



Financial Needs Analyser

To have a complete Statement of Advice prepared for you, you need to provide full details of your financial position to your Count adviser. If you require only restricted advice and/or do not wish to provide full financial details, you should strike out any unanswered sections of this form. The Client Acknowledgment to be signed by you on page 19 explains the possible consequences of providing incomplete or inaccurate information. Page 19 also explains information about the collection, use, and access to your personal information.

Financial Adviser: _____ Date: _____

Accountant: _____ Firm name: _____ Contact phone: _____

General / Family details

Self (Mr/Mrs/Ms/Miss/Dr) Name _____ Date of birth ____/____/____

Preferred Name _____ Marital Status _____

Mailing label addressee _____ (Adviser to complete)

Resident for tax purposes? Yes / No (Adviser to complete) ILCN NO _____ (Adviser to complete)

Partner (Mr/Mrs/Ms/Miss/Dr) Name _____

Date of birth ____/____/____

Preferred Name _____

Mailing label addressee _____ (Adviser to complete)

Resident for tax purposes? Yes / No (Adviser to complete)

Adviser to complete this section:

ILCN NO _____

Joint ILCN NO _____

DCN NO _____

Client Code _____

Contact information

Home address _____ Postcode _____

Commencement date at this address _____ Telephone (H) _____ (W) _____

(M) _____ Fax: _____ Email: _____ Do you have internet access? Yes No

Preferred Method of communication: work / home / email / telephone / fax / mobile

Business address _____ Postcode _____

Postal address _____ Postcode _____

Legal details

Do you have a Will?
Year Will last updated

Self

Yes No

Partner

Yes No

Testamentary trust?
Power of Attorney?
If yes, what type?

Yes No

Yes No

Yes No

Yes No

Power of Attorney Name (if applicable)

Attorney's Address

Will held (location)

Solicitor's Name

Solicitor's Address

Health

Self

Partner

Are you aware of any health conditions that may affect your investment decisions or time frame?

If yes, please explain

Yes No

Yes No

Do you have private health insurance?

Name of fund

Yes No

Yes No

Type of cover (*Advice in this area is not provided, see footnotes on page 10*)

Premium

Premium frequency

Are you a smoker?

\$

\$

Yes No

Yes No

Employment details

Self

Partner

Occupation

Is your job secure?

Current employer

Start date

Hours per week

Employment status

(*eg part-time, casual, pensioner, self-employed*)

Yes No

Yes No

___/___/___

___/___/___

Dependants

Children /Dependants

Name 1. _____

Living at home Still at school Single Married
Dependant of self / joint / partner (*circle appropriate*)

D.O.B ___/___/___

Private Health Cover Yes / No

Name 2. _____

Living at home Still at school Single Married
Dependant of self / joint / partner (*circle appropriate*)

D.O.B ___/___/___

Private Health Cover Yes / No

Name 3. _____

Living at home Still at school Single Married
Dependant of self / joint / partner (*circle appropriate*)

D.O.B ___/___/___

Private Health Cover Yes / No

Name 4. _____

Living at home Still at school Single Married
Dependant of self / joint / partner (*circle appropriate*)

D.O.B ___/___/___

Private Health Cover Yes / No

What are your primary needs? (*Tick the appropriate boxes*)

In order to gain a full understanding of what you are trying to achieve in life and therefore be able to provide the most effective strategies to achieve your goals and objectives, we would appreciate it if you could let us know what your primary needs are.

- | | |
|--|---|
| <input type="checkbox"/> Reduce the amount of tax paid | <input type="checkbox"/> Sufficient money to retire on |
| <input type="checkbox"/> Control over money | <input type="checkbox"/> Better understand investments |
| <input type="checkbox"/> Ability to save money for specific purposes | <input type="checkbox"/> Protection of income and assets |
| <input type="checkbox"/> Security for the future | <input type="checkbox"/> Maximise Centrelink entitlements |
| <input type="checkbox"/> Flexibility within portfolio so changes can occur if needs change | <input type="checkbox"/> Other |

Goals and objectives

What goals and needs do you have – planning to have children, children’s education, home renovations, overseas travel, new home, new car, luxury items, savings targets, retirement, gifts etc?

Short-term (Less than 3 years)	Owner	Estimated costs	Goal type <i>(Personal, capital, investment, income, general)</i>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Special planning considerations

	Self	Partner
When do you expect to retire? <i>(year or age)</i>	_____	_____
Desired annual retirement income per person <i>(in today’s dollars)?</i>	\$ _____	\$ _____
Have you been receiving a Centrelink/Veterans Affairs benefit?	Yes No	Yes No
If yes, please state date at which payment commenced	_____	_____
Type of payment:	_____	_____
Will you be seeking a Centrelink/Veterans Affairs benefit?	Yes No	Yes No
Have you gifted any money in the last 5 years?	Yes No	Yes No
If yes, please provide details of dates and amounts	\$ _____ / / \$ _____ / / \$ _____ / /	\$ _____ / / \$ _____ / / \$ _____ / /
Do you expect to inherit any money or property?	Yes No	Yes No
When do you expect to inherit?	Est \$ _____	Est \$ _____

