

# Executive Wealth Solutions Pty Ltd

## FINANCIAL PLANNING DATA COLLECTION FORM

(Strictly Private & Confidential)

**Client:** \_\_\_\_\_

**Adviser:** \_\_\_\_\_

**Date of Initial  
Interview:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

A confidential analysis of needs, goals and financial situation is required so that an appropriate investment strategy can be designed for your particular circumstances. If this Data Collection Form is not used it will be destroyed in a confidential manner.

**If you are unable to complete some sections, leave them blank and we will complete them together in our initial meeting. Some sections may not apply to your situation.**

### IMPORTANT NOTE TO CLIENTS

Your advisor must have reasonable grounds for making an investment recommendation.

Before making such a recommendation your advisor must ask you about your investment objectives, financial situation and your particular needs.

The information collected in this form will be used strictly for that purpose.

### WARNING

Your advisor could make inappropriate recommendations or give inappropriate advice if they do not have accurate & complete information regarding your situation.

## AGENDA ITEMS

The following is an outline of the issues to be discussed by your Financial Planner during your meeting.

- your overall goals and objectives from a lifestyle and financial perspective;
- your comfort level with different types of investments;
- your existing cash flow, investments and financial structures;
- your current / proposed mortgages or debt commitments;
- your existing insurance and risk protection strategies;
- your existing superannuation policies or retirement schemes.

To help make your meeting as productive as possible please select the areas of interest to you.

- |  |   |
|--|---|
| <input type="checkbox"/> Income Tax Minimisation                 | <input type="checkbox"/> Managed Fund Investments           |
| <input type="checkbox"/> Capital Gains Tax Minimisation          | <input type="checkbox"/> Self Managed Super Funds - SMSF's  |
| <input type="checkbox"/> Term Life / Income Protection Insurance | <input type="checkbox"/> Tax Deductible Super Contributions |
| <input type="checkbox"/> Borrowing to Invest                     | <input type="checkbox"/> Asset Protection                   |
| <input type="checkbox"/> Direct Property Investments             | <input type="checkbox"/> Gearing within Superannuation      |
| <input type="checkbox"/> Direct Share Investments                | <input type="checkbox"/> Commonwealth Age Pension           |
| <input type="checkbox"/> Investment Diversification              | <input type="checkbox"/> Retirement Income Streams          |
| <input type="checkbox"/> Personal Risk Profile                   | <input type="checkbox"/> Estate Planning                    |

## GOALS AND OBJECTIVES

Your personal goals and objectives will be the key to determining your investment and insurance strategies. Please take a moment to jot down what you consider important goals and objectives.

Short Term (0 – 12months)

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Medium Term (1yr – 5yrs)

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Long Term (5yrs or more)

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## CONTACT DETAILS

### CLIENT

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Pref'd Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex:  Male  Female  
Smoker:  Yes  No  
Health:  Excellent  Good  Poor  
Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Client Mobile: \_\_\_\_\_  
Client E-mail: \_\_\_\_\_  
Tax File No: \_\_\_\_\_

### PARTNER

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Pref'd Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex:  Male  Female  
Smoker:  Yes  No  
Health:  Excellent  Good  Poor  
Marital Status: \_\_\_\_\_

Home Fax: \_\_\_\_\_  
Partner Mobile: \_\_\_\_\_  
Partner E-mail: \_\_\_\_\_  
Tax File No: \_\_\_\_\_

## CHILD / DEPENDANT DETAILS

Given Names: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex:  Male  Female

Given Names: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex:  Male  Female

Given Names: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex:  Male  Female

Given Names: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex:  Male  Female

## YOUR OTHER ENTITIES

Entity Type:  
 Company  Trust  Self Managed Super Fund

Entity Name: \_\_\_\_\_

## ESTATE PLANNING DETAILS

### CLIENT

Current Will:  Yes  No  
Last Reviewed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Enduring Power of Attorney:  Yes  No  
Enduring Guardianship:  Yes  No

### PARTNER

Current Will:  Yes  No  
Last Reviewed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Power of Attorney:  Yes  No  
Enduring Guardianship:  Yes  No

## ESTATE PLANNING OBJECTIVES

- ◆ Have you allowed for Testamentary Trusts?
- ◆ How confident are you that the executors of your will could manage and administer your estates in the long term?
- ◆ Do you have any specific problems or requirements regarding the fair distribution of your estate (for example, equalisation of your estate, concerns over bequests to be made, etc.)?

