?
Are you looking to establish an ongoing relationship with a financial adviser?

**Financial Objectives**

<b>Details of any significant expenses you may be planning now or in the near future.</b>	Priority High Medium Low
<b>Retirement Planning</b>	Priority High Medium Low
<b>Savings</b>	Priority High Medium Low
<b>Personal Insurance Management</b>	Priority High Medium Low

**Financial Objectives (cont)**

<b>Debt Management</b>	Priority High Medium Low
<b>Capital protection/preservation</b>	Priority High Medium Low
<b>Payment of financial advice</b>	
Initial advice	<input type="checkbox"/> via non-super investments <input type="checkbox"/> via super investments <input type="checkbox"/> From my cashflow
Ongoing advice	<input type="checkbox"/> via non-super investments <input type="checkbox"/> via super investments <input type="checkbox"/> From my cashflow

**Other specific reasons why you need our assistance**

Please provide details of any other reasons why you are seeking financial advice:


## Employment

	Client 1	Client 2
Employment Status (Full time, part time, self-employed)		
Employers Name		
Occupation		
Current Gross Salary/Wages		
Are you eligible to exercise super choice?	Yes No	Yes No
Will you be leaving your employer soon?	Yes No	Yes No
If yes, what date?		

## Salary Packaging

Is salary packaging available?	Yes No	Yes No
If Yes, what benefits can be packaged?	Superannuation Car Laptop Other	Superannuation Car Laptop Other
What % of Salary can be salary sacrificed to super?	%	%

Please provide the following:

A copy of your latest payslip or;

A copy of your latest tax return; and

A copy of your salary packaging details.

## Leave

	Days	Value \$	Days	Value \$
Outstanding Leave		\$		\$
Annual Leave		\$		\$
Sick Leave		\$		\$
Long Service Leave		\$		\$
Other		\$		\$

**Income**

	<b>Details</b>	<b>Client 1</b>	<b>Client 2</b>
Salary / Wage	Gross Net	\$	\$
Overtime, Bonuses & Commissions		\$	\$
Business income		\$	\$
Super Pension		\$	\$
Income from investments		\$	\$
Rental Income		\$	\$
Family Trust distributions		\$	\$
Maintenance payment		\$	\$
Annuity income		\$	\$
Centrelink or Veterans benefit	Type of benefit	\$	\$
Work Compensation Payments		\$	\$
Is the client expecting any future income i.e. inheritance?		\$	\$
Other		\$	\$
Total income		\$	\$
Joint Total Income / Frequency		\$	\$

**Notes**

## Expenses

If required, a detailed expense budget planner is available from your Authorised Representative

Budget Expenses	Details	Monthly	Annually
Food		\$	\$
Clothing		\$	\$
Gas, Water, Electricity, Telephone		\$	\$
Medical		\$	\$
Entertainment		\$	\$
Education		\$	\$
Mortgage/Rent		\$	\$
Rates/Taxes		\$	\$
General Insurances		\$	\$
Car Loan/Lease		\$	\$
Car Insurance		\$	\$
Life Insurance		\$	\$
Trauma Insurance		\$	\$
Credit Cards		\$	\$
Savings		\$	\$
Investments		\$	\$
Income Protection		\$	\$
Memberships		\$	\$
Other		\$	\$
<b>Total General Expenses</b>		\$	\$

Surplus Disposable Income	Monthly	Annually
How much surplus income do you have?	\$	\$
Where are you currently directing your surplus income?	Saving Investing Other	Saving Investing Other
Based on your current disposable income, how much would you be comfortable to invest or save?	\$	\$

<b>Lifestyle Assets</b>				<b>Lifestyle Liabilities</b>					
Description	Owner	Current value	Type of loan	Liability \$	Interest rate %	Payment & Frequency	Required & Actual repayment	Notes (incl loan limits)	
Principal residence		\$		\$		\$	\$		
Contents		\$		\$		\$	\$		
Motor vehicle 1		\$		\$		\$	\$		
Motor vehicle 2		\$		\$		\$	\$		
Other		\$		\$		\$	\$		
<b>Total</b>		<b>\$</b>		<b>\$</b>		<b>\$</b>	<b>\$</b>		
<b>General insurance</b>									
Description	Asset insured	Policy number	Premium	Payment frequency	Benefit amount	Renewal date	Notes		
Principal residence	\$		\$		\$				
Contents	\$		\$		\$				
Motor vehicle 1	\$		\$		\$				
Motor vehicle 2	\$		\$		\$				
Other	\$		\$		\$				

