

Please ensure you read the section titled "Important Information" on the back of this booklet.

PRIVATE & CONFIDENTIAL

This is an important and confidential document. The information you provide in this booklet forms the basis of any advice given by your Financial Adviser.

Client Details**Client 1**

Client 2

Relationship to Client 1

I/We are seeking (please tick the appropriate box and provide details):

- Full Advice** (I would like my Financial Adviser to review my entire situation)
- Advice Limited to Specific needs and objectives** (as you have provided incomplete details of your situation, please specify the needs and objectives you would like your Financial Adviser to advise you on).

- Advice limited to specific products** (as you have provided incomplete details of your situation, please specify which products you would like your Financial Adviser to advise you on).

Financial Adviser Details

Adviser's name:

Advisers business address:

Business Phone:

Interview held at:

Interview date:

Internal use only – to be completed by the adviser

- Client(s) have been identified and verified in line with Merit Wealth's business rules Yes
- Anti Money Laundering Documents have been scanned and saved in line with Merit Wealth's business rules Yes

LIFESTYLE AND FINANCIAL GOALS

What do you want to achieve from meeting with your Financial Adviser?

Goals - Short Term (less than 3 years):

Client 1 _____

Client 2 _____

Goals - Medium Term (3-5 years):

Client 1 _____

Client 2 _____

Goals – Long Term (5 years and beyond):

Client 1 _____

Client 2 _____

List any anticipated expenses that you have (e.g. wedding, home improvements, holidays, studies etc).

Description	Client 1	Client 2
	\$ Date:	\$ Date:
	\$ Date:	\$ Date:
	\$ Date:	\$ Date:

How much cash do you need for unforeseen circumstances or emergencies?

Emergency Cash – Client 1	Emergency Cash – Client 2
\$	\$

RETIREMENT GOALS

Retirement Needs

	Client 1	Client 2
When do you plan to retire?	Date/Age:	Date/Age:
How much after-tax income do you need in retirement to cover your estimated living expenses (please express as a dollar amount or percentage of your current income)	\$	\$
How much cash do you need for unforeseen circumstances or emergencies in retirement?	\$	\$

IMMEDIATE LUMP-SUM NEEDS FOR RETIREMENT

	Client 1	Client 2
Repay Mortgage	\$	\$
Travel/holidays	\$	\$
New Car	\$	\$
Bequest	\$	\$
Home	\$	\$
Home relocation/renovation	\$	\$
Other	\$	\$
Total	\$	\$

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PERSONAL DETAILS

Client 1

Client 2

Title (Mr., Mrs., Ms, etc):

Surname

First Name(s)

Preferred Name

Marital Status

Married / Single / De facto

Married / Single / De facto

Date of Birth

Home Address

Postal Address

Business Address

Mobile Phone

Work Phone

Home Phone

Email Address:

Preferred Contact Method: Email / Mobile / Bus Ph.

Email / Mobile / Bus Ph.

Preferred Contact Time:

English Language

Fluent in English

Yes No

Yes No

Preferred Language

Do you require the assistance of an interpreter?

Yes No

Yes No

Reminder: ensure the client understands that all written communication will be in English and that they should have any such documentation read to them in full by you or a third party interpreter.

Are there any health issues that need to be considered in making an investment or insurance decision?

Yes No

Yes No

If "Yes", please provide details:

Do you have private health insurance?

Yes No

Yes No

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OCCUPATION DETAILS

	Client 1	Client 2
Employer's name		
Occupation		
Employment Status	FT / PT / Self Employed	FT / PT / Self Employed
Date Commenced		
Avg. No. hrs worked per week:		
Employment Security (secure, insecure etc)		
Income Tax Structure	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> SMSF <input type="checkbox"/> Primary prod <input type="checkbox"/> Other: <input type="checkbox"/> Not disclosed	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> SMSF <input type="checkbox"/> Primary prod <input type="checkbox"/> Other: <input type="checkbox"/> Not disclosed
Are you an Australian Resident for taxation purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", what country?		
Number of years in Australia		

ALL DEPENDENTS/NON DEPENDENTS (include current and previous relationships)

Name	How Related	Related to whom (Client 1 or 2)?	Date of Birth	Gender M/F	Support required to age	Special Needs

PERSONAL ASSOCIATIONS

Please provide details of other people you rely on in your decision making process.