My income and growth requirements *(tick one option only)*

- I do not require any income. Capital growth is my main objective
- Regular income is required with some capital growth
- A small level of income is required, but capital growth is more important
- Maximum income required with no capital growth
- Both income and capital growth are important

Minimum income required \$ _____

How much cash do I need? *(tick one option only)*

- A small amount of cash is required. For the balance, longer-term investments are required
- The ability to access most of the investments at short notice is required
- The ability to access at least some of the investments at short notice is required
- Easy access to all funds is required at all times

Minimum cash required \$ _____

Other information for consideration

(eg expected changes to your income or debt level, proposed sales of assets, capital gains tax, liabilities, family considerations etc)

Assets: _____
 Liabilities: _____
 Income: _____
 Expenses: _____

Assets

Should there be insufficient space below please supply details on a separate attachment or on the notes page 18.

Adviser Note: Full details of investment portfolio should be placed on Wealth Planner

Investment assets

Description	Current asset value	Used as security for or funded by a loan?	Owned by (self, partner or jointly)	Purchase Cost	Date purchased	No. of Units/ Shares	Current income (pa)
Platform (incl retail)	\$ _____	Yes / No	_____	_____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Platform (incl retail)	\$ _____	Yes / No	_____	_____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Underlying fund(s)	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Investment Property/s	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Shares	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Unit trusts	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Bank accounts	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Term deposits	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Debentures	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Credit unions etc	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____
Other	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____

Property assets

Description	Current asset value	Used as security for or funded by a loan?	Owned by (self, partner or jointly)	Purchase Cost	Date purchased	No. of Units/ Shares	Current income (pa)
Family home	\$ _____	Yes / No	_____	\$ _____	__/__/__	_____	\$ _____

Commercial	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____
Holiday Home	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____
Other	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____

Personal assets

Motor vehicles	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____
Home contents	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____
Other	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____

Other assets

Loans to third parties	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____
Other	_____	\$ _____	Yes / No	_____	\$ _____	____/____/____	_____	\$ _____
Other assets and investments as per attachment					\$ _____			\$ _____
Total general assets and investments								\$ _____

Superannuation Asset Details

Should insufficient space be provided, please supply details on a separate attachment. So that we may clarify your superannuation and tax situation, please complete the following. Please provide copies of latest statements showing benefits and components, or provide authorisation for us to access your account details.

Fund Information

(Please supply copies of statements)

	Plan 1	Plan 2	Plan 3	Plan 4
Fund owner (<i>Self or Partner</i>)	_____	_____	_____	_____
Policy number	_____	_____	_____	_____
Fund type (<i>Employer/Personal/SMSF</i>)	_____	_____	_____	_____
Fund name	_____	_____	_____	_____
Superannuation guarantee	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown
Eligible service date (<i>optional</i>)	____/____/____	____/____/____	____/____/____	____/____/____
Current value of super	\$ _____	\$ _____	\$ _____	\$ _____

Beneficiaries

	Plan 1	Plan 2	Plan 3	Plan 4
Binding Death Nomination & expiry date	Yes / No ____/____/____	Yes / No ____/____/____	Yes / No ____/____/____	Yes / No ____/____/____
Beneficiary Name	_____	_____	_____	_____
Benefit amount (%)	_____	_____	_____	_____

Underlying Investments

Platform	_____	_____	_____	_____
Underlying product name	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Number of units	_____	_____	_____	_____

	Plan 1	Plan 2	Plan 3	Plan 4
Underlying product name	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Number of units	_____	_____	_____	_____
Underlying product name	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Number of units	_____	_____	_____	_____

Contribution information

Non-concessional contributions pa	\$ _____	\$ _____	\$ _____	\$ _____
Spouse contributions pa	\$ _____	\$ _____	\$ _____	\$ _____
Government Co-contribution pa	\$ _____	\$ _____	\$ _____	\$ _____
Superannuation guarantee pa	\$ _____	\$ _____	\$ _____	\$ _____
Personal deductible	\$ _____	\$ _____	\$ _____	\$ _____
Salary sacrifice pa	\$ _____	\$ _____	\$ _____	\$ _____
Total contributions	\$ _____	\$ _____	\$ _____	\$ _____

Components – Pre 1 July 2007 (Leave blank if not applicable)

Undeducted	\$ _____	\$ _____	\$ _____	\$ _____
Invalidity	\$ _____	\$ _____	\$ _____	\$ _____
Concessional	\$ _____	\$ _____	\$ _____	\$ _____
CGT Exempt	\$ _____	\$ _____	\$ _____	\$ _____
Excess	\$ _____	\$ _____	\$ _____	\$ _____
Taxed Element	\$ _____	\$ _____	\$ _____	\$ _____
Untaxed Element	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