Investment assets										Investment liabilities									
Asset	Owner	Date & Amount invested	Units / Shares	Current value	Reinvest income (Y/N)	Wish to retain	Type of loan	Liability	Interest rate	Payment & frequency	Notes								
				\$				\$		\$									
				\$				\$		\$									
				\$				\$		\$									
				\$				\$		\$									
				\$				\$		\$									
				\$				\$		\$									
<b>Total</b>				\$				\$		\$									
Income stream investments																			
Type	Owner	Current value	Start date	Term	RCV	Deductible amount Tax	Centrelink	Super (Y/N)	Rebateable	Tax free proportion	Notes								
		\$																	
		\$																	
		\$																	
<b>Total</b>		\$																	

<b>Superannuation investments</b>										
Fund name	Owner	Current value	Type of fund (Personal or default or employer)	Investment details	Current tax free component	Personal contributions ie. super guarantee	Personal contributions ie. salary sacrifice	Non concessional contributions	Insurance	
		\$				\$	\$	\$		
		\$				\$	\$	\$		
		\$				\$	\$	\$		
		\$				\$	\$	\$		
		\$				\$	\$	\$		
<b>Notes</b>										

<b>Current term life, TPD or trauma policies</b>							
Type (Life / TPD /Trauma)	Owner (if super insert name)	Life insured	Company	Policy number	Insured amount	Annual premium	
					\$	\$	
					\$	\$	
					\$	\$	
<b>Total</b>					\$	\$	
<b>Current income protection policies</b>							
Insured	Company	Policy number	Monthly benefit	Annual premium	Benefit period	Waiting period	
			\$	\$			
			\$	\$			
<b>Total</b>			\$	\$			

## Retirement Planning

The following details are required to provide retirement planning advice

	Client 1	Client 2
Actual Retirement Date or		
Anticipated Retirement Age		
Current Superannuation Salary	\$	\$
Eligible Service Date		
What is the level of after tax income you would like to achieve in retirement (pa)?	\$	\$

### Redundancy/Termination Payments

	Client 1	Client 2
Are you expecting a redundancy or termination payment(s)?	Yes No	Yes No
What date do you expect to receive the payment(s)?		
Unused Long Service Leave Gross Net	\$	\$
Unused Annual Leave Gross Net	\$	\$
Redundancy – Tax Free	\$	\$
Redundancy – ETP Gross Net	\$	\$
Ex-Gratia/Golden Handshake Gross Net	\$	\$
Other Gross Net	\$	\$
Total Gross Net	\$	\$

**Notes:** Please provide the following

- A statement from your employer and all other super funds so that we can determine the ETP components.
- Termination payment summary.

## Estate Planning

The following details relate to your plans for your finances after your death or during a period where you are not able to control your finances e.g. due to illness.

	Client 1	Client 2
Do you have a will?	Yes No	Yes No
When was your will last reviewed?		
Do you have provisions in place for a Testamentary Trust?	Yes No	Yes No
What type/s of Power of Attorney do you have?	Medical General Enduring	Medical General Enduring
Who are your Attorneys under Power?		
For superannuation only, do you have any binding nominations in place?	Yes No	Yes No
If yes, who are they to?		
If yes, when were these binding nominations last reviewed?		

In order to provide appropriate advice, we need to consider various strategies. These strategies can be influenced by your intentions regarding the distribution of your assets after your death.

Do you have intentions regarding the distribution of your assets after your death?	Yes No	Yes No
If possible what is the most you would want to leave to your estate?	\$	\$
What is the least you would want to leave to your estate so that you could meet other more important goals?	\$	\$
Notes:		
Would you like to be referred for advice on estate planning?	Yes No	Yes No
Referred to:		
Telephone		

## Insurance Planning

The data collected in the following section will be used to determine how much insurance you require.