- ◆ Has consideration been given to planning for the succession of business continuance in the event of your death?
- ◆ Has Power of Attorney been granted for authority on Company, Trusts or Self Managed Super Fund?
- ◆ Have Superannuation Binding Death Nominations been put in place?

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**OTHER ADVISOR DETAILS**

- ◆ Do we have your authority to contact other advisors for any additional information necessary for the preparation of your financial plan?       Yes    No
- ◆ Do you wish any of these advisors to receive a copy of our recommendations?       Yes    No

**Accountant**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Solicitor**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

**EMPLOYMENT DETAILS**

**CLIENT**

Work Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

City/Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

**PARTNER**

Work Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

City/Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

- ◆ Do you intend staying with your current employer, or are you contemplating leaving?
- ◆ If you are leaving your employer, what date will you stop work?
- ◆ At Retirement, do you intend to work again either on a full time or a part time basis?

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## INCOME DETAILS

- ◆ Please give details of ordinary income, eg; employment income. Ordinary income does not include income from your investment portfolio. Please include any current Centrelink payments.

### CLIENT

Gross Salary: \_\_\_\_\_  
 Est. Bonus: \_\_\_\_\_  
 Pkg Item – Car: \_\_\_\_\_  
 Pkg Item – Super: \_\_\_\_\_  
 Pkg Item – Shares: \_\_\_\_\_  
 Pkg Item – Other: \_\_\_\_\_

**Total Employment Income** \_\_\_\_\_

Centrelink Income: \_\_\_\_\_

### PARTNER

Gross Salary: \_\_\_\_\_  
 Est. Bonus: \_\_\_\_\_  
 Pkg Item – Car: \_\_\_\_\_  
 Pkg Item – Super: \_\_\_\_\_  
 Pkg Item – Shares: \_\_\_\_\_  
 Pkg Item – Other: \_\_\_\_\_

**Total Employment Income** \_\_\_\_\_

Centrelink Income: \_\_\_\_\_

- ◆ Are salary sacrifice arrangements available from your employer?  Yes  No
- ◆ Do you foresee any substantial change to your income in the next two to five years?  Yes  No
- ◆ What is your current savings capacity per month? \$ \_\_\_\_\_
- ◆ Are there any circumstances that you are aware of that may affect your financial situation in the near future?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## TERMINATION PAYMENTS

- ◆ If you are considering ceasing employment, please detail the amount of payments you will receive upon leaving work. You may need to get information from your employer about these, particularly in relation to any tax that may be payable.

	Client	Partner
<b>COMPANY PAYMENT</b>		
Annual Leave and Loading		
Unused Long Service Leave		
Unused Sick Leave		
Bonafide Redundancy		
Ex-Gratia or Gratuity Payments		
<b>Total Company Payment</b>		

- ◆ If possible, please bring copies of paperwork relating to expected payments.

## REGULAR EXPENSES

- ◆ It is important to be as accurate as possible when estimating your annual living expenses. If you are unsure of your current regular annual expenses, or wish to reconfirm your thoughts, please complete the Expense Planner on the reverse side of page 6.
- ◆ What is your current level of regular expenses \$ \_\_\_\_\_ per annum, or \$ \_\_\_\_\_ per week.
- ◆ How much income (in today's dollars) would you like for regular expenses in retirement \$ \_\_\_\_\_

## EXTRAORDINARY & CAPITAL EXPENSES

- ◆ Please list upcoming Capital Expenses. Capital Expenses include one-off items outside normal regular expenses, eg. future holiday, car upgrade, house renovations, savings toward children's tertiary or private education, etc.

