

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 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 16 explains the possible consequences of providing incomplete or inaccurate information. Page 16 also explains information about the collection, use and access to your personal information.

Financial Adviser: _____ Date: _____

Accountant: _____

Firm name: _____ Contact phone: _____

Personal details	OFFICE USE ONLY
Self (Mr/Mrs/Ms/Miss/Dr) Name _____ Date of birth ____ / ____ / ____ Marital status _____	ILCN NO _____
Partner (Mr/Mrs/Ms/Miss/Dr) Name _____ Date of birth ____ / ____ / ____	ILCN NO _____
Joint ILCN number	ILCN NO _____

Contact information

Home address _____

State _____ Postcode _____ Commencement date at this address _____

Telephone (H) _____ (W) _____ (M) _____

Fax: _____ Email: _____ Do you have internet access Yes No

Business address _____ Postcode _____

Postal address _____ Postcode _____

Children/Dependants

Name	1 _____	<input type="checkbox"/> Living at home	<input type="checkbox"/> Still at school	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ____ / ____ / ____
	2 _____	<input type="checkbox"/> Living at home	<input type="checkbox"/> Still at school	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ____ / ____ / ____
	3 _____	<input type="checkbox"/> Living at home	<input type="checkbox"/> Still at school	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ____ / ____ / ____
	4 _____	<input type="checkbox"/> Living at home	<input type="checkbox"/> Still at school	<input type="checkbox"/> Single	<input type="checkbox"/> Married	D.O.B. ____ / ____ / ____

Employment details	SELF	PARTNER
--------------------	------	---------

Occupation _____

Is your job secure? Yes No Yes No

Current employer _____

Start date ____ / ____ / ____

Hours per week _____

Employment status (eg part-time, casual, pensioner, self-employed etc) _____

Gross annual salary _____

Health	SELF	PARTNER
--------	------	---------

Are you aware of any health conditions which may affect your investment decisions or time frame? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Name of fund	_____	_____
Type of cover <small>(Advice in this area is not provided, see footnotes on page 9)</small>	_____	_____
Premium	\$ _____	\$ _____
Premium frequency	_____	_____
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal details	SELF	PARTNER
---------------	------	---------

Year Will last updated	_____	_____
Testamentary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type?	_____	_____
Power of Attorney Name (if applicable)	_____	_____
Attorney's Address	_____	_____
Will held (location)	_____	_____
Solicitor's Name	_____	_____
Solicitor's Address	_____	_____

Goals and objectives

What goals and needs do you have - eg children's education, home renovations, overseas travel, new home, new car, luxury items, savings targets, retirement, gifts etc?

Short-term (Less than 3 years)	Estimated costs	Goal type (personal, capital, investment, income, general)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Medium-term (3-5 years)	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Long-term (More than 5 years)	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Special planning considerations

SELF

PARTNER

When do you expect to retire? (year or age)

What is your desired annual retirement income per person
(in today's dollars)?

Have you been receiving a Social Security/Veterans Affairs benefit?

If yes, please state date at which payment commenced

Type

Will you be seeking a Social Security/Veterans Affairs benefit?

Have you gifted any money in the last 5 years?

If yes, please provide details of dates and amounts

Do you or your partner expect to inherit any money or property?

My income and growth requirements (tick one option only)

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

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 at least some of the investments at short notice is required
- The ability to access most 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 insufficient space be provided, please supply details on a separate attachment)
Adviser Note: full details of investment portfolio should be placed on Wealth Planner

Investment assets

Description	Owned by (self, partner or jointly)	Cost	Date purchased	No. of Units/Shares	Current income pa	Market Value	Centrelink Value
Investment property/ies		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
Shares		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
Managed Funds		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
Term deposits		\$ / /			\$	\$	\$
Debentures		\$ / /			\$	\$	\$
Bank accounts etc		\$ / /			\$	\$	\$
Other		\$ / /			\$	\$	\$
Property assets							
Family home		\$ / /			\$	\$	\$
Commercial		\$ / /			\$	\$	\$
Holiday home		\$ / /			\$	\$	\$
Other		\$ / /			\$	\$	\$
Personal assets							
Motor vehicles		\$ / /			\$	\$	\$
		\$ / /			\$	\$	\$
Home contents		\$ / /			\$	\$	\$
Superannuation		\$ / /			\$	\$	\$
Other		\$ / /			\$	\$	\$
Other assets							
Loans to third parties		\$ / /			\$	\$	\$
Other		\$ / /			\$	\$	\$
Other assets and investments as per attachments					\$	\$	\$
Total general assets and investments					\$	\$	\$

Liabilities

	Interest (% pa)	Owned by? <small>(self, partner or jointly)</small>	Interest only or principal interest	Payment amount	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							
				\$ _____			\$ _____

Please note: Early repayment or exit penalties on liabilities and assets may exist. Please provide details if applicable. Use page 15 if more space is required.