### Life insurance

Replacement of Income	Event of Clients 1's Death	Event of Client 2's Death
Replacement Income required (\$ per year)	\$	\$
Number of years income required		
Assumed net rate of return	%	%
Value of lump sum at end of term (Residual Capital value)	\$	\$
One off Expenses	\$	\$
Capital for your estate (eg. Bequests to children etc)	\$	\$
Final Expenses (eg. Funeral costs)	\$	\$
Debts to be cleared	\$	\$
<b>Realisable Assets</b>	\$	\$
Assets that would be sold (eg. 2nd car, boat)	\$	\$

### Total & Permanent Disablement (TPD)

Replacement of Income	Event of Client 1's TPD	Event of Client 2's TPD
Replacement Income required (\$per year)	\$	\$
Number of years income required		
Assumed net rate of return	%	%
Value of lump sum at end of term (Residual Capital value)	\$	\$
One off Expenses	\$	\$
Alterations to home	\$	\$
Equipment to assist with rehabilitation	\$	\$
Medical Costs	\$	\$
Debts to be cleared	\$	\$
<b>Realisable Assets</b>	\$	\$
Assets that would be sold (eg 2 <sup>nd</sup> car)	\$	\$

### Trauma cover

Expenses	Event of Client 1's Trauma	Event of Client 2's Trauma
Debts	\$	\$
Children	\$	\$
Medical Costs		
Other	\$	\$
<b>Realisable Assets</b>		
Assets that would be sold (eg 2 <sup>nd</sup> car)	\$	\$

### Income Protection

Replacement of Income	In the event that Client 1 cannot work.	In the event that Client 2 cannot work.
Cost of living (per annum)	\$	\$
Other Expenses	\$	\$

Note:

The maximum cover available is 75 per cent of income after business expenses before tax.

Clearing all debts & replacing all income may lead to over insurance. Your Authorised Representative can assist you with this.

## Investment Profile

By answering the following questions, the Authorised Representative will be able to determine your investment profile. This will help to establish which types of funds should be used for any investments. This is a profile for a single person or a couple that can be duplicated if necessary.

### Section 1

#### Question 1

What is your investment timeframe or how long do you expect your money will be invested? Assume that this money does not affect your cash flow.

Less than 1 year	0
1 – 2 years	1
2 – 3 years	2
3 – 5 years	3
5 – 7 years	4
Greater than 7 years	5

If your investment timeframe is less than 2 years you do not need to complete Section 2.

### Section 2

#### Question 1

Which of the following statements best describes your experience or knowledge of investing?

I have never invested money and do not know how the investment markets work.	1
I have some experience and an understanding of how investment markets work.	2
I have some experience with investing in shares or managed funds and I understand the importance of diversification.	3
I have previously invested money in various types of investments, understand that markets may fluctuate and that different market sectors offer different income and growth characteristics.	4
I have previously invested substantially in share and/or Property investments either through managed funds and have a strong understanding of the various factors that may influence performance.	5

#### Question 2

Are high returns on your investment more important than short-term fluctuations?

Not at all	1
Limited	2
To some extent	3
For the most part	4
Definitely	5

#### Question 3

What would you do if the value of your investment fell by 20% in its first year because of the markets?

I would withdraw my funds	1
I would find out about safer investments	2
I would discuss the investment with my adviser and ask for guidance	3

I would understand that investments can fluctuate and would do nothing	4
I would consider investing additional funds	5

#### Question 4

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

My money should at least remain the same amount.	1
My money should grow by at least the rate of inflation.	2
My money should grow steadily by greater than the rate of inflation.	3
My money should grow at a rate that exceeds inflation in the long term whilst fluctuating in value.	4
My money should grow substantially compared to inflation whilst fluctuating in value.	5

