

financial overview form

client:

WHAT ARE THE REASONS FOR SEEKING OUR SERVICES?

HOW DID YOU COME TO CONTACT RISE FINANCIAL?

important notice to clients

The Australian Securities and Investment Commission (ASIC) requires that when an investment adviser provides an investment recommendation he or she must have reasonable grounds for making that recommendation. This means that the investment adviser must conduct an appropriate investigation of your financial situation and your particular needs and objectives. The information requested in this form is necessary to enable the adviser to make recommendations on a reasonable basis and will be used for that purpose.

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO OUR OFFICE IN TIME TO ALLOW US TO PREPARE FOR YOUR APPOINTMENT AND MAXIMISE OUR TIME TOGETHER.

financial overview form

PERSONAL DETAILS

| | Client 1 | Client 2 | Adviser Notes |
|---|----------|----------|---------------|
| Title: (Mr, Mrs, Ms, Miss, Dr...) | | | |
| Surname: | | | |
| Given Names: | | | |
| Preferred Name: | | | |
| Marital Status: | | | |
| Any Former Partner/Spouse Issues?: | | | |
| Date of Birth: | | | |
| Health Condition (Good, Fair, Poor): | | | |
| Private Health Insurance (Yes, No): | | | |
| Smoker (Yes, No): | | | |
| Favourite Hobbies / Personal Interests: | | | |
| Pets Type / Names: | | | |
| Tax File Number (if necessary): | | | |
| Australian Resident (tax purposes): | | | |

CONTACT DETAILS

| | Client 1 | Client 2 | Adviser Notes |
|----------------------|----------|----------|---------------|
| Telephone (H): | | | |
| Telephone (W): | | | |
| Mobile: | | | |
| Email: | | | |
| Residential Address: | | | |
| Postal Address: | | | |

CHILDREN

| Name | Sex | Date of birth | Dependent | Adviser Notes |
|------|---|---------------|--|---------------|
| | <input type="checkbox"/> male <input type="checkbox"/> female | / / | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | <input type="checkbox"/> male <input type="checkbox"/> female | / / | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | <input type="checkbox"/> male <input type="checkbox"/> female | / / | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | <input type="checkbox"/> male <input type="checkbox"/> female | / / | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | <input type="checkbox"/> male <input type="checkbox"/> female | / / | <input type="checkbox"/> yes <input type="checkbox"/> no | |

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EMPLOYMENT DETAILS

| | Client 1 | Client 2 | Adviser Notes |
|---------------|--|--|---------------|
| Employer Name | | | |
| Occupation | | | |
| Work Status | <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> retired <input type="checkbox"/> not working <input type="checkbox"/> self-employed | <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> retired <input type="checkbox"/> not working <input type="checkbox"/> self-employed | |

INCOME

| | Client 1 Gross Per Annum | Client 2 Gross Per Annum | Adviser Notes |
|-----------------------------------|--------------------------|--------------------------|---------------|
| Gross Salary / Wages | | | |
| Bonus / Profit Share | | | |
| Super Pensions / Annuities | | | |
| Dividends | | | |
| Rental | | | |
| Centrelink | | | |
| Other | | | |
| Total Income | | | |
| Tax Payable (adviser to complete) | | | |
| Net Income (adviser to complete) | | | |

SALARY PACKAGING

| | Client 1 | Client 2 | Adviser Notes |
|---|--|--|---------------|
| Do you salary sacrifice into superannuation? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If yes, how much per annum? | | | |
| Do you make personal contributions into super? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If yes, how much per annum? | | | |
| Do you currently salary package any items? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If yes, list the items you package and their FBT value. | | | |

SAVINGS & EXPENSES

| | | | |
|--|----------------------------|--|--|
| Do you have a savings capacity? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, how much per year? | | |
| What income do you need to meet your current living costs? (Budget next page) | | | |