Summary	SELF	PARTNER
A) Total value of personal assets	\$ _____	\$ _____
B) Total value of property assets	\$ _____	\$ _____
C) Total value of investment assets	\$ _____	\$ _____
D) Estimated total assets (A + B + C)	\$ _____	\$ _____
E) Estimated liabilities	\$ _____	\$ _____
Total net wealth (D-E)	\$ _____	\$ _____

Income per annum	SELF	PARTNER
------------------	------	---------

Note: If you do not wish to itemise your income and expenses in detail, please complete the income and expenses cashflow section on page 8 ONLY.

	Tax free %/ Tax deductible \$ /Social Security deductible \$		
Salary/Wages	\$ _____		\$ _____
Director's fees and gratuities	\$ _____		\$ _____
Social security/DVA pension	\$ _____		\$ _____
Overseas pensions	\$ _____		\$ _____
Compensation payments	\$ _____		\$ _____
Business income	\$ _____	\$ _____	\$ _____
Family trust distribution	\$ _____	\$ _____	\$ _____
Foreign/Overseas income	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Tax refunds	\$ _____	\$ _____	\$ _____
Allowances	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____
Rental properties (net)	\$ _____	\$ _____	\$ _____
Interest on deposits/bank accounts	\$ _____	\$ _____	\$ _____
Dividends - Franked	\$ _____	\$ _____	\$ _____
Dividends - Unfranked/Managed funds	\$ _____	\$ _____	\$ _____
Income stream details	\$ _____	\$ _____	\$ _____
Income from other assets	\$ _____	\$ _____	\$ _____
Total annual income		\$ _____	\$ _____

Expenses	Per Annum	Paid by (self, partner or joint)
----------	-----------	----------------------------------

To outline your expenses in more detail please ask your adviser for a 'Budget Planner'.

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	\$ _____	_____

Expenses (continued)	Per Annum	Paid by (self, partner or joint)
Hobbies/clubs	\$ _____	_____
Gifts (Christmas, Birthday etc)	\$ _____	_____
Home improvements	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____
Housing expenses		
Mortgage repayments	\$ _____	_____
Home and contents insurance	\$ _____	_____
Rent	\$ _____	_____
Council rates	\$ _____	_____
Water rates	\$ _____	_____
Electricity	\$ _____	_____
Gas	\$ _____	_____
Telephone	\$ _____	_____
Maintenance and repairs	\$ _____	_____
Domestic care	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____
Vehicle/Transportation expenses		
Vehicle loan repayments	\$ _____	_____
Insurance	\$ _____	_____
Vehicle registration and green slip	\$ _____	_____
Car running expenses (fuel and oil)	\$ _____	_____
Car maintenance	\$ _____	_____
Car parking/speeding fees etc	\$ _____	_____
Public transport	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____
Personal care		
Personal loan	\$ _____	_____
Life insurance	\$ _____	_____
Income protection insurance	\$ _____	_____
Trauma insurance	\$ _____	_____
Business expense insurance	\$ _____	_____
Health insurance	\$ _____	_____
Childcare	\$ _____	_____
Medical care	\$ _____	_____
Dental care	\$ _____	_____
Pharmacy	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____
School study		
School/university savings program	\$ _____	_____
Course fees	\$ _____	_____
Uniforms	\$ _____	_____
Books and fees	\$ _____	_____
Excursions	\$ _____	_____
Educational loans	\$ _____	_____
Other	\$ _____	_____
Subtotal	\$ _____	_____

Expenses (continued)	Per Annum	Paid by (self, partner or joint)
Outstanding short-term credit (12 months)		
Visa card	\$ _____	_____
Master card	\$ _____	_____
Bank card	\$ _____	_____
American Express	\$ _____	_____
Diners Club card	\$ _____	_____
Lease payments	\$ _____	_____
Hire purchase	\$ _____	_____
Other credit	\$ _____	_____
Subtotal	\$ _____	_____
Investment		
Superannuation contributions	\$ _____	_____
Savings programs	\$ _____	_____
Margin loan	\$ _____	_____
Equity loan	\$ _____	_____
Investment loan	\$ _____	_____
Other investment	\$ _____	_____
Subtotal	\$ _____	_____
Taxation		
Tax on gross income	\$ _____	_____
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	\$ _____	_____