#### Question 5

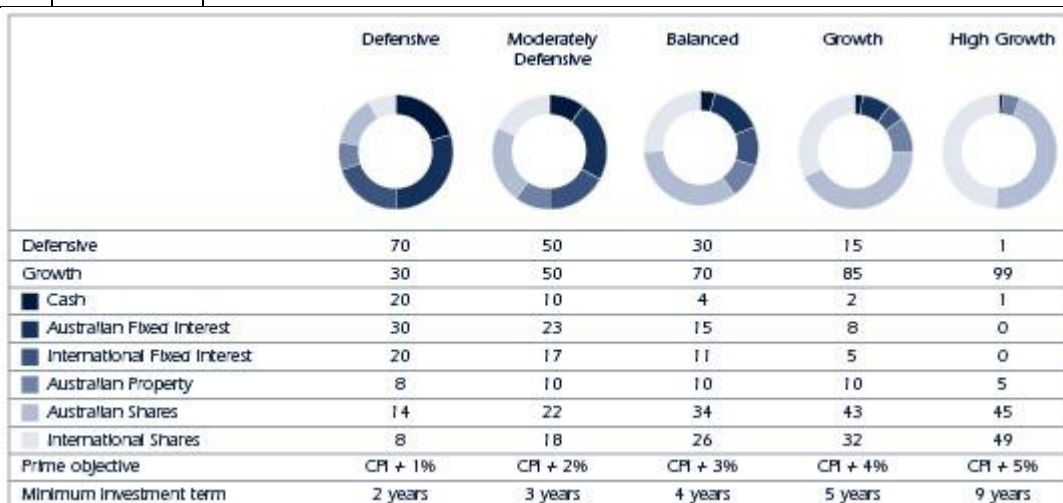
Which of the following describes your investment objectives?

To generate an income.	1
To generate an income and a small amount of growth.	2
To generate an equal amount of income and growth.	3
To generate a small amount of income and growth and to grow more substantially.	4
To achieve growth with little or no income.	5

## Assessment

	Client 1	Client 2
Add the total of <b>Section 2</b> scores and <b>divide by 5</b>		
Write in the score from Section 1?		
Select the lower of the two scores from Section 1 and Section 2		
<b>Investor profile for Recommendations</b>		
Identified Profile		
Selected Profile		
Agreed Profile where joint ownership of investments applies		
Do you have a preference for ethical investments?	Yes	No

Score	Profile	Description of Investor & Investment
0	Cash	Investment held in cash or cash based securities. Interest rates may vary.
0 - 1.5	Defensive	Definite need for a very secure income. Little fluctuations in capital value. Will not accept much downside risk. To achieve a rate of return 1% pa greater than CPI over any two year period with a 70% probability of success. Seek rate of return greater than zero over any one year period with a 90% probability of success.
1.51 - 2.5	Moderately Defensive	Requires a stable income. Can utilise capital drawdowns to supplement income if necessary.. Expect small fluctuation in income to gain modest capital growth. Require minimisation of downside risk. To achieve a rate of return 2% pa greater than CPI over any three year period with a 70% probability of success Seek rate of return greater than zero over any one year period with a 80% probability of success
2.51 - 3.5	Balanced	Desire a reasonably stable income stream, but also desire a steady growth in capital value. Prepared for fluctuations to achieve reasonable capital growth over the medium term. Sufficient capital available to draw down to supplement income needs. To achieve a rate of return 3% pa greater than CPI over any four year period with a 65% probability of success. Seek rate of return greater than zero over any one year period with a 80% probability of success.
3.51 - 4.5	Growth	Little or no need for an ongoing income from investments. Investment focus is to achieve capital growth with no need to access capital in the medium term. Prepared to accept fluctuations in capital value to achieve longer term wealth accumulation. To achieve a rate of return 4% pa greater than CPI over any five year period with a 65% probability of success. Seek rate of return greater than zero over any one year period with a 75% probability of success.
Over 4.5	High Growth	No ongoing income needed from investments. Investment focus is upon high levels of capital growth with no need to access capital for the long term. Prepared to accept wide fluctuations in capital value and may be prepared to invest additional sums during downsize period. To achieve a rate of return 5% pa greater than CPI over any nine year period with a 65% probability of success. Seek rate of return greater than zero over any one year period with a 70% probability of success.