Name	How Associate (e.g. solicitor, accountant, etc)	Contact number

Notes

YOUR ANNUAL INCOME

	Client 1 (\$ per annum)		Client 2 (\$ per annum)	
Income Paid	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Value of Salary Package	\$		\$	
Bonus/Commissions	\$		\$	
Investment Income – unfranked	\$		\$	
Investment Income – franked	\$	% Franked	\$	% Franked
Rental Income	\$		\$	
Annuity/Pension Income	\$		\$	
Is any proportion of the above income non-taxable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “yes”, please provide details				
Deductible amount Annuity/Pension	\$		\$	
Non-taxable payment	\$		\$	
Social security entitlements (refer to table below)	\$		\$	
Maintenance Income	\$		\$	
Other taxable income	\$	Details:	\$	Details:
Other non taxable income	\$	Details:	\$	Details:
TOTAL ANNUAL INCOME	\$		\$	

Social Security Entitlements

Name	Client 1	Client 2	Comments
Type of entitlement			
Have you gifted any assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please provide value and date	\$ Date	\$ Date	
Centrelink Reference Number			

Other considerations

Name	Client 1	Client 2	Comments
Do you have a PAYG variation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reportable Fringe Benefits			
Is your income and/or expenses likely to change over the next few years>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If “yes” please provide details here:

YOUR EXPENSES

Frequency – please nominate W (weekly), F (Fortnightly), M (Monthly) Q (Quarterly), Y (Yearly)

		Frequency	Client 1	Frequency	Client 2
Housing	Rent		\$		\$
	Council Rates		\$		\$
	Water Rates		\$		\$
	Telephone/Internet		\$		\$
	Electricity/Gas		\$		\$
	Insurance (building/contents)		\$		\$
	Furniture/Appliances		\$		\$
	Maintenance		\$		\$
	Other:		\$		\$
Personal	Food/Groceries/Household		\$		\$
	Clothing/Shoes		\$		\$
	Medical/Dental Costs		\$		\$
	Mobile Phone		\$		\$
	Education		\$		\$
	Donations		\$		\$
	Other:		\$		\$
Transport	Registration/Insurance		\$		\$
	Maintenance/Repairs		\$		\$
	Public Transport		\$		\$
	Taxis		\$		\$
	Petrol		\$		\$
	Parking		\$		\$
	Other:		\$		\$
Leisure	Holidays		\$		\$
	Restaurants/Outings		\$		\$
	Sports/Memberships		\$		\$
	Magazines/CDs/Books		\$		\$
	Gifts (e.g. Christmas etc)		\$		\$
	Other:		\$		\$
Dependants	Childcare/school fees		\$		\$
	Other (please specify)		\$		\$
Loans	Mortgage		\$		\$
	Car Loan		\$		\$
	Personal Loan		\$		\$
	Other:		\$		\$
Insurance	Life Insurance		\$		\$
	Medical		\$		\$
TOTAL EXPENDITURE			\$		\$

PERSONAL BALANCE SHEET | YOUR ASSETS

Please list your bank accounts, debentures, bonds, shares or other investments which you own at present.

If any are to be sold and reinvested as part of your planner investment arrangements detail the investments involved as "Sell" in the column provided. Accurate details of these investments are essential for full portfolio and cash flow analysis.

Lifestyle Assets	Owner (Client1, Client 2, Joint)	Current Value	Debt	Purchase Date	Hold/Sell
Family Home		\$	\$		
Home Contents		\$	\$		
Motor Vehicle		\$	\$		
		\$	\$		
		\$	\$		

Cash & Fixed Interest Investments	Owner (Client1, Client 2, Joint)	Current Value	Interest Rate (% p.a.)	Purchase Date	Term	Reinvest Income	Hold/ Sell
		\$				<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	

Direct Property	Owner (Client1, Client 2, Joint)	Current Value	Rental Income (net/wk)	Purchase Price	Purchase Date	Mortgaged	LVR
		\$	\$	\$		<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	

