



confidential client profile

CLIENT NAME: _____

ADVISER NAME: _____

APPOINTMENT DETAILS: _____

There are 2 parts to this Confidential Client Profile:

- 1 Questionnaire** Please read this Client Profile carefully and complete the requested information.
- 2 Checklist** Use the checklist on the back page to ensure you have all the supporting information to bring to the interview with your Adviser.

The contents of this Client Profile are for the sole use of Ellwood Barry McPherson Pty Ltd. The details will be treated with the utmost confidentiality in accordance with our Privacy Policy, a copy of which is available on request.

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Why do you need to complete this questionnaire?

This questionnaire is designed to provide your Adviser with the personal and financial information required to develop appropriate advice. Your Adviser is required by law to have reasonable grounds for making recommendations to you. Before making recommendations, your Adviser must ask you about your objectives, financial situation and your particular needs. The information provided will be used strictly for that purpose.

WARNING: *Your Adviser could give inappropriate advice if you do not fully and accurately complete the relevant sections of this form.*

When should you complete the questionnaire?

This questionnaire seeks a considerable volume of information about your financial affairs. There is also space to outline your objectives, which will be discussed in greater detail at the consultation. You should complete the questionnaire as far as possible and return it before your consultation.

You should attach the documents that it prompts you to supply, if possible. If you are unable to provide all the requested information beforehand, please bring it with you to the consultation or authorise us to obtain it from your other professional Advisers. It is vital we obtain as much information as possible about your financial affairs to ensure our financial plan is appropriate.

We will assist you to complete any gaps at the first meeting.

Use the Checklist to make sure you provide the records requested.

1 REASON FOR SEEKING ADVICE

2 CURRENT DETAILS

2.1 PERSONAL DETAILS

	Client 1	Client 2		
Title (circle)	Mr / Mrs / Ms / Miss / Dr / Other:	Mr / Mrs / Ms / Miss / Dr / Other:		
Surname				
Given names				
Preferred names				
Home address				
Postal address				
Phone - home				
- work				
Fax				
Mobile				
Email				
Date of birth				
Marital status (circle)	Single / Married / Separated / Divorced / De Facto / Widowed	Single / Married / Separated / Divorced / De Facto / Widowed		
Dependants	Name	Date of birth	Financially dependant?	Support to age
Tax File Number				
State of health	Very Good / Good / Poor	Very Good / Good / Poor		
	Smoker / non-smoker	Smoker / non-smoker		

2.2 EMPLOYMENT DETAILS

	Client 1	Client 2
Occupation		
Employer		
Employment status (circle)	Self employed / Employee / Contractor / Permanent / Part-time / Casual / Not employed / Pensioner / Other	Self employed / Employee / Contractor / Permanent / Part-time / Casual / Not employed / Pensioner / Other
Expected retirement age		

3 STRUCTURES

If you have any of the following structures, please tick the relevant box(es) and provide copies of information as described in the Checklist.

- Partnership
- Company
- Family Trust
- Unit Trust
- Self Managed Super Fund (SMSF)

Where possible, draw a flowchart to show the relationship of the structures, using the following symbols:-

○ = Individual □ = Company ◇ = Self Managed Super Fund △ = Family Trust

4 ESTATE PLANNING

Please provide a copy of your Will(s) and Power(s) of Attorney.

If you are not providing a copy of your Will(s) and Power(s) of Attorney, please supply the following details:-

	Client 1	Client 2
Do you have a current Will?	Y / N	Y / N
Date of Will:		
Date Will reviewed:		
Will Location:		
Executor Names:		
Executor Phone:		
Power of Attorney:		
• Enduring		
• Limited		
• None		
Attorney's Phone:		

5 CONTACTS

Provide contact details of your professional Advisers and initial if you authorise us to contact them for further information.

Professional Advisers	Name	Contact details	Permission to contact (please initial)
Accountant			
Solicitor			
Other			

6 ASSETS

Please summarise your assets below and supply copies of the latest statements of financial assets.