## Service Agreement

### Preparing your Statement of Advice

Following an initial analysis of your needs, we have identified that we can assist you by developing a Statement of Advice addressing the following areas:

(Tick all areas relevant)	Applicable:	Advice limited by client:
Saving, investment and debt management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Saving for retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Living in retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Financial protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service
Estate planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client declined service

### Notes

Where a client declined full service and limited advice is being provided please provide further details below:

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The next steps in the advice process include:

#### 1 Sign-off

Prior to proceeding, you are required to sign-off to confirm that you accept our client service agreement to prepare a Statement of Advice for your consideration. We also require your sign-off for:

- tax file, Centrelink and Department of Veterans Affairs (DVA) number
- client duty of care
- privacy statement, and
- declaration that you have declined some services (if only limited advice is being provided).

#### 2 Preparation of your Statement of Advice

Based on the information you have provided we will prepare a Statement of Advice tailored to your needs. The Statement of Advice will include:

- a summary of your current situation and needs
- recommended strategies to meet these needs, and
- recommended products where appropriate.

#### 3 Presentation of your Statement of Advice to you

Once the Statement of Advice is complete we will meet with you again to present the advice to you. During this session we will review each of the areas you have requested assistance with and explain how our recommendations meet your needs.

We will clearly explain to you the costs that you will incur should you then proceed with the plan.

#### 4 Discuss appropriate review service

On presenting you with your Statement of Advice we may also discuss the most appropriate review service to ensure that your plan is kept up-to-date and is relevant to any change in your circumstances.

### Tax file, Centrelink and DVA number sign-off

	Client 1	Client 2
My tax file number (TFN) is		
I do not wish to advise my TFN*	<input type="checkbox"/>	<input type="checkbox"/>
My Centrelink number is		
My DVA number is		

I/We authorise \_\_\_\_\_, Financial adviser of AXA Financial Planning, to:  
(Please tick boxes)

- Retain and store the above number(s) for the period that the financial adviser is acting on my behalf, and
- Quote my tax file number information to the Australian Taxation Office when necessary and to investment bodies when making investments on my behalf.

\* Failure to disclose your TFN to your superannuation provider could lead to the top tax rate being applied to your superannuation contributions and to other investment income.

### Client duty of care sign-off

It is your responsibility to provide accurate and appropriate information to allow the financial adviser to have reasonable grounds for making recommendations. AXA Financial Planning accepts no liability for any advice given on the basis of inaccurate or incomplete information supplied by the client.

The information provided in this document is complete and accurate to the best of my/our knowledge.  
(Please tick the boxes)

- I am/We are not aware of any other information which would be relevant to the financial adviser when making a recommendation.
- I/We give permission for the information supplied in this review to be used for the preparation of my/our Statement of Advice and I/we understand that the recommendations will be based solely on this information.
- I/We acknowledge that I/we have received a Financial Services Guide from the financial adviser.

### Privacy statement

The information you provide and any recommendations made will be kept on file. You are entitled to request reasonable access to any information held about you. It is also important to understand that AXA Financial Planning reserves the right to appoint another financial adviser from time to time. In these circumstances we will write to you advising you of the change.

In order to best meet your needs and provide you with financial services and advice, we may need to disclose your personal information to other parties including fund managers, life companies, related entities and other licensees. Communication may include fax, email (may be unsecured), phonecalls and regular mail.

Similarly we may bring to your attention products, services or other information, which may be relevant to your financial plan. At these times you will be given the opportunity to choose whether or not you continue to receive such information. If you wish to examine your files, it is available on request.

- You have read and understood the content of the privacy statement.