Income and expenses cashflow	SELF	PARTNER
A) Your estimated savings per month	\$ _____	\$ _____
OR		
A) Your estimated income per annum - Gross	\$ _____	\$ _____
B) Estimated investment income	\$ _____	\$ _____
C) Estimated tax liability	\$ _____	\$ _____
D) Estimated net income (A+B-C)	\$ _____	\$ _____
E) Your estimated expenses per annum	\$ _____	\$ _____
F) Estimated net surplus/(shortfall) per annum (D-E)	\$ _____	\$ _____

Wealth Protection (Risk Insurance eg Life, Trauma, TPD, Income Protection) – to assess your risk requirements, please complete the following

Existing policies	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Life insured	_____	_____	_____	_____	_____
Policy owner	_____	_____	_____	_____	_____
Policy type	_____	_____	_____	_____	_____
Life company	_____	_____	_____	_____	_____
Policy number	_____	_____	_____	_____	_____
Death benefit	_____	_____	_____	_____	_____
Other benefit	_____	_____	_____	_____	_____
Premium	_____	_____	_____	_____	_____
Premium paid by	_____	_____	_____	_____	_____
Frequency	_____	_____	_____	_____	_____
Commencement date	_____	_____	_____	_____	_____
Date reviewed	_____	_____	_____	_____	_____

Insurance information sought on pages 2, 9 and 10 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 needs **SELF** **PARTNER**

Total funds required at death for the following (A)

Final expenses (debts, mortgages, legals, medicals, emergencies, funeral expenses)	\$ _____	\$ _____
1. (a) Total annual income required for your spouse/partner	\$ _____	\$ _____
(b) Capital required to produce this income	\$ _____	\$ _____
2. (a) Total annual income required for your children	\$ _____	\$ _____
(b) Capital required to produce this income	\$ _____	\$ _____
3. Other expenses (eg education fees, clothing, other expenses until children independent)	\$ _____	\$ _____
Total amount required on death	\$ _____ (A)	\$ _____ (A)

Assets currently available on death (B)

Insurance benefit in super fund	\$ _____	\$ _____
Other life insurance	\$ _____	\$ _____
Assets/Investments that can be liquidated on death (post Capital Gains Tax)	\$ _____	\$ _____
Total assets	\$ _____ (B)	\$ _____ (B)

SELF (A) \$ _____ - (B) \$ _____ = \$ _____ Total term life requirement

PARTNER (A) \$ _____ - (B) \$ _____ = \$ _____ Total term life requirement

Trauma needs (C)	SELF	PARTNER
Medical Costs (eg rehabilitation, transport)	\$ _____	\$ _____
Amount required to meet additional expenses (eg home care, child care, education)	\$ _____	\$ _____
Amount to meet personal requirements (eg holiday, new car, relocations)	\$ _____	\$ _____
Amount to remove existing debt	\$ _____	\$ _____
Less existing trauma benefit	\$ _____	\$ _____
Total Trauma Requirements	\$ _____	\$ _____

Optional requirements (D)	SELF	PARTNER
Total optional requirements (eg pay off mortgage, new car, travel, education etc)	\$ _____	\$ _____

SELF (C) \$ _____ + **(D) \$** _____ = \$ _____ **Total trauma requirement**
PARTNER (C) \$ _____ + **(D) \$** _____ = \$ _____ **Total trauma requirement**

Would you like the benefits of business expense insurance explained to you? Yes No

Superannuation, tax and Reasonable Benefit Limits

So that we may clarify your superannuation, tax and Reasonable Benefit Limits situation, please complete the following.