Description	Owner	Amount	Date Of Expense

## LIFESTYLE ASSETS

- ◆ Your lifestyle assets are non-income producing assets such as your home, your cars, boats, caravans, etc.

Asset	Owner	Market Value	Liability
Principal Residence			
Holiday Home			
Home Contents			
Motor Vehicle #1			
Motor Vehicle #2			
Other?			

- ◆ Do you or your partner expect to inherit any assets? If yes please provide details.

Description	Owner	Amount

- ◆ Do you wish for these amounts to be considered in the preparation of a financial plan?  Yes  No

## LOANS

- ◆ Please list details of all loans currently held, including home loan, car loans, personal loans, investment loans, margin lending arrangements and credit cards.

Lender	Owner	Original Amount	Amount Owing	Interest Rate	Monthly Repayment	Tax Deductible (%)

## CURRENT INVESTMENT PORTFOLIO (NON SUPERANNUATION)

- Please list all non superannuation investments including cash investments, such as bank accounts, term deposits, shares, managed funds, or investment properties.

Investment Name/Type	Owner	Original Date Invested	Amount Invested	Current No. Units	Current Value	Retain? Y/N
Everyday Bank Account						

- Do you have any investments you wish to retain for personal reasons?  Yes  No
- Do you have any tax concerns with regard to asset splitting with your partner to minimise tax?  Yes  No
- Would you consider taking a loan at any stage to fund investments?  Yes  No
- Please maintain an emergency fund (cash reserve) of \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CAPITAL LOSSES

- Please list details of any capital losses you are carrying forward.

Entity	Loss Carried Forward

## SUPERANNUATION FUNDS

	Employer Superannuation	Personal Superannuation/Rollovers
Owner		
Company		
Fund Name		
Current Value		
Employer Contribution \$pa		
Salary Sacrifice \$pa		
Investment Selection		

- If possible, please bring your latest statement from each superannuation fund.
- Do you require advice regarding consolidating your superannuation funds?  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

**SUPERANNUATION BENEFITS RECEIVED**

- ◆ Have you previously cashed money out of super (since 1-7-1983) or  Yes  No
- ◆ Taken a redundancy payment (since 1-7-1983) or  Yes  No
- ◆ Taken a lump sum payment of unused sick leave or gratuity payment (since 1-7-1983)  Yes  No

**INVESTMENT PORTFOLIO – ALLOCATED PENSIONS & IMMEDIATE ANNUITIES**

- ◆ Do you have any existing allocated pensions or annuities in your portfolio?

Investment Name _____	Investment Name _____
Ownership _____	Ownership _____
Current Value \$ _____	Current Value \$ _____
Source of Funds <input type="checkbox"/> Super <input type="checkbox"/> Non Super	Source of Funds <input type="checkbox"/> Super <input type="checkbox"/> Non Super
Purchase Price \$ _____	Purchase Price \$ _____
Purchase Date _____ / _____ / _____	Purchase Date _____ / _____ / _____
Annual Income Amount \$ _____	Annual Income Amount \$ _____

- ◆ If possible, please bring original policy document and/or latest statement.

**LIFE INSURANCE POLICIES**

- ◆ Do you have any existing life insurance policies?

<p><b>Life Insurance</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p> <p><b>Disability Insurance</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p> <p><b>Income Protection</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p> <p><b>Trauma Insurance</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p>	<p><b>Life Insurance</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p> <p><b>Disability Insurance</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p> <p><b>Income Protection</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p> <p><b>Trauma Insurance</b></p> <p>Level of Cover _____</p> <p>Insurer _____</p> <p>Premium _____</p>
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- ◆ If possible, please bring latest statements for each policy.
- ◆ Do you require advice regarding life insurance, disability insurance, income protection or trauma cover?  
 Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**GOALS & OBJECTIVES**

The following Goals & Objectives are mentioned only as a guide. Where a specific objective is not mentioned, please feel free to list it below in the 'Other Details / Concerns' section.