Components – Post 1 July 2007

Tax-free	\$ _____	\$ _____	\$ _____	\$ _____
Taxable – taxed element	\$ _____	\$ _____	\$ _____	\$ _____
Taxable – untaxed element	\$ _____	\$ _____	\$ _____	\$ _____

Preservation

Preserved	\$ _____	\$ _____	\$ _____	\$ _____
Restricted non preserved	\$ _____	\$ _____	\$ _____	\$ _____
Unrestricted non preserved	\$ _____	\$ _____	\$ _____	\$ _____

Insurance – refer to Wealth Protection section on page 10

Previous super lump sum payments

Reason for payment	Owner (self or partner)	Received from	Current value	Date received	Eligible Service Date (optional)
_____	_____	_____	\$ _____	____/____/____	____/____/____
_____	_____	_____	\$ _____	____/____/____	____/____/____
_____	_____	_____	\$ _____	____/____/____	____/____/____
_____	_____	_____	\$ _____	____/____/____	____/____/____

Employment Termination Payment Details

Please supply copies of statements.

Reason for payment	Owner (self or partner)	Date employment terminated	Total employer payment	Date received	Eligible Service Date (optional)	Comments
_____	_____	____/____/____	\$ _____	____/____/____	____/____/____	_____
_____	_____	____/____/____	\$ _____	____/____/____	____/____/____	_____
_____	_____	____/____/____	\$ _____	____/____/____	____/____/____	_____
_____	_____	____/____/____	\$ _____	____/____/____	____/____/____	_____
_____	_____	____/____/____	\$ _____	____/____/____	____/____/____	_____

Income Stream/Pension Assets

Income Stream/Pension Assets	Income stream 1	Income stream 2	Income stream 3	Income stream 4
Type of income stream/pension	_____	_____	_____	_____
Owner (Self or Partner)	_____	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____
Pension Start Date	____/____/____	____/____/____	____/____/____	____/____/____
Current Account Balance as at ____/____/____	\$ _____	\$ _____	\$ _____	\$ _____
Annual Payment	\$ _____	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____	_____
Underlying Investments				
Platform	_____	_____	_____	_____
Underlying product name	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Number of units	_____	_____	_____	_____
Underlying product name	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Number of units	_____	_____	_____	_____
Underlying product name	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Number of units	_____	_____	_____	_____

Dependant Details (if applicable)

Dependant Name _____
 Death benefit option (lump sum, reversionary dependent, surviving dependent) _____

Liabilities

	Interest (% pa)	Owned by? (self, partner or jointly)	Provider / Lender	Interest only or principal and interest	Repayment amount	Repayment Frequency	Maturity date	Outstanding amount
Lifestyle								
Home mortgage	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Hire	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Purchase/Lease	_____	_____	_____	_____	_____	_____	__/__/__	_____
Personal loans	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Credit cards	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Other	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Investment								
Investment loans	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Margin loans	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Equity loans	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Other loans	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Taxation								
Tax on income	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
PAYG	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Capital Gains Tax	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Other tax	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Contingent								
Guarantee on loans	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Legal costs on death	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Medical costs on death	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Funeral costs on death	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Other	_____	_____	_____	_____	\$ _____	_____	__/__/__	\$ _____
Total liabilities					\$ _____			\$ _____

Income Details

For detailed income and expenses questionnaire, refer to pages 19-21.

	Self	Frequency	Partner	Frequency
Gross Investment Income				
Income from other assets	\$ _____	_____	\$ _____	_____
Gross Employment Income				
Salary and wages (<i>inc. salary sacrifice</i>)	\$ _____	_____	\$ _____	_____
Bonus	\$ _____	_____	\$ _____	_____
Less Salary Packaging	\$ _____	_____	\$ _____	_____
Gross Other Income				
Directors fees & gratuities	\$ _____	_____	\$ _____	_____
Overseas pensions	\$ _____	_____	\$ _____	_____
Compensation payments	\$ _____	_____	\$ _____	_____
Business income	\$ _____	_____	\$ _____	_____
Family Trust distribution	\$ _____	_____	\$ _____	_____
Foreign/overseas income	\$ _____	_____	\$ _____	_____
Tax Refunds	\$ _____	_____	\$ _____	_____
Allowances	\$ _____	_____	\$ _____	_____
Other income	\$ _____	_____	\$ _____	_____
Taxable income – non cash	\$ _____	_____	\$ _____	_____
Centrelink / DVA Payments	\$ _____	_____	\$ _____	_____
Total Annual Income (A)	\$ _____	_____	\$ _____	_____
Total Combined Annual Income	\$ _____	_____	\$ _____	_____

Expense Details

For detailed income and expenses questionnaire, refer to pages 19-21.