**Sign-off**

Please tick the boxes relating to sections completed above, then sign and date the section below signifying your acceptance of those matters:

- Limited advice – I have declined some services. The risks of receiving limited advice have been explained to me.
- Tax file, Centrelink and DVA number
- Client duty of care
- Privacy statement

Name	Signature	Date
	X	
	X	
Financial adviser	X	

**ID Verification (adviser use only)**

I have sighted the original forms of the identification documents listed and kept a copy on file. I verified the client's full name and either date of birth or residential address from:

One primary ID source (tick one)	Client 1	Client 2
Driver's licence	<input type="checkbox"/>	<input type="checkbox"/>
Passport, or	<input type="checkbox"/>	<input type="checkbox"/>
other photo ID	<input type="checkbox"/>	<input type="checkbox"/>

**or two secondary ID sources  
(list two documents)**


### Plan construction sign-off

Authority to proceed with the construction of a Statement of Advice

Client name	
Address	

- I/We have discussed my/our financial planning requirements with our financial adviser and have disclosed all relevant information.
- I/We request a Statement of Advice to be constructed based on the information disclosed by us in this detailed financial review dated / / .
- I/We acknowledge that I/we have received a Financial Services Guide from the financial adviser.

Cost including GST	
Fixed cost	\$
OR, cost per hour	\$
Cost per hour is capped at	\$

An invoice for the agreed fee will be issued on presentation of the Statement of Advice. A time sheet will be included to substantiate fees charges on an hourly basis, if appropriate.

Preparing a Statement of Advice is an important step of the financial planning process. Your financial adviser may discuss fees for implementation of the advice separately.

Please tick one of the following options:

- The above costs **do not** include those associated with implementing the recommendations.
- The above costs **do** include those associated with implementing the recommendations.

Name	Signature	Date
	X	
	X	
Financial adviser	X	

**Authorisation to collect information or transfer servicing rights of financial products**

To: The Manager of Customer Service

Provider name:

Address:

Client name		Date of birth	
Address:		Product details:	

To whom it may concern,

- I/ We authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- I/ We authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative.
- I am/ We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the business named below and its representatives.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the address shown below.

Yours faithfully,

<b>Name</b>	<b>Signature</b>	<b>Date</b>
	X	
<b>Name</b>	<b>Signature</b>	<b>Date</b>
	X	

<b>Adviser name</b>		<b>Adviser code</b>	
<b>Business</b>		<b>Tel</b>	( )
<b>Business address</b>		<b>Fax</b>	( )
		<b>Email</b>	



## Ordinary investment products – replacement of product comparison

Where you are reviewing investments in managed funds, master trusts or direct shares, the following factors need to be researched.

Ordinary investments	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Product name				
Balance				

Fee comparison	%	\$	%	\$	%	\$	%	\$
Exit fees applicable								
Entry fees applicable								
Annual administration fees								
Annual management expenses (MER)								
Buy/sell margin								
Ongoing adviser commission								
Adviser review fee								
Brokerage (shares only)								

### Tax consequences

Less Capital Gains Tax								
------------------------	--	--	--	--	--	--	--	--

### Available investment comparison

Available investment options	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers
No. of available investment managers				
Asset allocation				

<b>Bonds/term deposits</b>	<b>Existing/ consideration 1</b>	<b>Existing/ consideration 2</b>	<b>Existing/ consideration 3</b>	<b>Existing/ consideration 4</b>
Product name				
Investment amount				
Maturity date				
Less Exit fee (if withdrawn prior to maturity date)				

### Superannuation products – replacement of product comparison

Where you are reviewing an existing super fund, the following factors must be researched.

Please note: If you are investigating the replacement of an industry fund please ensure that you obtain all the relevant product information.

Superannuation investments	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Product name				
Fund type	<input type="checkbox"/> Defined benefit <input type="checkbox"/> Accumulation	<input type="checkbox"/> Defined benefit <input type="checkbox"/> Accumulation	<input type="checkbox"/> Defined benefit <input type="checkbox"/> Accumulation	<input type="checkbox"/> Defined benefit <input type="checkbox"/> Accumulation
<b>Balance</b>				

Fee comparison	%	\$	%	\$	%	\$	%	\$
Exit fees applicable								
Entry fees applicable								
Annual administration fees								
Annual management expenses (MER)								
Buy/sell margin								
Ongoing adviser commission								
Adviser review fee								