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BUDGET

It is a good idea to take the time to complete this Budget, to ensure you fully understand where your cashflow is being used. This is also useful in determining whether you have any cashflow surplus or savings capacity.

| Expenses \$ | Week | F/Night | Month | ¼ Year | ½ Year | Annual | Adviser Notes |
|--------------------------------|------|---------|-------|--------|--------|--------|---------------|
| Super Contributions – Client 1 | | | | | | | |
| Super Contributions – Client 2 | | | | | | | |
| Mortgage repayments | | | | | | | |
| Other loan / lease repayments | | | | | | | |
| Rent | | | | | | | |
| Child support payments | | | | | | | |
| Child care | | | | | | | |
| Private school / boarding fees | | | | | | | |
| Core Spending Below | | | | | | | |
| Food / groceries | | | | | | | |
| Telephone / mobile phone | | | | | | | |
| Broadband | | | | | | | |
| Electricity | | | | | | | |
| Gas | | | | | | | |
| Council rates | | | | | | | |
| Water rates | | | | | | | |
| Clothing | | | | | | | |
| Education expenses | | | | | | | |
| Home maintenance/gardening | | | | | | | |
| Petrol and oil | | | | | | | |
| Motor vehicle maintenance | | | | | | | |
| Motor vehicle registration | | | | | | | |
| Motor vehicle insurance | | | | | | | |
| Commuting and travel costs | | | | | | | |
| Private health insurance | | | | | | | |
| Property & contents insurance | | | | | | | |
| Life, TPD, trauma insurance | | | | | | | |
| Income protection insurance | | | | | | | |
| Professional subscriptions | | | | | | | |
| Newspapers and magazines | | | | | | | |
| Alcohol and tobacco | | | | | | | |
| Entertainment | | | | | | | |
| Charities and gifts | | | | | | | |
| Social club subscriptions | | | | | | | |
| Short trips and holidays | | | | | | | |
| Other: | | | | | | | |
| Column Total | | | | | | | |
| | X 52 | X 26 | X 12 | X 4 | X 2 | X 1 | |
| Annual Column Total | | | | | | | |
| Total Annual Expenses | | | | | | | |

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ASSETS & LIABILITIES

| | Owner | Current value | Current liability | Adviser Notes |
|--------------------------|-------------------|----------------|-------------------|---------------|
| Lifestyle Assets | | | | |
| Home: | | | | |
| Holiday Home: | | | | |
| Contents: | | | | |
| Motor Vehicle 1: | | | | |
| Motor Vehicle 2: | | | | |
| Other: | | | | |
| Other Entities | | | | |
| Company: | | | | |
| Family Trust: | | | | |
| Investment Assets | | | | |
| Cash: | | | | |
| Term Deposits: | | | | |
| Direct Shares: | | | | |
| - Other Details: | Reinvest income?: | Purchase date: | Cost price: | |
| Managed Funds: | | | | |
| - Other Details: | Reinvest income?: | Purchase date: | Cost price: | |
| Investment Property: | | | | |
| - Other Details: | Rent: | Purchase date: | Cost price: | |
| Other: | | | | |
| - Other Details: | Income: | Purchase date: | Cost price: | |
| Other: | | | | |
| - Other Details: | Income: | Purchase date: | Cost price: | |
| Other Liabilities | | | | |
| Personal Loans: | | | | |
| Credit Cards: | | | | |
| Other (ie HECS, ATO): | | | | |
| Superannuation | | | | |
| Fund Name: | | | Beneficiary: | |
| Fund Name: | | | Beneficiary: | |
| Fund Name: | | | Beneficiary: | |
| Fund Name: | | | Beneficiary: | |
| Prior Super Withdrawals? | | | | |
| Totals | | | | |
| Total Assets: | | | | |
| Total Liabilities: | | | | |
| Net Assets | | | | |