Shares & Managed Funds	Owner (Client1, Client 2, Joint)	Current Value	Asset Allocation	Purchase Date	Total units/shares	Reinvest Income	Hold/ Sell
		\$				<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	

Super & Rollover Funds	Owner (Client1, Client 2, Joint)	Current Value	Asset Allocation	Start Date	Annual Contri's	Last annual statement provided	Super Choice
		\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

Additional Super Contribution details

Pension/ Annuity Details	Owner (Client1, Client 2, Joint)	Current Value (\$)	Start Date	Term	RCV	Income Drawn p.a.	Deduct'l Amount	Complying	ETP	Hold/ Roll- Over
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Yes Yes

Yes Yes

Yes Yes

Yes Yes

Additional details (e.g. Reversion, Binding Nominations, details of Defined Benefit Pensions, Rebate %, Indexed %)

Savings Plans	Owner (Client1, Client 2, Joint)	Current Value	Savings Amount	Frequency	Start Date	Term	Hold/ Sell
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\$ \$

\$ \$

\$ \$

\$ \$

ASSETS SUMMARY	Client 1	Client 2	Joint Totals
Lifestyle Assets	\$	\$	\$
Cash & Fixed Interest	\$	\$	\$
Direct Property	\$	\$	\$
Shares & Managed Funds	\$	\$	\$
Super & Rollover Funds	\$	\$	\$
Pensions & Annuities	\$	\$	\$
Savings Plans	\$	\$	\$
Total Assets	\$	\$	\$

Notes

PERSONAL BALANCE SHEET | YOUR LIABILITIES

Non-deductible | e.g. Mortgage, Car Loans, Personal Loans, Credit Cards etc

Type of Loan	Bank/ Lender	Owner (Client1, Client 2, Joint)	Loan Balance	Loan Limit	Int. Rate % p.a.	Repay- ment	Freq'y	P&I or Int. Only	Remain- ing Term
			\$	\$		\$			
			\$	\$		\$			
			\$	\$		\$			
			\$	\$		\$			

Tax Deductible | e.g. Investment Loans, Margin Loans, Investment Lines of Credit, Business loans etc.

Type of Loan	Bank/ Lender	Owner (Client1, Client 2, Joint)	Loan Balance	Loan Limit	Int. Rate % p.a.	Repay- ment	Freq'y	P&I or Int. Only	Remain- ing Term
			\$	\$		\$			
			\$	\$		\$			
			\$	\$		\$			
			\$	\$		\$			

What % of each loan is deductible?

LIABILITIES SUMMARY	Client 1	Client 2	Joint Totals
Total Non-deductible Debt	\$	\$	\$
Total Deductible debt	\$	\$	\$
Total Liabilities	\$	\$	\$

PERSONAL BALANCE SHEET | NET WORTH

	Client 1	Client 2	Joint Totals
Total Assets	\$	\$	\$
Less: Total Liabilities	\$	\$	\$
Net Worth	\$	\$	\$

Debt Management Considerations

	Client 1	Client 2	Comments
Does your home loan have an offset or redraw facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any fees associated with variations to your loan repayments? If "yes", please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been making extra repayments to your home loan or offset account? If "yes", how much do you have immediate access to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the interest free period on your credit card(s)?	Days:	Days:	

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OTHER FINANCIAL PLANNING CONSIDERATIONS

	Client 1	Client 2
Are you prepared to fund investment with a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to split assets to minimize tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any issues with respect to environmental, social or ethical standards that you would like your Financial Adviser to consider in providing you with investment advice, in addition to financial returns? If "yes", please provide specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any investments you would like to avoid (e.g. non-ethical investments, etc) If "yes", please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any investments you would like to support (e.g. environmentally friendly etc) If "yes", please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any circumstances you know of that will affect your financial situation in the future? If "yes", please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

EXISTING INSURANCE COVER

	Client 1	Client 2
Do you require an insurance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clients, please initial here:	Initials:	Initials:

Life, TPD & Trauma Cover

Life Insured	Policy No.	Company	Life Cover	TPD	Trauma	Premium	Per
			\$	\$	\$	\$	Mth / Yr
			\$	\$	\$	\$	Mth / Yr
			\$	\$	\$	\$	Mth / Yr
			\$	\$	\$	\$	Mth / Yr