Superannuation details (Please supply copies of statements)

	Plan 1	Plan 2	Plan 3	Plan 4
Fund owner (Self or Partner)				
Personal/Employer/SGC/SMSF				
Fund name				
Super fund number				
Super Product Identification Number (SPIN)				
Policy number				
Eligible service date	/ /	/ /	/ /	/ /
Binding Death Nomination expiry date	/ /	/ /	/ /	/ /
Contribution information				
Undeducted contributions pa	\$ _____	\$ _____	\$ _____	\$ _____
Spouse contributions pa	\$ _____	\$ _____	\$ _____	\$ _____
Salary sacrifice pa	\$ _____	\$ _____	\$ _____	\$ _____
Superannuation guarantee pa	\$ _____	\$ _____	\$ _____	\$ _____
Total contributions				
Components				
Undeducted	\$ _____	\$ _____	\$ _____	\$ _____
Invalidity	\$ _____	\$ _____	\$ _____	\$ _____
Concessional	\$ _____	\$ _____	\$ _____	\$ _____
CGT Exempt	\$ _____	\$ _____	\$ _____	\$ _____
Excess	\$ _____	\$ _____	\$ _____	\$ _____
Pre 1 July 1983	\$ _____	\$ _____	\$ _____	\$ _____
Post 30 June 1983 - taxed	\$ _____	\$ _____	\$ _____	\$ _____
- untaxed	\$ _____	\$ _____	\$ _____	\$ _____

Superannuation, tax and Reasonable Benefit Limits (continued)

	Plan 1	Plan 2	Plan 3	Plan 4
Preservation				
Preserved	\$	\$	\$	\$
Restricted Non Preserved	\$	\$	\$	\$
Unrestricted Non Preserved	\$	\$	\$	\$
Insurance				
Insurance through super	\$	\$	\$	\$
Death only	\$	\$	\$	\$
Death & TPD	\$	\$	\$	\$
Salary continuance	\$	\$	\$	\$
Current value of super	\$	\$	\$	\$

Please provide copy of latest statements showing benefits and components or authorisation for access to your account details.

Reasonable Benefit Limits (RBLs) **SELF** **PARTNER**

The following information may assist us in establishing a transitional RBL for you above the flat dollar RBL limits. (Please supply copies of statements including RBL determinations).

Lump sum transitional RBL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,	\$ _____ as at __ / __ / __	\$ _____ as at __ / __ / __
Pension transitional RBL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,	\$ _____ as at __ / __ / __	\$ _____ as at __ / __ / __

Please provide a copy of the ATO notice of your RBL.

Eligible Termination Payments (ETPs) you have received (please supply copies of statements)

ETP owner (self or partner)	Received from	Current value	Date received
_____	_____	\$ _____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____

Payout

If you are about to leave your job, please list the payments you expect to receive (please supply copies of statements).

		Notes
Superannuation	\$ _____	_____
★ Expected payment date	_____ / _____ / _____	_____
Redundancy payments		
★ Ex gratia/Golden handshake	\$ _____	_____
★ Approved early retirement	\$ _____	_____
★ Invalidity payments	\$ _____	_____
★ Long service leave (net after tax)	\$ _____	_____
★ Annual leave (net after tax)	\$ _____	_____
★ Other payments (eg unused sick leave)	\$ _____	_____
★ Expected payment date	_____ / _____ / _____	_____

To help 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 who has established financial commitments (eg young family) - don't have a lot of money at the moment but want to save more
- Well established - finances are under control, want to save more and are 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 in exchange for lower returns

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

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

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?

- Long-term average: 12% Worst 12 month return: -28% Best 12 month return: 86%
- Long-term average: 10% Worst 12 month return: -10% Best 12 month return: 34%
- Long-term average: 9% Worst 12 month return: -5% Best 12 month return: 20%
- Long-term average: 6% Worst 12 month return: 4% Best 12 month return: 8%

9. What is your attitude to risk?

- I am prepared to weather a loss in investment value to get maximum returns
- Want to control the chance of getting a loss in value, in return for lower returns
- Don't want loss in value of investment - 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 20% 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 15% 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 low 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
- Do nothing
- Sell a portion of the investment
- 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 for both your property (theft, fire, car etc) and your person (income, illness etc) – how much cover do you have?