6.1 POSSESSIONS

	Description	Owner	Market Value
Principal residence			
House contents			
Antiques / jewellery and collectables			
Car			
Boat / caravan			
Other			
TOTAL			

6.2 SUMMARY OF FINANCIAL ASSETS

Asset type	Owner	Date acquired	Current interest rate	Estimated current value
Cash				
Fixed term investments				
Other				
TOTAL				

Asset type	Owner	Date acquired	Cost of acquisition	Estimated current value
Insurance policies with cash value; Insurance & Friendly Society Bonds				
Direct shares				
Direct property				
Managed investments				
Superannuation				
Allocated pensions / annuities				
Other				
TOTAL				

6.3 TOTAL ASSETS	\$
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7 LIABILITIES

Please summarise your financial liabilities below and provide copies of the latest statements where relevant.

7.1 NON DEDUCTIBLE LIABILITIES

Type	Owner	Interest rate	Repayment & frequency	Current debt \$
Home mortgage				
Personal loans				
Family loans				
Credit cards				
Car loans				
Personal guarantees				
Other				
TOTAL				

7.2 DEDUCTIBLE LIABILITIES

Type	Owner	Interest rate	Repayment & frequency	Current debt \$
Investment loans				
Margin / share loans				
Other				
TOTAL				

7.3 EXPECTED LIABILITIES

Type	Owner	Estimated values

7.4 TOTAL LIABILITIES	\$
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8 ANNUAL INCOME

8.1 EMPLOYMENT INCOME

Please attach a copy of your latest Tax Return(s). If you are remunerated by a salary package, attach summary of your package entitlements as provided by your employer.

	Client 1	Client 2
Description	Amount this year	Amount this year
Gross Salary (on Group Certificate)		
Plus Bonus (Estimate)		
Government Benefits		
Superannuation Pensions		
Other Personal Exertion Income		
Less Salary sacrifice		
Other		
GROSS EMPLOYER INCOME		

8.2 OTHER INCOME

	Client 1	Client 2
TOTAL NET INCOME	Amount this year	Amount this year
Description		
Government benefits		
Superannuation Pension		
Investment income from Property Shares Managed Funds Other		
Other personal exertion income		
GROSS OTHER INCOME	\$	\$

8.3 TOTAL GROSS INCOME	\$	\$
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Provide details of any significant changes to your employment/income expected in the next year. _____

8.4 RETIREMENT

What level of income will you require to live on in retirement? _____

9 ANNUAL EXPENSES

9.1 NON DEDUCTIBLE EXPENSES (Cost of Living)

Do not include expenses for rental properties or investment expenses in this section.

Type	Amount and frequency	Annual total
Housing (exclude investment property)		
Mortgage or rent		
Rates (including water)		
Replacement – household items		
House maintenance		
Home and contents insurance		
Utilities (telephone, cable, electricity, gas, etc.)		
Debts		
Personal		
Family		
Other		
Transport		
Petrol/fuel		
Registration and third party		
Maintenance / service		
Loan / lease payments		
Parking		
Public transport and taxi		
Car insurance		
Food		
Groceries		
Dining out		
Alcohol / other		
Personal		
Clothing and footwear		
Childcare / vacation care		
Education costs		
Entertainment		
Sport / recreation / memberships		
Medical insurance		
Grooming		
Gifts		
Life / disability insurance		
Holidays (regular)		
Books / papers / subscriptions		
Other		
TOTAL		

Is there any reason to think your expenses will change *significantly* next year?

9.2 DEDUCTIBLE EXPENSES (ie Investment related)

Type	Amount and frequency	Annual total
Margin loan interest		
Other investment loan interest		
Self employed super contributions		
Income protection insurance		
Professional fees		
Donations		
Other		
TOTAL		

9.3 REGULAR SAVINGS

Type	Amount and frequency	Annual total
Private superannuation contributions		
Savings plan		
Other		
TOTAL		

9.4 SUMMARY OF ANNUAL INCOME AND EXPENSES

Total gross income (8.3)	
<i>Less</i> Deductible expenses (9.2)	
Taxable Income	
<i>Less</i> Income Tax and Medicare (estimate)	
Net Income	
<i>Less</i> total combined expenses	
ANNUAL SURPLUS/SHORTFALL	\$

10 OTHER RELEVANT ISSUES

Please circle your response and bring supporting documentation to the meeting with your Adviser as described in the Checklist.