	Self	Frequency	Partner	Frequency
Living Expenses	\$ _____	_____	\$ _____	_____
Lifestyle Expenses	\$ _____	_____	\$ _____	_____
Housing Expenses	\$ _____	_____	\$ _____	_____
Vehicle/Transportation Expenses	\$ _____	_____	\$ _____	_____
Personal Care	\$ _____	_____	\$ _____	_____
Educational	\$ _____	_____	\$ _____	_____
Short-term credit (12mths)	\$ _____	_____	\$ _____	_____
Investment	\$ _____	_____	\$ _____	_____
Superannuation Contributions	\$ _____	_____	\$ _____	_____
Financial Planning	\$ _____	_____	\$ _____	_____
<i>(Review fees billed directly)</i>				

Wealth Protection Insurance	\$ _____	_____	\$ _____	_____
General Insurance	\$ _____	_____	\$ _____	_____
Total Annual Expenses (B)	\$ _____	_____	\$ _____	_____
	\$ _____	(A - B)	\$ _____	(A - B)
Annual Surplus income before tax (C)				
Less Estimated Tax (D)	\$ _____		\$ _____	
Surplus available for further savings & contingencies	\$ _____	(C - D)	\$ _____	(C - D)
Combined surplus available for further savings and contingencies			\$ _____	_____

Wealth Protection

To assess your Wealth Protection requirements, please complete the following.

Existing policies	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Person insured	_____	_____	_____	_____	_____
Policy owner	_____	_____	_____	_____	_____
Policy type	_____	_____	_____	_____	_____
Policy held through super	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Life company	_____	_____	_____	_____	_____
Policy number	_____	_____	_____	_____	_____
Benefit / Insured Amount	_____	_____	_____	_____	_____
Premium and frequency	_____	_____	_____	_____	_____
Premium paid by <i>(Owner/ third party)</i>	_____	_____	_____	_____	_____
Commencement date	_____	_____	_____	_____	_____
Date reviewed	_____	_____	_____	_____	_____

Insurance information sought on pages 2, 6, 11, and 12 excludes reference to general and health insurance. Count Financial Limited does not provide service or advice in these areas. Outside advice should be sought where required.

Income protection needs

	Self	Partner
Gross annual income/salary (before tax)*	\$ _____	\$ _____
Less business expenses**	\$ _____	\$ _____
Net annual income (before tax)	\$ _____	\$ _____
Maximum allowable annual benefit (75% of net annual income)	\$ _____	\$ _____
Divide annual benefit by 12 (=monthly benefit)	\$ _____	\$ _____
Less existing insurance	\$ _____	\$ _____
Insured monthly benefit shortfall (before tax)	\$ _____	\$ _____

*Gross income is the total of earned income, ie before tax earnings derived from personal exertion.

**Business expenses are expenses incurred by you in the process of earning your income from your profession, business or partnership.

Term Life Cover Calculation

Please use the Count approved personal insurance calculator to assist in calculating the client's appropriate level of insurance cover.

Amount required to clear debt

Mortgage	\$ _____	\$ _____
Other loans (eg. car, credit card, business, personal guarantees)	\$ _____	\$ _____
Investment Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____

Amount required to generate income stream

Replacement Income (per annum)	\$ _____	\$ _____
Number of years for income to last	_____	_____
Return expected from investment (post tax)	_____ %	_____ %
Assumed inflation rate	_____ %	_____ %

	Annual Income required to maintain Education / Lifestyle cost	Number of years for income to last
Dependent 1 _____	\$ _____	
Dependent 2 _____	\$ _____	
Dependent 3 _____	\$ _____	

Other Capital Requirements

Expenses upon death Funeral, legal etc	\$ _____	\$ _____
Housekeeper / Nanny / Childcare / Other (not covered above)	\$ _____	\$ _____

Assets to be realised on death

Investment Assets (only include if client requests)	\$ _____	\$ _____
Superannuation Assets	\$ _____	\$ _____
Existing Life Insurance - Non Superannuation	\$ _____	\$ _____
Existing Life Insurance - Superannuation	\$ _____	\$ _____
Other	\$ _____	\$ _____

Total Permanent Disability Calculation

Please use the Count approved personal insurance calculator to assist in calculating the client's appropriate level of insurance cover.

Amount required to clear debt

Mortgage	\$ _____	\$ _____
Other loans (eg. car, credit card, personal guarantees)	\$ _____	\$ _____
Investment Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____

Amount required to generate income stream

Replacement Income (per annum)	\$ _____	\$ _____
<i>Income protection replacement salary</i>	_____ %	_____ %
<i>Number of years for income protection to last</i>	_____	_____
Number of years for replacement income to last (total)	_____	_____
Return expected from investment (post tax)	_____ %	_____ %
Assumed inflation rate	_____ %	_____ %

	Annual Income required to maintain Education / Lifestyle cost	Number of years for income to last
Dependent 1 _____	\$ _____	
Dependent 2 _____	\$ _____	
Dependent 3 _____	\$ _____	

Other capital requirements

Expenses upon TPD, legal & home refurbishment etc	\$ _____	\$ _____
Housekeeper / Nanny / Childcare/ Other (not covered above)	\$ _____	\$ _____

Assets to be realised on TPD

Investment Assets (only include if client requests)	\$ _____	\$ _____
Existing TPD Cover - Non Superannuation	\$ _____	\$ _____
Existing TPD Cover - Superannuation	\$ _____	\$ _____
Other	\$ _____	\$ _____

Trauma Cover Calculation

Please use the Count approved personal insurance calculator to assist in calculating the client's appropriate level of insurance cover.

