

Financial needs analyser

Date _____ Financial Adviser _____ Accountant _____

Personal details

Name _____ Date of birth/...../..... ILCN NO

Marital Status _____ Date of birth/...../..... ILCN NO

Spouse's Name _____ JOINT ILCN NUMBER ILCN NO

Contact Information

Home Address _____ Postcode _____

Business Address _____ Postcode _____

Telephone (H) _____ (W) _____ Fax _____

Children/Dependants

Name	1 _____	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ___/___/___
	2 _____	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ___/___/___
	3 _____	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ___/___/___
	4 _____	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ___/___/___

Special Planning Considerations

What is your expected retirement age? Self _____ Partner _____ Retirement year _____

Are there any medical conditions that may make your superannuation benefits available before retirement

Term life needs

Do you have an existing life insurance policy? Yes/No

If yes then please provide details.

Life insured (Relationship to customer)	Policy type	Company	Policy Number	Death Benefit	Other benefit	Annual premium	Last reviewed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like life insurance in your superannuation fund? Yes/No

Total amount required on death

Superannuation, tax and reasonable benefit limits

So that we may clarify your superannuation, tax and reasonable benefit limits situation, please complete the following.

Superannuation Details (Please attach copies of statements)

Fund Owner (Self or Spouse)	Personal/ Employer/SGC/DIY	Fund Type (eg capital stable etc)	Start Date _ / _ / _	Life Insurance Cover per annum	Contributions of Super	Current Value
_____	_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_____	_ / _ / _	_____	_____	_____

Please provide the latest statements showing benefits and components or authorisation for access to your account details.

Reasonable Benefit Limits (RBL's)

The following information may assist us in establishing a Transitional RBL for you above the flat dollar RBL limits. (Please attach copies of statements including RBL Determinations)

Do you have a transitional RBL? Yes No

If yes, please provide a copy of the ATO notice of your RBL

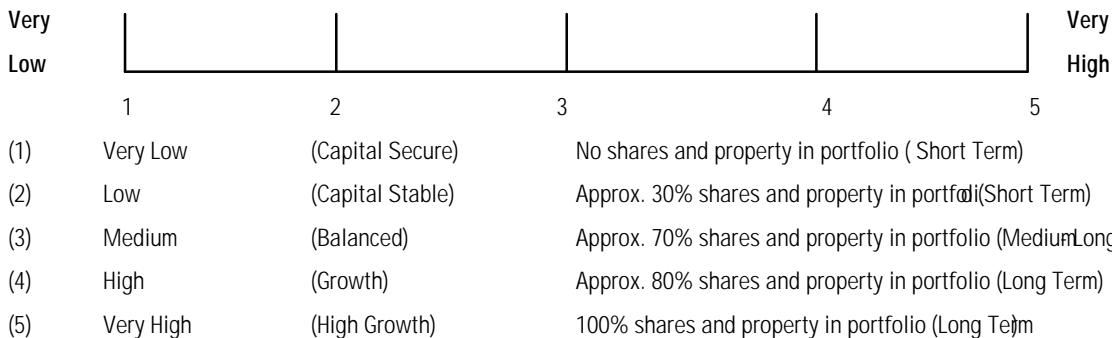
Eligible termination payments (ETPs) you have received (please attach copies of statements)

ETP Owner (Self or Spouse)	Fund Name	Current value	Date received	Balance amount	Preserved amount
_____	_____	\$ _____	_ / _ / _	\$ _____	\$ _____
_____	_____	\$ _____	_ / _ / _	\$ _____	\$ _____
_____	_____	\$ _____	_ / _ / _	\$ _____	\$ _____
_____	_____	\$ _____	_ / _ / _	\$ _____	\$ _____

3. Risk/Return Profile

It is generally accepted that over the longer term, potential returns on the more volatile share and property investments are higher than on the more stable interest based investments. The price of volatile assets can rise and fall. Longer term investors should consider including a proportion of volatile share and property assets in the portfolio.

Place an X on the scale to demonstrate your tolerance to price fluctuation when investing.



Client Acknowledgement

The information provided in this Financial Needs Analyser relates only to my/our superannuation. All other information has been omitted as I/we did not require a detailed analysis of my/our entire financial position. I acknowledge that the person/persons providing me/us with advice are able to make a full assessment of my/our financial situation but I/we have not elected to receive such an assessment in this instance. I/We understand that any investment made or policy purchased without the completion of a Financial Needs Analyser, or following a partial or inaccurate completion, may not be appropriate to my/our needs. I/We also understand that an investment made or a policy purchased which differs from that recommended by the intermediary may not be appropriate to my/our needs. I/We appreciate that, in these circumstances, I/We may lose the right to seek compensation from the intermediary or its principal for any loss suffered by me/us as a consequence of incomplete or inaccurate information being provided. I/We also acknowledge that circumstances can change regularly and that I/We should receive regular periodic review of Count's Total Financial Care has been explained and offered to me. I/We acknowledge that the details provided me/us with a copy of the completed Financial Needs Analyser signed by me/us. Furthermore I/We acknowledge the following disclosure and disclaimer.

Disclosure

Court Wealth Accountants and its employees and Authorised Representatives may have an interest in and/or receive commission (upfront and/or ongoing) from the investments or products recommended. Further commission details are set out in the written information supplied to you.

Disclaimer

Any recommendations advised are based on the information contained herein and current economic and investment markets. Economic and market conditions can change rapidly and the advice given is on the understanding that regular reviews of your investment portfolio (at least once a year) are necessary.

Client Signature _____

Client Signature _____

Dated/...../.....

Dated...../...../.....

Court Wealth Accountants Authorised Representative _____ (signature compulsory)

Dated...../...../.....