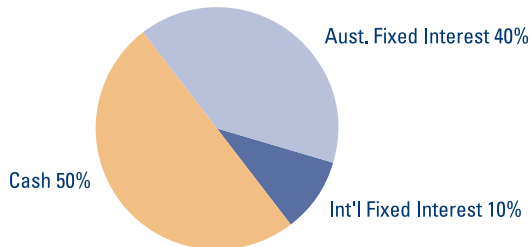
- Very little
- Some
- Considerable
- Complete

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 price 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 are:

Capital Secure Investment Strategy



Capital Secure Investment Strategy

Suitable for: Investors with low risk tolerance and/or short investment time frame

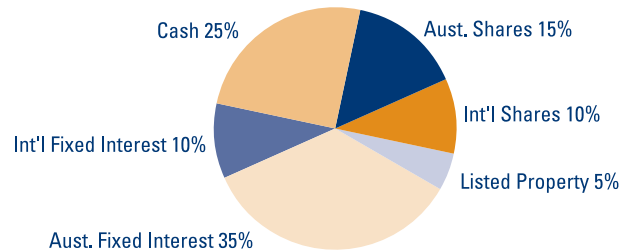
Suitable time frame: 1-2 years

Approx % of portfolio in shares and property: 0%

Volatility: Low

Returns: Low

Conservative Investment Strategy



Conservative Investment Strategy

Suitable for: Investors with low risk tolerance and/or medium investment time frame

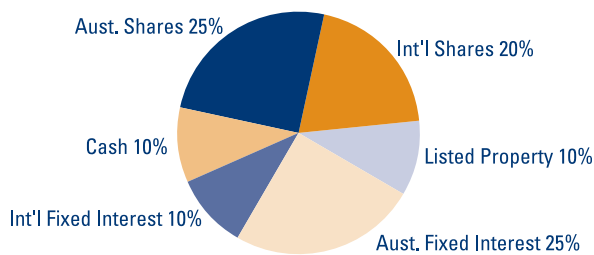
Suitable time frame: 2-3 years

Approx % of portfolio in shares and property: 30%

Volatility: Low - Moderate

Returns: Low - Moderate

Moderate Investment Strategy



Moderate Investment Strategy

Suitable for: Investors with moderate risk tolerance and/or medium investment time frame

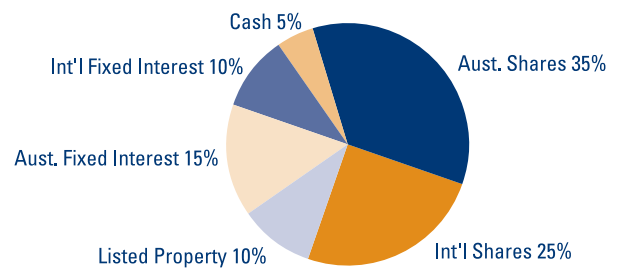
Suitable time frame: 3-4 years

Approx % of portfolio in shares and property: 55%

Volatility: Moderate

Returns: Moderate

Balanced Investment Strategy



Balanced Investment Strategy

Suitable for: Investors with moderate risk tolerance and/or long investment time frame

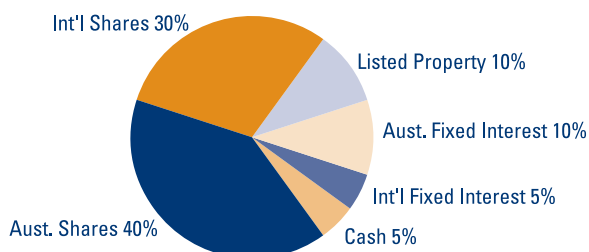
Suitable time frame: 4-5 years

Approx % of portfolio in shares and property: 70%

Volatility: Moderate - High

Returns: Moderate - High

Growth Investment Strategy



Growth Investment Strategy

Suitable for: Investors with moderate - high risk tolerance and/or long investment time frame

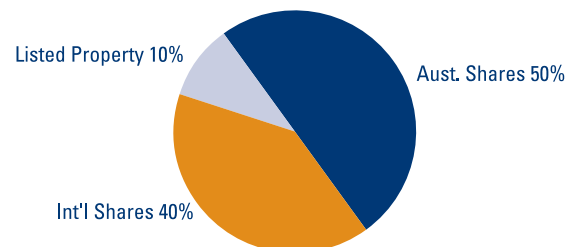
Suitable time frame: 5 years

Approx % of portfolio in shares and property: 80%

Volatility: Moderate - High

Returns: High

High Growth Investment Strategy



High Growth Investment Strategy

Suitable for: Investors with very high risk tolerance and long investment time frame

Suitable time frame: 5-7 years or more

Approx % of portfolio in shares and property: 100%

Volatility: High

Returns: High

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 or 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 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 agree and accept the risk profile assessment and asset allocation profile outlined on page 15. 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 above. 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 _____ / _____ / _____

*Signatures and dates are compulsory.

Adviser signature* _____ Dated _____ / _____ / _____

*Compulsory fields.