Amount required to clear debt

Mortgage	\$ _____	\$ _____
Other loans (eg. car, credit card, business, personal guarantees)	\$ _____	\$ _____
Investment Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____

Amount required to generate income stream

Replacement Income (per annum)	\$ _____	\$ _____
Income protection replacement salary (%)	_____ %	_____ %
Number of years for income protection to last	_____	_____
Number of years for replacement income to last (total)	_____	_____
Return expected from investment (post tax)	_____ %	_____ %
Assumed inflation rate	_____ %	_____ %

	Annual Income required to maintain Education / Lifestyle cost	Number of years for income to last
Dependent 1 _____	\$ _____	
Dependent 2 _____	\$ _____	
Dependent 3 _____	\$ _____	

Other capital requirements

Medical or Refurbishment Costs	\$ _____	\$ _____
Housekeeper / Nanny / Childcare/ Other (not covered above)	\$ _____	\$ _____

Assets to be realised on Trauma

Investment Assets (only include if client requests)	\$ _____	\$ _____
Existing Trauma Cover	\$ _____	\$ _____
Other	\$ _____	\$ _____

Would you like the benefits of business expense insurance explained to you? Yes N

Tax Deduction Details

Deduction Type	Owner	Description	Amount (\$)
Car/Vehicle	_____	_____	_____
Clothing	_____	_____	_____
Investment Expense	_____	_____	_____
Rental	_____	_____	_____
Self education	_____	_____	_____
Travel	_____	_____	_____
Other	_____	_____	_____

Tax Offset Details

Tax Offset	Owner	Calculation date
Beneficiary tax offset	_____	____/____/____
Dependant spouse tax offset	_____	____/____/____
Low income tax offset	_____	____/____/____
Pensioner tax offset	_____	____/____/____
Senior Australian tax offset	_____	____/____/____
Other	_____	____/____/____

Risk Profile

To determine your risk profile, please complete the following questionnaire.

1. Which of the following best describes your current situation?

- Investor with few financial commitments (eg single) looking to accumulate wealth for the future
- Investor with established financial commitments (eg young family), don't have a lot of money at the moment but want to save
- Well-established, finances are under control, want to save more and starting to seriously consider funding retirement
- Retired - depend on investments and keen to maintain lifestyle
- Preparing for retirement - thinking of downsizing home and strategies to release retirement funds

2. How long do you want to invest for?

- Less than 1 year
- 1 -3 years
- 3 - 5 years
- Greater than 5 years

3. Do you plan to make withdrawals from this money during the term of your investment?

- Yes
- No

4. What is your primary investment objective?

- Retirement
- To buy a new home
- Pay down debt
- Holiday
- Other

5. How would you classify your investment style to reach this investment objective?

- Long-term investment focus and will ride out the good and bad times
- Actively trade investments in the short term to maximise gains
- Prefer an investment that has little or no fluctuations in value, ie minimal chance of a loss

6. What types of investments have you held in the past or do you currently hold?

- Australian shares or share fund
- Cash management fund
- International share fund
- Managed funds - Other
- Investment property
- Own home
- Geared investment

7. Are you an experienced investor?

- Very experienced - have used investments extensively in the past across different sectors and understand the factors that can influence performance
- Somewhat experienced - have an understanding of how investment markets work and how returns can fluctuate
- Very little understanding - have not had a lot of previous experience with investments

8. What type of returns best sum up what you are comfortable with in the short-term and long-term?

- | | | |
|--|--|---|
| <input type="checkbox"/> Worst 12 month return: 4% | <input type="checkbox"/> Best 12 month return: 8% | <input type="checkbox"/> Long term average: 6% |
| <input type="checkbox"/> Worst 12 month return: -5% | <input type="checkbox"/> Best 12 month return: 20% | <input type="checkbox"/> Long term average: 9% |
| <input type="checkbox"/> Worst 12 month return: -10% | <input type="checkbox"/> Best 12 month return: 34% | <input type="checkbox"/> Long term average: 10% |
| <input type="checkbox"/> Worst 12 month return: -28% | <input type="checkbox"/> Best 12 month return: 86% | <input type="checkbox"/> Long term average: 12% |

9. What is your attitude to risk?

- Risk is not a major concern – I am prepared to weather a loss in investment value in the short-term to get maximum returns in the long-term
- Want to control the chance of getting a loss in value in return for lower returns
- Prefer not to see a loss in the value of investments - have a strong need for security of capital

10. What type of returns are you expecting / what type of returns best sum up what you are expecting?

- I am comfortable with an investment that has a 1 in 5 chance of a negative return, including in the first year of my investment, in return for higher long-term returns.
- I am comfortable with an investment that has a 1 in 6 chance of a negative return, including in the first year of my investment, in return for moderately high long-term returns.
- I am comfortable with an investment that has a 1 in 100 chance of a negative return, including in the first year of my investment, in return for lower long-term returns.