financial overview form

INSURANCES

Life, Total Permanent Disability (TPD) and Trauma

| Policy Type | Insurer | Policy Owner | Life insured | Sum insured | Premium PA |
|-------------|---------|--------------|--------------|-------------|------------|
| | | | | | |
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| Adviser Notes |
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Income Protection

| Policy Owner | Insurer | Monthly benefit | Waiting period | Benefit period | Premium PA |
|--------------|---------|-----------------|----------------|----------------|------------|
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| Adviser Notes |
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General Insurances (*home, contents, motor vehicle*)

| Policy owner | Insurer | Item(s) insured | Sum insured | Premium PA | Do you feel adequately insured? |
|--------------|---------|-----------------|-------------|------------|--|
| | | | | | <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 |

| Adviser Notes |
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ESTATE PLANNING

| | Client 1 | Client 2 |
|--|---|---|
| Do you have a will?: | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does it reflect your current wishes?: | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a |
| Does it include a testamentary trust?: | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a |
| Will location: | | |
| Executor(s): | | |
| Have you given a power of attorney?: | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Type: | General / Enduring / Other | General / Enduring / Other |
| Granted to: | | |

| Adviser Notes |
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OTHER PROFESSIONALS

| | Accountant | Solicitor |
|------------------|------------|-----------|
| Business name: | | |
| Contact person: | | |
| Contact details: | | |

| Adviser Notes |
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financial overview form

OTHER INFORMATION

If planning your retirement, what age do you plan to retire?

If planning your retirement, what spending (in today's \$'s) do you desire in retirement?

What significant expenditures are you planning now and into the future?

Eg: new car, renovations, a holiday every year during retirement.

| Item | Amount \$ | When? (Years) | How frequently? |
|------|-----------|---------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

How much money do you require to be available at short notice for unforeseen expenses?

Do you wish to leave an estate to family members or causes you support, have any potential beneficiaries requiring additional care or have a preference to exclude any person from your estate?

Do you expect to receive any lump sum monies in the future? If yes, when? (Eg: inheritance)

Are there any other lifestyle or financial objectives that you think are relevant, at this stage?

Do you have any firm priorities with respect to your financial planning? (Eg: retirement age, retirement spending level, pre-retirement spending level, use of borrowed funds, etc)

OTHER RELEVANT INFORMATION / PLANNER'S NOTES

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PRIVACY STATEMENT

Your personal information is collected for the purpose of providing you with financial planning advice. We need to conduct an appropriate investigation of your financial and personal situation and your particular needs and objectives to enable us to make recommendations to you on a reasonable basis. If you do not provide the information requested by us, we may not be able to provide you with the advice you require.

We may disclose information about you to other companies and other professional advisers, such as an accountant or solicitor, in the process of preparing our financial planning advice.

You are entitled to obtain access to the information collected by contacting your Rise Financial Pty Ltd adviser by phoning 02 6292 0015.

You need to be aware that if you provide information to Rise Financial Pty Ltd on behalf of another person, it is your responsibility to inform them of your disclosure and to make them aware that they may obtain access to their information held by Rise Financial Pty Ltd.

PRIVACY STATEMENT - YOUR ACKNOWLEDGMENT

I/We acknowledge that, by completing and authorising this overview, its contents are correct to the best of my/our knowledge and that its role is to enable Rise Financial Pty Ltd to undertake an initial assessment of my/our situation.

FINANCIAL SERVICES GUIDE - YOUR ACKNOWLEDGMENT

I/we also acknowledge that I/we have been provided with a financial services guide (FSG) prior to, or in the first stage of my/our initial meeting with my/our Rise Financial Pty Ltd adviser – Version Date 01/01/09.

TAX FILE NUMBER - YOUR ACKNOWLEDGMENT

I/we acknowledge that Rise Financial Pty Ltd may keep my/our tax file number on record for the purpose of providing advice only.

Client 1 Name: _____ Signature: _____ Date: _____

Client 2 Name: _____ Signature: _____ Date: _____