Income Protection

Life Insured	Policy No.	Company	Monthly Benefit	Waiting Period	Benefit Period	Premium	Per
			\$	14 / 30 / 90	2y / 5y / 65	\$	Mth / Yr
			\$	14 / 30 / 90	2y / 5y / 65	\$	Mth / Yr

Business Expenses Insurance

Life Insured	Policy No.	Company	Monthly Benefit	Waiting Period	Benefit Period	Premium	Per
			\$	14 / 30 / 90	1 year	\$	Mth / Yr

Other Insurance Considerations

	Client 1	Client 2
Do you have salary continuance with superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details (e.g. benefit period, monthly benefit etc)		
What are the main duties of your occupation(s)?		
Are you involved in hazardous pursuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:		
What assets are to be realized (sold) on death?		

Capital sums required for Family Protection | Death, disability and Critical Illness

Life Insurance Needs	Client 1	Client 2
Liabilities (e.g. loans etc) to be paid out	\$	\$
Emergency Fund	\$	\$
Other Expenses fund	\$	\$
Funeral and Final Expenses	\$	\$
Legacy expenses / bequests	\$	\$
Income replacement capital	\$	\$
Children's education funding	\$	\$
Total:	\$	\$

TPD Insurance Needs	Client 1	Client 2
Liabilities (e.g. loans etc) to be paid out	\$	\$
Emergency Fund	\$	\$
Other Expenses fund (e.g. medical, home modifications)	\$	\$
Income replacement capital	\$	\$
Children's education funding	\$	\$
Total:	\$	\$

Trauma/Crisis Cover Insurance Needs	Client 1	Client 2
Liabilities (e.g. loans etc) to be paid out	\$	\$
Emergency Fund	\$	\$
Other Expenses fund (e.g. medical, home modifications)	\$	\$
Income replacement capital	\$	\$
Children's education funding	\$	\$
Total:	\$	\$

Income Protection Insurance Needs	Client 1	Client 2
Gross Income p.a.	\$	\$
Employer Super Contributions p.a.	\$	\$
Un-earned (e.g. investment) income	\$	\$
Accrued sick leave entitlements	Days:	Days:
Accrued leave days (e.g. annual, long serv.)	Days:	Days:

Existing General Insurance

Asset	Insurer	Sum Insured	Market Value	Annual Premium	Renewal Date	Notes
Family Home		\$	\$	\$		
Home Contents		\$	\$	\$		
Motor Vehicle 1		\$	\$	\$		
Motor Vehicle 2		\$	\$	\$		
Other		\$	\$	\$		

Notes (if risk planning was not discussed include an explanation of why)

Family and Asset Protection Needs

	Client 1	Client 2
Do you rely on paid employment to cover your expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, your dependents/family reliant on your income to maintain your/their lifestyle needs (e.g. to cover the mortgage, day to day living expenses, school fees etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would your families lifestyle needs be maintained if your or your partner were:		
a) Temporarily unable to earn income (e.g. due to sickness or injury)		
b) Permanently unable to earn income (e.g. through death or permanent disability)		
Would your partner continue to work or return to work in the event of your death or permanent disablement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you continue to work or return to work in the event of your partner's death or permanent disablement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For how long would you like to provide for your family's current living expenses in the event of you or your partner's premature death or injury/illness?	Years: Until age:	Years: Until age:
In addition to replacing your current income, would you need to ease financial stress and maintain your lifestyle following the diagnosis of a critical illness (e.g. to cover any medical costs that may be incurred during the recovery period, an extensive holiday, discharge any debts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

In the event of death, illness, accident or disability, which of the following are important to you?