11. What would you do if the value of your portfolio fell by 20%?

- Sell all the investment
- Sell a portion of the investment
- Do nothing
- Buy more of the investment

12. What is your primary source of income?

- Salary and other earnings from a primary occupation
- Earnings from an investment portfolio
- Retirement pension and/or social security

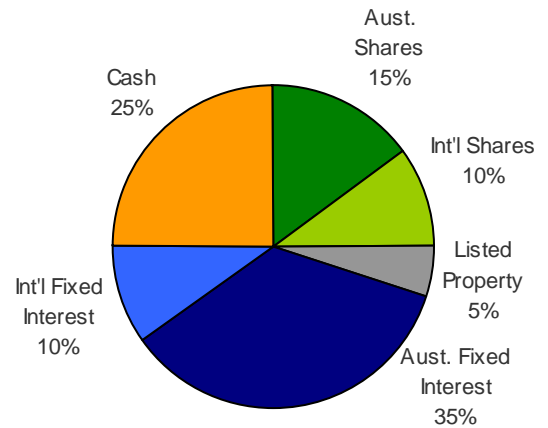
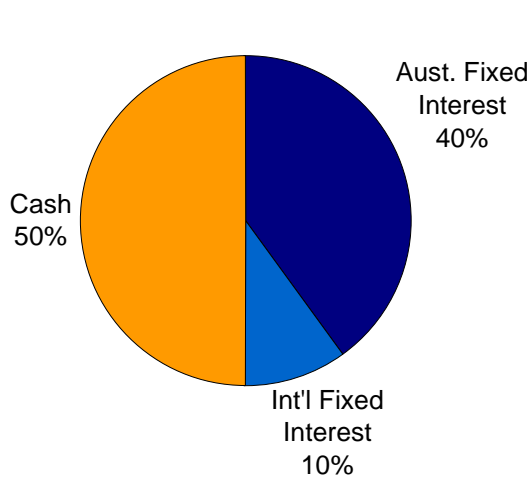
13. Insurance cover is an important consideration (theft, fire, car, death, income, illness etc). How much cover do you have?

- Very little
- Some
- Considerable
- Complete

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 value of volatile assets can rise and fall. Longer-term investors should consider including a proportion of volatile share and property assets in their portfolio.

Count Financial Limited's recommended risk profiles



Capital Secure Investment Strategy

Suitable for: Investors with low risk tolerance and/or short investment timeframe.

Suitable time frame: 1- 2 years

Approx. % of portfolio in shares and property: 0%

Volatility: Low

Returns: Low

Conservative Investment Strategy

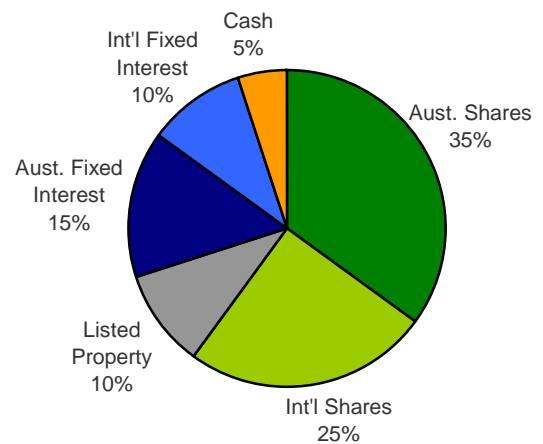
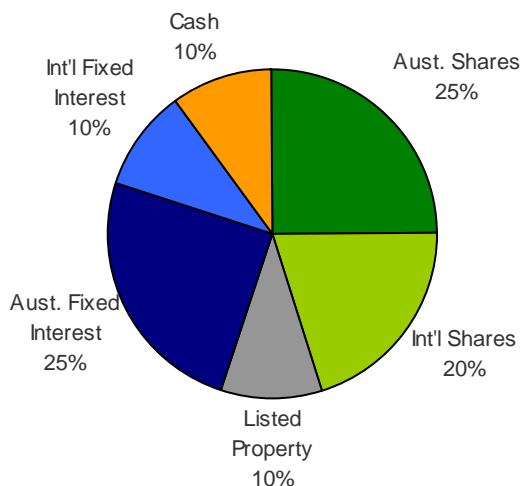
Suitable for: Investors with a low risk tolerance and/or medium investment timeframe.

Suitable time frame: 2-3 years

Approx. % of portfolio in shares and property: 30%

Volatility: Low - Moderate

Returns: Low – Moderate



Moderate Investment Strategy

Suitable for: Investors with moderate risk tolerance and/or medium investment timeframe.