#### Tax consequences

Less Capital Gains Tax								
Less ETP Tax								

### Available investment comparison

Available investment options	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers	<input type="checkbox"/> Multi-manager - diversified <input type="checkbox"/> Multi-manager - sector <input type="checkbox"/> Individual managers
No. of available investment managers				
Asset allocation %	Defensive growth	Defensive growth	Defensive growth	Defensive growth

### Insurance comparison

Insurance within Super	Existing/ consideration 1	Existing/ consideration 2	Existing/ consideration 3	Existing/ consideration 4
Insurer name				
Type of cover	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> IP
Default cover available				
Cost	\$	\$	\$	\$
Continuing option available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic acceptance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stepped/level premium	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level

## Life insurance products – replacement of product comparison

When you are reviewing an existing life insurance policy, the following factors must be researched.

Life insurance	Existing product	Recommended product	Alternative product
Insurance company			
Policy owner			
Sum insured			
Indexation of benefit			
Policy wording – pros and cons			
Underwriting required			
Premium structure – stepped/level			
Annual premium			
Waiting period (eg suicide)			
Product features			
Exclusions/loadings			

## TPD – replacement of product comparison

Where you are reviewing an existing TPD insurance policy, the following factors must be researched.

TPD	Existing product	Recommended product	Alternative product
Insurance company			
Policy owner			
Sum insured			
Indexation of benefit			
Policy wording – pros and cons			
Own occupation			
Underwriting required			
Premium structure – stepped/level			
Annual premium			
Waiting period			
Product features			
Exclusions/loadings			

### Trauma insurance – replacement of product comparison

Where you are reviewing an existing trauma insurance policy, the following factors must be researched.

Trauma insurance	Existing product	Recommended product	Alternative product
Insurance company			
Policy owner			
Sum insured			
Indexation of benefit			
Policy wording – pros and cons			
Underwriting required			
Premium structure – stepped/level			
Annual premium			
Waiting period			
Product features			
Exclusions/loadings			
Is life cover included?			

### Income protection – replacement of product comparison

Where you are reviewing an existing income protection insurance policy, the following factors must be researched.

Income protection	Existing product	Recommended product	Alternative product
Insurance company			
Monthly benefit			
Benefit period			
Waiting period			
Indexation of benefit			
Policy wording – pros and cons			
Underwriting required			
Cancellable or non-cancellable			
Premium structure – stepped/level			
Annual premium			
Product features			
Exclusions/loadings			

## Adviser working papers – alternative strategies considered

You are no longer required to detail alternative strategies or products in your Statements of Advice (SoA). However you MUST keep a record of all strategies and products considered in formulating your advice.

<b>Strategy recommended in the SoA</b>	
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Are you including alternative strategies and products in the SoA?

- Yes
- No

If you answer 'No', use the sections below to detail the alternative strategies and products you have considered. You MUST complete at least one alternative strategy and one alternative product below in addition to the strategy recommended above. Complete more alternatives if appropriate. Keep any separate modelling or calculations on the client file.

<b>Strategy 1 considered</b>	
<b>Reason why the current strategy was not recommended</b>	
The first alternative considered should be the client's current strategy. If you are recommending a change in the client's current strategy, you must include the reason as to why this particular strategy is inappropriate.	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Strategy 2 considered</b>	
eg additional super contributions	
<b>Reason the current strategy was not recommended to your client</b>	
For example, the client is young and wishes to purchase a home soon.	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Strategy 3 considered</b>	
<b>Reason not recommended</b>	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Adviser working papers – alternative products considered

The first alternative considered should be the client's current products. If you are recommending a change in the client's products, you must include the reason as to why these products are no longer suitable for the client.

<b>Product recommended in the SoA</b>	
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<b>Product 1 considered</b>	
<b>Reason not recommended</b>	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Product 2 considered</b> eg additional super contributions	
<b>Reason not recommended</b>	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Product 3 considered</b>	
<b>Reason not recommended</b>	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Product 4 considered</b>	
<b>Reason not recommended</b>	
Modelling/calculations held on file	<input type="checkbox"/> Yes <input type="checkbox"/> No