**YOUR FINANCIAL CONCERNS**

- ◆ How concerned are you about the following?
- ◆ A higher number indicates greater concern. Range 1 to 5.

	1	2	3	4	5
Inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety / Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity / Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YOUR RETIREMENT INCOME NEEDS**

- ◆ Regarding your income needs in Retirement, do you wish to:
  1. Live off income, preserve capital?  Yes  No
  2. Live off income & capital, no need to preserve assets for estate?  Yes  No
  3. Live off income & capital, but like to have \$ \_\_\_\_\_ left to estate?  Yes  No
  4. Is maximising Social Security income an issue?  Yes  No

**Required Income : Net Annual**

	Client	Partner
<b>Now</b>	\$ _____ p.a	\$ _____ p.a
<b>At Retirement</b>	\$ _____ p.a	\$ _____ p.a

**OTHER DETAILS/CONCERNS**

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**Degree of Concern**

- 1 Not Concerned
- 2 Slightly Concerned
- 3 Concerned
- 4 Very Concerned
- 5 Extremely Concerned

**Inflation**

*How concerned are you about having your portfolio keep pace with inflation? Are you comfortable drawing on capital to supplement income as a strategy or are you more concerned with maintaining the real value of your capital?*

**Tax Advantage**

*To what extent are you concerned about getting tax relief which is legal, logical and suitable?*

**Safety / Security**

*To what extent are you concerned about preservation of your capital? Do you wish to preserve the dollar value of your capital at all costs?*

**Liquidity / Flexibility**

*How concerned are you that cash be available to meet emergencies or investment opportunities?*

**Current Income**

*How concerned are you regarding generating maximum income to meet living expenses from your portfolio as opposed to achieving capital growth?*

**Ease of Management**

*To what extent are you concerned that your investment portfolio is not difficult for yourself or your family to manage?*

**Estate**

*To what extent are you concerned about maximising the value of your estate and ensuring the most tax effective distribution of your estate upon your death?*

# Risk Profiling Questionnaire

1. Which of the following best describes your current stage of life?
  - a) Single with few financial commitments. You are keen to accumulate wealth for the future. Some funds must be kept available for enjoyment such as cars, clothes, travel and entertainment.
  - b) A couple without children. You may be preparing for the future by establishing and furnishing a home. There are a lot of things you need to buy. You are probably better off financially now than you may be in the future.
  - c) Young family. This is the peak home purchasing stage. You have a mortgage and a small amount of savings. Maybe dissatisfied with your financial position and the amount of money saved.
  - d) Mature family. You are in your peak earning years and have got the mortgage under control. Your children you may have are growing up and have either left home or are less financially dependent. You are starting to think about retirement, although it may be many years away.
  - e) Preparing for retirement. You probably own your home and have few financial commitments, however you want to ensure that you can afford a comfortable retirement. Interested in travel, recreation and self education.
  - f) Retired. No longer working, you must rely on existing funds and investments to maintain your lifestyle. You may be receiving the pension and are keen to enjoy life and maintain your health.
  
2. In the light of current interest rates, what return do you reasonably expect to achieve from your investments?
  - a) A return without losing any capital
  - b) Current inflation rate plus 2-4%
  - c) Current inflation rate plus 5-7%
  - d) Current inflation rate plus 8-12%
  - e) Over 12%
  
3. If you didn't need your capital for more than 10 years, for how long would you be prepared to see your investment performing poorly before you cashed it in?
  - a) You would cash it in if there was any loss in value.
  - b) Up to 3 months
  - c) Up to 6 months
  - d) Up to 1 year
  - e) Up to 2 years
  - f) More than 2 years
  
4. How familiar are you with investment markets?
  - a) Very little understanding or interest.
  - b) Not very familiar
  - c) Have enough experience to understand the importance of diversification