Suitable time frame: 3 - 4 years

Approx. % of portfolio in shares and property: 55%

Volatility: Moderate

Returns: Moderate

Balanced Investment Strategy

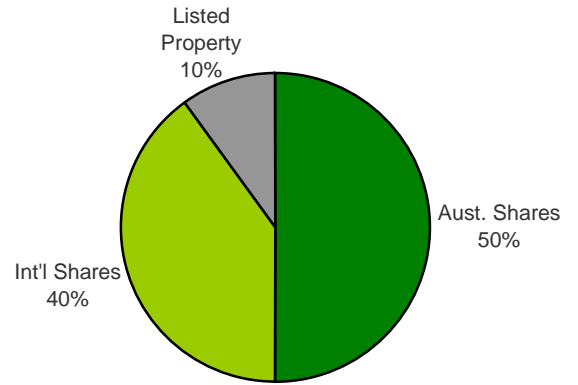
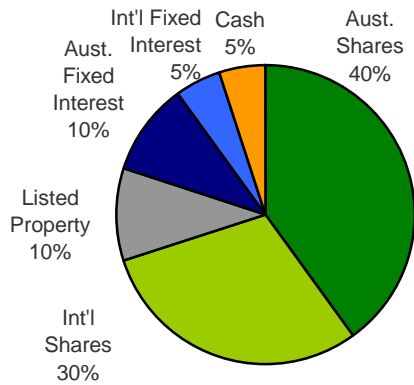
Suitable for: Investors with moderate risk tolerance and/or long investment timeframe.

Suitable time frame: 4 - 5 years

Approx. % of portfolio in shares and property: 70%

Volatility: Moderate - High

Returns: Moderate - High



Growth Investment Strategy

Suitable for: Investors with moderate – high risk tolerance and/or long investment timeframe.
Suitable time frame: 5 years
Approx. % of portfolio in shares and property: 80%
Volatility: Moderate - High
Returns: High

High growth Investment Strategy

Suitable for: Investors with very high risk tolerance and long investment timeframe
Suitable time frame: 5 - 7 years or more
Approx. % of portfolio in shares and property: 100%
Volatility: High
Returns: High

The following is to be completed by your adviser based on the results of completed risk profile questionnaire.

Self / Joint

Partner (if different to Joint)

Agreed risk profile: _____

If you require an allocation to a specific asset class, please complete below.

Self / Joint

Partner (if different to Joint)

Australian Shares:	_____%	_____%
International Shares	_____%	_____%
Listed Property	_____%	_____%
Australian Fixed Interest	_____%	_____%
International Fixed Interest	_____%	_____%
Cash	_____%	_____%
Other	_____%	_____%
Total	100%	100%

State reasons for selection of custom risk profile (if applicable)

Privacy

The information we collect from you is used to prepare a Statement of Advice or to provide you with specific services and information requested by you. Failure to complete, or a partial or inaccurate completion of the Financial Needs Analyser may result in a Statement of Advice that is inappropriate to your needs. In addition to this, we may also use your details to inform you of the other services we can provide.

Count Financial Limited will, on request, provide you with access to personal information we hold about you. If your details are inaccurate, please let us know and we will take reasonable steps to correct them. To gain access to this information or to notify us of any changes to your details, please email us at privacy@count.com.au or write to us at Reply Paid 644 GPO Box 3323 SYDNEY NSW 2001. Alternatively you can contact us on (02) 8272 0292.

Please note we will only disclose your personal information when:

- It is required or allowed under law, or in connection with legal proceedings;
- You have consented (expressly or implied); or
- A person or organisation is authorised by us to provide limited financial, administrative and other services on our behalf. We will provide these organisations only with the information they need to deliver the service.

Your personal information may also be used for marketing purposes, but on request, your details can be removed from our marketing mailing list.

For more information on our privacy policy, please refer to our Privacy Statement on www.count.com.au.

Client acknowledgment

The information provided in this Financial Needs Analyser is complete and accurate to the best of my/our knowledge. 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 agree and accept the risk profile assessment and asset allocation profile outlined on pages 17 and 18. I/We also understand that an investment made or a policy purchased, which differs from that recommended by the adviser, 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 adviser 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 elect to receive a regular periodic review from my/our adviser. I/We have read and understood the privacy information on page 19. Furthermore I/we acknowledge the following disclosure and disclaimer.

Disclosure

Count Financial Limited 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 any 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* _____

Client Name _____

Client Name _____

Dated ____ / ____ / ____

Dated ____ / ____ / ____

Adviser signature* _____

Dated ____ / ____ / ____

*Signatures and dates are compulsory.

Count Financial Limited Head Office: Level 19, 1 Alfred Street, Sydney NSW 2000.

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'Count' and Count Wealth Accountants® are trading names of Count Financial Limited, ABN 19 001 974 625.