Client 1	Not Important	Very Important
Receiving a lump sum to clear/reduce mortgage to relieve financial stress	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
Receiving a lump sum to clear/reduce other debt to relieve financial stress	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
Replacing income in order to maintain your family's current lifestyle	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	

Comments

Client 2	Not Important	Very Important
Receiving a lump sum to clear/reduce mortgage to relieve financial stress	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
Receiving a lump sum to clear/reduce other debt to relieve financial stress	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
Replacing income in order to maintain your family's current lifestyle	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	

Comments

ESTATE PLANNING

Estate Planning Needs

Personal	Client 1	Client 2
Do you wish to leave any assets to family or friends upon your death? If "Yes", in general terms, please outline to whom and how much/what you intend to leave.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your estate need to provide a level of income to support any dependents in the event of our death? If "Yes", name those dependents and estimated income per annum they will each require and for how long.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Considering the above, do you believe that your current assets and insurances are adequate to pay all your debts, provide the required level of income and leave assets to family and friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business	Client 1	Client 2
If you have any business interests, on your death will the beneficiaries of your estate carry on the business or will it be sold? Please provide details.		
Are you in business with any non-family partners? If "Yes", do your partners have funds to purchase your interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have an existing succession plan to cover your family and business partners? If "Yes", please provide details (i.e. What date was it prepare, when was it revealed etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate Planning Details

Will	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
Is this Will current? What is the date of your Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is your Will held?		
Have your circumstances changed since the Will was drawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Will incorporate testamentary trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Power of Attorney	Client 1	Client 2
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Do you have a current Power of Attorney If 'Yes', please state type (Enduring, General etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Adequacy & Equity	Client 1	Client 2
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Will sufficient funds be available to your dependants between your death and the distributions of your Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you considered Capital Gains Tax on any assets you bequeath directly to beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Superannuation Assets	Client 1	Client 2
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Have you made binding nominations on death? If 'Yes', to whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Companies and/or Trusts	Client 1	Client 2
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Will your company shares go where you want them to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has trustee succession been addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Estate Planning Considerations	Client 1	Client 2
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Are you likely to receive an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in a de facto relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from other relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have potential beneficiaries in a vulnerable situation (e.g. financial trouble, spendthrifts, suffer from disability etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a funeral plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a full estate planning review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

SELF-MANAGED SUPERANNUATION FUNDS

Name of Superannuation Fund _____ SFN: _____

Trustee (Company or Individuals) _____ ABN: _____

Establishment Date _____

Type of Fund ATO SMSF Small APRA fund (SAF) Non-complying Fund

Last investment strategy update/review _____

Investment Strategy of Trust Deed must be provided

Fund Liabilities: _____

Fund Administrator: _____

Fund Liquidity Requirements (short and long term) _____

Member Details

Member Name	Date of Birth	Gender	Eligible service date	Current Balance	Regular Undeducted contributions	Regular deductible contributions	Insurance type and Amt	Pension/ Accum. Phase
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Investment Details

Investment/Product Name	Date invested	Amount Invested	No. units / shares	Current Value	Sell/Re-allocate
		\$		\$	<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
		\$		\$	<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

Notes

TRUST

Name of Trust _____

Trustee (Company or Individuals) _____ ABN: _____

Establishment Date _____

Nature of Trust (Family, Unit, Testamentary) _____

Type of Trust Discretionary Fixed Hybrid

Is the trust used for business purposes Yes No

Trustees:

Beneficiaries Name: _____ Percent: _____ Age: _____

Beneficiaries Name: _____ Percent: _____ Age: _____

Beneficiaries Name: _____ Percent: _____ Age: _____

Beneficiaries Name: _____ Percent: _____ Age: _____

Trust Income Distribution

Name	Salary (\$)	Superannuation (\$)	Dividends (\$)	Other
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Trust Investment Details

Investment/Product Name	Date invested	Amount Invested	No. units / shares	Current Value	Sell/Re-allocate
		\$		\$	<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

Notes

BUSINESS PLANNING

Details of Your Business and/or Private Company

Business/Company Name _____ ABN: _____

Establishment Date _____

Nature of Business _____

Shareholders: _____

Directors/Owners/Partners: _____

Employees: _____

Business/Private Company Income Distribution

Name	Salary (\$)	Superannuation (\$)	Dividends (\$)	Other
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Business/Private Company Investment Details

Investment/Product Name	Date invested	Amount Invested	No. units / shares	Current Value	Sell/Re-allocate
		\$		\$	<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

Business Protection Needs (for self employed or business partners)