Client	Partner	Points
<input type="text"/>	<input type="text"/>	50
<input type="text"/>	<input type="text"/>	40
<input type="text"/>	<input type="text"/>	30
<input type="text"/>	<input type="text"/>	50
<input type="text"/>	<input type="text"/>	20
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	20
<input type="text"/>	<input type="text"/>	30
<input type="text"/>	<input type="text"/>	40
<input type="text"/>	<input type="text"/>	50
<input type="text"/>	<input type="text"/>	0
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	20
<input type="text"/>	<input type="text"/>	30
<input type="text"/>	<input type="text"/>	40
<input type="text"/>	<input type="text"/>	50
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	20
<input type="text"/>	<input type="text"/>	30

d) Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	40
e) Experienced with all investment sectors and understand the various factors which may influence performance.	<input type="checkbox"/>	<input type="checkbox"/>	50
<b>5. The greatest tax savings are generally obtained from more volatile investments. Which balance do you feel most comfortable with?</b>			
a) Preferably guaranteed returns, before tax savings.	<input type="checkbox"/>	<input type="checkbox"/>	10
b) Stable, reliable returns, minimal tax savings.	<input type="checkbox"/>	<input type="checkbox"/>	20
c) Some variability in returns, some tax savings.	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Moderate variability in returns, reasonable tax savings.	<input type="checkbox"/>	<input type="checkbox"/>	40
e) Unstable, but potentially higher returns, maximising tax savings.	<input type="checkbox"/>	<input type="checkbox"/>	50
<b>6. What would your reaction be if in 6 months after placing your investments you discover that, in line with what is happening in the financial markets generally, your portfolio has decreased in value by 20%?</b>			
a) Horror. Security of your capital is critical and you did not intend to take risks.	<input type="checkbox"/>	<input type="checkbox"/>	10
b) You would cut your losses and transfer your money into more secure investment sectors.	<input type="checkbox"/>	<input type="checkbox"/>	20
c) You would be concerned, but would wait to see if the investments improve.	<input type="checkbox"/>	<input type="checkbox"/>	30
d) This was a calculated risk and you would leave the investments in place, expecting performance to improve.	<input type="checkbox"/>	<input type="checkbox"/>	40
e) You would invest more funds to lower your average investment price, expecting future growth.	<input type="checkbox"/>	<input type="checkbox"/>	50
<b>7. Which of the following best describes your purpose for investing?</b>			
a) You want to invest for longer than 7 years. You understand investment markets and are mainly investing for growth in assets such as shares and property, to accumulate long term wealth.	<input type="checkbox"/>	<input type="checkbox"/>	50
b) You are not nearing retirement, have surplus funds to invest and you are aiming to accumulate long term wealth from a balanced portfolio, comprising of shares, property, fixed interest and cash.	<input type="checkbox"/>	<input type="checkbox"/>	40
c) You have a lump sum (for example, an inheritance or an eligible termination payment from your employer) and you are uncertain about what secure investment alternatives are available.	<input type="checkbox"/>	<input type="checkbox"/>	30
d) You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement.	<input type="checkbox"/>	<input type="checkbox"/>	20
e) You have some specific objectives within the next 5 years for which you want to save enough money.	<input type="checkbox"/>	<input type="checkbox"/>	20
f) You want a regular income stream and/or totally protect the value of your savings.	<input type="checkbox"/>	<input type="checkbox"/>	10

8. For how long would you expect most of your money to be invested before you would need to access it? (Assuming you and/or your financial adviser has made plans to meet short term financial goals and to handle emergencies?)

- a) Less than 2 years
- b) Between 2 and 3 years
- c) Between 3 and 5 years
- d) Between 5 and 7 years
- e) Longer than 7 years

<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	20
<input type="text"/>	<input type="text"/>	30
<input type="text"/>	<input type="text"/>	40
<input type="text"/>	<input type="text"/>	50

**Total Investor Profile Score**

<input type="text"/>	<input type="text"/>
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Now match your Investor Risk Profile score to the following Investor Risk Profile Summaries.