Australian Financial Services Licence Holder Number 227232



Detailed Income and Expenses Analysis (optional)

Income per annum	Self	Partner
Investment Income		
Dividends - Franked	\$ _____	_____
Dividends – Unfranked/Managed funds	\$ _____	_____
Interest on deposits/bank accounts	\$ _____	_____
Gross rental income	\$ _____	_____
Income from other assets	\$ _____	_____
Pensions & Annuities		
Allocated pension	\$ _____	_____
Allocated annuity	\$ _____	_____
Complying pension	\$ _____	_____
Complying annuity	\$ _____	_____
Annuity	\$ _____	_____
Government Super Pension	\$ _____	_____
Government Super Pension – Assets Exempt	\$ _____	_____
Term allocated pension	\$ _____	_____
Employment Income		
Salary/Wages	\$ _____	_____
Bonus	\$ _____	_____
Other Income		
Director's fees and gratuities	\$ _____	_____
Overseas pensions	\$ _____	_____
Compensation payments	\$ _____	_____
Business income	\$ _____	_____
Family trust distribution	\$ _____	_____
Foreign/Overseas income	\$ _____	_____
Tax refunds	\$ _____	_____
Allowances	\$ _____	_____
Other income	\$ _____	_____
Centrelink/DVA payments		
Family tax benefit	\$ _____	_____
Centrelink/DVA pension	\$ _____	_____
Total annual income	\$ _____	_____

Expenses	Per Annum	Paid by (self, partner, or joint)
Living expenses		
Food	\$ _____	_____
Clothing and shoes	\$ _____	_____
Hair and cosmetics	\$ _____	_____
Dry cleaning	\$ _____	_____
Newspaper/Books/Subscriptions	\$ _____	_____
Administrative needs	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____
Lifestyle expenses		
Holidays	\$ _____	_____
Entertainment	\$ _____	_____
Gym and fitness	\$ _____	_____
Sports fees	\$ _____	_____
Restaurant/Bars/Alcohol	\$ _____	_____
Concerts/Theatres/Movies	\$ _____	_____
Hobbies/Clubs	\$ _____	_____
Gifts (Christmas, Birthday etc)	\$ _____	_____
Home improvements	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____

Expenses

Per Annum

Paid by (self, partner, or joint)

Housing expenses

Mortgage repayments	\$ _____	_____
Rent	\$ _____	_____
Council rates	\$ _____	_____
Water rates	\$ _____	_____
Electricity	\$ _____	_____
Gas	\$ _____	_____
Telephone	\$ _____	_____
Maintenance and repairs	\$ _____	_____
Domestic care	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____

Vehicle/transportation expenses

Vehicle loan repayments	\$ _____	_____
Vehicle registration and green slip	\$ _____	_____
Car running expenses (fuel and oil)	\$ _____	_____
Car maintenance	\$ _____	_____
Car parking fees	\$ _____	_____
Public transport	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____

Personal care

Personal loan	\$ _____	_____
Childcare	\$ _____	_____
Medical care	\$ _____	_____
Dental care	\$ _____	_____
Pharmacy	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____

Educational

School/university savings program	\$ _____	_____
Course fees	\$ _____	_____
Uniforms	\$ _____	_____
Books and fees	\$ _____	_____
Excursions	\$ _____	_____
Educational loans	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____

Short-term credit (12 months)

Visa card	\$ _____	_____
Master card	\$ _____	_____
Bank card	\$ _____	_____
American Express	\$ _____	_____
Diners card	\$ _____	_____
Lease payments	\$ _____	_____
Hire purchase	\$ _____	_____
Other credit	\$ _____	_____
Subtotal	\$ _____	_____

Investment

Savings programs	\$ _____	_____
Margin loan	\$ _____	_____
Equity loan	\$ _____	_____
Investment loan	\$ _____	_____
Other investment	\$ _____	_____
Subtotal	\$ _____	_____

Superannuation contributions

Non-concessional (undeducted)	\$ _____	_____
Spouse contributions	\$ _____	_____
Personal deductible	\$ _____	_____

Financial Planning

Review fees billed directly	\$ _____	_____
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Expenses

Per Annum

Paid by (self, partner, or joint)

Wealth Protection insurance

Life insurance – Death only	\$ _____	_____
Life insurance – Death & TPD	\$ _____	_____
Income protection insurance	\$ _____	_____
Trauma insurance	\$ _____	_____
Business expense insurance	\$ _____	_____

General insurance

Health insurance	\$ _____	_____
Vehicle Insurance	\$ _____	_____
Home and contents insurance	\$ _____	_____
Boat insurance	\$ _____	_____
Caravan & trailer insurance	\$ _____	_____
Public liability insurance	\$ _____	_____
Farm insurance	\$ _____	_____

Taxation

Prior year tax liability	\$ _____	_____
PAYG	\$ _____	_____
Capital Gains Tax	\$ _____	_____
Other tax	\$ _____	_____
Subtotal	\$ _____	_____

Total expenses \$ _____

Surplus income before tax
(Total annual income less total annual expenses) \$ _____

Less estimated tax \$ _____

Surplus available for further savings and contingencies \$ _____