- 10.1 Have you received (or are you about to receive) a Termination Payment? Y / N
- 10.2 Have you ever withdrawn any superannuation or rollover payments in cash? Y / N
- 10.3 Are you expecting to receive money from any other source (eg inheritance)? Y / N
- 10.4 Are there any other events, which may affect our advice to you? Y / N
-
-
-

11 INSURANCES

Please summarise your Insurance cover below by ticking the appropriate box, and supply copies of the latest renewal notices.

11.1 LIFE INSURANCE

- | | |
|---|--|
| <input type="checkbox"/> Life | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Income protection / salary continuance | <input type="checkbox"/> Trauma / critical illness |

11.2 BUSINESS

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Buy Sell | <input type="checkbox"/> Business overheads |
|-----------------------------------|---|

11.3 GENERAL

- | | |
|---|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Home and contents |
| <input type="checkbox"/> Public liability | <input type="checkbox"/> Motor vehicle |

Have you reviewed your personal life insurance needs within the last two years? Y / N

Would you like an assessment of your personal insurance requirements? Y / N

12 YOUR OBJECTIVES

What are your financial objectives?

Are there any special personal, family or business circumstances that you wish us to take into consideration in preparing your financial plan? Yes No

If yes, please explain:

What are your priorities? Please rank your priorities for insurance and investment in order of importance on a scale of 1 (high) to 7 (low).

- Protect family and/or assets in the event of death
- Protect income against sickness or accident
- Provide against serious illness or trauma
- Plan for retirement
- Save for short term (save for home, overseas holiday, etc)
- Save for medium term (early mortgage repayment, children's education, etc)
- Other (please give details)

Note:

If you ranked any investment priorities highly, ensure you complete investment related questions; otherwise ignore.

13 CLIENT ACKNOWLEDGEMENT

I acknowledge:-

1. That the particulars in this document are true and complete
2. The details of the Ellwood Barry McPherson Pty Ltd (EBM) Financial Services Guide (FSG), which has been provided to me
3. The details of the EBM Statement of Privacy Policy, which has been provided to me.

I understand that investments or insurance purchased without full and accurate disclosure of relevant details may not be appropriate to my needs.

I authorise EBM to retain a copy of my Tax File Number (TFN) and the TFN of my associated entities on its file, to use when implementing personal advice and to disclose to those parties nominated on the Privacy Waiver document completed by me.

Please list any specific restrictions below:-

Client Signature _____ **Date** _____

Client Signature _____ **Date** _____

Adviser Signature _____ **Date** _____

CHECKLIST

We ask that you bring the following to the meeting with your Adviser (or send in before the meeting):

Have you ticked this?	You need to bring this	Page
3 STRUCTURES		4
Partnership	Statement of current assets and liabilities	
Company	Statement of current assets and liabilities	
Family trust	Statement of current assets and liabilities	
Unit Trust	Statement of current assets and liabilities	
SMSF	Statement of current assets; Individual member balances	
6.2 FINANCIAL ASSETS		6
Insurance policy (cash value)	Most recent financial statement	
Shares	Most recent listing	
Managed investments	Most recent financial statement	
Superannuation	Most recent financial statement	
Allocated Pension	Most recent financial statement	
7.1 NON DEDUCTIBLE LIABILITIES		8
Home mortgage	Current balance	
Personal loan	Current balance	
Family loans	Current balance	
Credit cards	Current balance	
Personal guarantees	Current balance	
7.2 DEDUCTIBLE LIABILITIES		8
Investment loan(s)	Current balance	
Margin /share loan	Current balance	
8 ANNUAL INCOME		9
Employment income	Tax return or pay slip	
Government benefit	Centrelink / DVA statement(s)	
Allocated pension	Allocated pension or other income stream schedule	
10 OTHER		13
Termination payment	Termination payment statement	
Eligible Termination Payment	ETP Statement(s)	
11 INSURANCE		13
Insurance(s)	Recent renewal statement(s)	
Business insurance	Recent renewal statement	

We ask you to bring copies of these statements to the interview to ensure we obtain the most accurate and complete information on which to base our advice – and to save you time in completing this questionnaire. Where you are able to, please forward copies with the completed questionnaire prior to your meeting with your Adviser.