	Client 1	Client 2
Are you responsible for the operating costs of your business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please indicate percentage and attached P&L or latest tax return etc.	%	%
If you have a business partner, what would you do if you or your business partner were unable to work due to premature death or injury/illness?		
Will your business continue to incur expenses if you are disabled and unable to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Respect • Protect • Reward

Existing Business Protection

Client 1		Client 2
Insurer		
Policy Owner		
Policy type		
Commenced	Date:	Date:
Sum Insured	\$	\$
Total Premium	\$	\$
Monthly Benefit	\$	\$
Benefit Period		
Waiting Period		
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Amount Required for Business Protection – Business Expenses

Please provide details of regular fixed business expenses that need to be covered	Client 1	Client 2
Accounting and Auditing	\$	\$
Advertising	\$	\$
Business Insurance Premiums	\$	\$
Cleaning/electricity/gas/heating/laundry/telephone/water	\$	\$
Depreciation or leasing costs of equipment and vehicles	\$	\$
Property rates and taxes	\$	\$
Rent or mortgage interest payments	\$	\$
Salaries of non-income producing employees including related costs such as payroll tax and superannuation	\$	\$
Subscriptions to professional bodies and publications	\$	\$
Other fixed expenses usually incurred	\$	\$
Other	\$	\$
Total	\$	\$

Notes

CLIENT AUTHORISATION

I/We _____ and _____ confirm that:

I/We have received a copy of the Financial Services Guide Part 1 Version _____, dated _____ and Part 2 Version _____ dated _____ at (or prior to) the

first interview and have read and understood it, including the section titled "How we protect your privacy".

My/our risk profile is:

Client 1 _____

Client 2 _____

As agreed in the "Determining your Investment Risk Profile" booklet.

I/We authorise _____ an Authorised Representative of Merit Wealth Group Pty Ltd, and Merit Wealth Group Pty Ltd, to (tick the relevant box/s):

Retain and store my Tax File Number for the period the Authorised Representative is acting on my/our behalf.

Quote my/our Tax File Number information to the Australian Taxation Office when necessary and investment bodies when making investments on my/our behalf.

Client 1 _____

Tax File Number _____

Client 2 _____

Tax File Number _____

Collect, use and disclose my personal information in accordance with the Merit Wealth Privacy Policy.

Provide financial advice based on the information disclosed in this booklet and acknowledge that my/our adviser will rely on the information contained in this document. I/We will inform any other individuals, such as dependants, spouse, partner that I/We have provided information about them and make them aware of the information provided in the Merit Wealth Privacy Policy.

Retain my/our medical evidence on file.

To proceed with a Statement of Advice based upon the information contained in this booklet.

SIGNATURES

Client 1

Name _____

Signature _____ Date: _____

Client 2

Name _____

Signature _____ Date: _____

Financial Adviser

Name _____

Signature _____ Date: _____

AUTHORISATION TO COLECT INFORMATION/TRANSFER SERVICING RIGHTS OF FINANCIAL PRODUCTS

To Whom it may concern,

I/We _____ and _____ authorise you to provide _____ my Financial Adviser/Authorised Representative with any information and documentation they require regarding my insurance, superannuation and investments.

I/We _____ and _____ authorise _____ to become my servicing Financial Adviser/Authorised Representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new Financial Adviser/Authorised Representative.

I/We _____ and _____ am/are aware of the provisions of the Privacy Act and release you from these provisions in respect of information provided to _____, my Financial Adviser/Authorised Representative.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the offices of Financial Adviser/Authorised Representative _____ at _____

SIGNATURES

Client 1

Name _____

Signature _____ Date: _____

Client 2

Name _____

Signature _____ Date: _____

Important Information

The information we collect in this document will be used to provide you with financial services which are tailored to your objectives, financial situation and needs. If you do not provide complete, accurate and up to date information to us we may not be able to provide you with the services you have requested and/or any recommendations based on that information may not be suited to your objectives, financial situation and needs. Merit Wealth is committed to compliance with the National Privacy Principles contained in the Privacy Act 1988. The Merit Wealth Privacy Policy details the manner in which we collect, use, manage and disclose your personal information. A copy of the Merit Wealth Privacy Policy can be viewed at www.MeritWealth.com.au or by calling 1300 366 416.

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