<b>Cautious</b>	<b>Points 0 - 100</b>
As a Cautious investor you do not wish to take any investment risk. Priorities are to safe guard investment capital, even though this may mean sacrificing higher returns for peace of mind.	
<b>Conservative</b>	<b>Points 101 - 160</b>
As a Conservative investor you have a high concern for security, but are prepared to accept a small amount of investment risk to gain a reasonable medium term return. The strategic priority is preservation of capital over the medium to long terms.	
<b>Balanced</b>	<b>Points 161 - 240</b>
As a Balanced investor you seek an income together with a capital growth component, to protect your investments from inflation and tax. You do not see the need to take high levels of risk, however short term fluctuation is acceptable. The strategic priority is a balance between medium and longer-term capital growth, and current income to smooth overall returns.	
<b>Progressive</b>	<b>Points 241 - 300</b>
As a Progressive investor you seek a significant growth component in investment returns, to protect capital from inflation and tax. You are cautious towards taking high levels of risk, however some short term risk is acceptable. The strategic priority is consistent capital growth with some income to smooth returns.	
<b>Assertive</b>	<b>Points 301 -350</b>
As an Assertive investor you seek to maximise long term capital growth, although you do not make unbalanced investment decisions. You tend to waive short- term safety in order to maximise long- term (over 5 years) capital growth.	
<b>Aggressive</b>	<b>Points 351 - 400</b>
As an Aggressive investor you aim to maximise long term capital growth. You can sacrifice short term safety in pursuit of the highest long-term (over 5 years) capital growth.	

## What does your risk profile mean?

These profiling questions are designed to assist you in determining your Risk Profile and the type of investor you can afford to be, based on your personal preferences and life situation. In many instances the profiles indicate that, because of your life situation, you can afford to take more risk than personal preferences alone would indicate. However, it is important to ensure you are comfortable with the profile recommended for you.

If you are not comfortable with the recommended profile (or you and your partner have different profiles), you can start with a lower Risk Profile and review it over time as you become more comfortable with investment markets. But please be aware that risk and return are closely related, so by choosing a lower Risk Profile, you are also choosing to reduce your longer term return expectations.

## PRIVACY POLICY

Executive Wealth Solutions Pty Ltd is committed to ensuring the privacy and security of your personal information. As required under the Privacy Act, we have provided you with a copy of our Privacy Policy that details our information management practices. If for some reason you did not receive or read our Privacy Policy we ask that you do so now. If you have any questions relating to our Privacy Policy please feel free to discuss them with your financial planner now.

I/We acknowledge that I/we have received, read and fully understood Executive Wealth Solutions Pty Ltd's Privacy Policy.  Yes  No

## CLIENT ACKNOWLEDGMENT (for your financial adviser's records)

I / We hereby declare that the information set out in this form is true and correct to the best of my / our knowledge. I / We are not aware of any other information which would be relevant to the making of a recommendation by an investment advisor. I / We give permission for this information to be used for the preparation of my financial plan and I / we understand that the investment recommendations will be based solely on the information supplied in this form.

Name \_\_\_\_\_ Signature 

x
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Name \_\_\_\_\_ Signature 

x
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Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**OR**

## CLIENT LIMITED ADVICE STATEMENT / AUTHORISATION

Legislation requires that the advisor must "know the client" before making any recommendations. However, there is provision that in certain circumstances an advisor may supply limited advice.

If you are seeking limited advice of a particular nature you must make this known at the time of the interview and you should recognise that the recommendations will only relate to that limited advice being sought.

I / We require only limited advice as specified in this Data Collection Form.

Name \_\_\_\_\_ Signature

Name \_\_\_\_\_ Signature

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**TAX FILE NUMBER AUTHORISATION**

I / We give permission for my / our tax file number(s), as provided, to be forwarded to financial institutions as requested or as necessary. I / We also allow Executive Wealth Solutions Pty Ltd to retain and securely store my / our tax file number(s) with other private and confidential information.

Name \_\_\_\_\_ Signature

Name \_\_\_\_\_ Signature

Date \_\_\_ / \_\_\_ / \_\_\_\_\_