



Data Collection Form

HELP US TO HELP YOU ACHIEVE YOUR GOALS AND OBJECTIVES

Private & Confidential

Client Name(s)	
Date of Interview	
Adviser	

Please note

It is against the law for us to give advice without first having a completed Data Collection Form outlining your current financial and personal position. This information will be kept strictly confidential

Please take the time to complete the risk profile questionnaires on pages 10 & 11

Checklist

Please attach the following items when sending or delivering the data collection form to us:

- Copies of pay slips
- Copies of Superannuation Statements
- Copies of any managed fund statements
- Any other documents you feel would be relevant for our discussions to provide financial advice to you

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Personal Summary

Your details

	Client	Partner
Title	Mr / Mrs / Ms / Miss /Other	Mr / Mrs / Ms / Miss /Other
First Name		
Surname		
Sex		
Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Defacto <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Home Phone		
Mobile Phone		
Email Address / Client		
Email Address / Partner		
Home Address		

Do you have any children?

Name	Date of Birth	Dependant Yes/No

Your employment

	Client	Partner
Your Occupation		
Work Status	Full time / Part time / Casual / Self Employed / Retired / Home Duties / Other	Full time / Part time / Casual / Self Employed / Retired / Home Duties / Other
Employer		
Work Phone		

Referral status

Were you referred to us?	Yes / No
If so who referred you to us:	

Cashflow Summary

Your income (gross pa)	Client (\$)	Partner (\$)
Salary		
Pension		
Rental Income		
Dividends / Interests		
Other		

We need to know how much money you currently require for normal every day living expenses to live comfortably. By determining these amounts we can structure your financial plan to meet those needs.

If you wish to provide a more detailed break up of expenses complete budget on **page 14** of this data collection form.

Your expenses (\$ pa)	
Current Living Expenses	\$
Current Mortgage Repayments	\$
If applicable, Investment Loan Repayments	\$
Other	\$

<p>Do you operate under a specialised tax or business structure? (e.g. Self Managed Super Fund, Family Trust or Business)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes, please provide details of such:</p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	

Goals and Objectives

Retirement wealth accumulation

At what age or date do you intend to retire?	
How much income per year do you want in retirement?	\$
Do you intend to do any form of income producing work once you retire?	
If so, how much will you earn each year in retirement?	\$
If so, for how long in retirement will you keep earning this income?	

Additional future expenses

Goals	Estimated Cost	Date
Travel		
Home Renovations		
Replace motor vehicle		
Pay off any debts		
Children's Wedding or Education		
Other		

Do you see any other additional income sources? (e.g. inheritances, etc)

Please list any other financial goals you have

Financial Planning Strategies you wish to investigate

In order to provide advice suited to your particular situation, would you mind ticking the areas that you are interested in:

Salary Packaging

Superannuation

I am currently salary sacrificing into superannuation	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, How much are you sacrificing from your gross salary each year.	\$

Consider Salary Sacrifice Superannuation

How much can you save each week?	\$
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Motor Vehicle Lease

Type of Vehicle	
Approx Purchase Price	
Approx kilometres driven each year	

Income Protection Insurance Premiums

Debt Consolidation and/or Debt Reduction

Investment Gearing

How do you feel about borrowing to invest for your future?

- I/we are not comfortable about borrowing to invest (gearing).
- I/we would consider borrow to invest if it improves our chances of achieving our stated financial goals.
- I/we are aware of the risks of gearing and are comfortable with the concept of borrowing to invest.

Retirement Planning

Risk Planning

Protect you and your family in the event of:

- Death
- Total & Permanent Disability
- Trauma attack
- Temporary disablement that prohibits you from working

How many weeks could you survive financially if you were sick or disabled?

Assets and Liabilities

Non Investible assets (e.g. your home, furnishings and cars):

Description	Owner	Current Value
Principal Residence		
Home Contents		
Other (e.g. boat, caravan etc)		


Description	Owner	Current Value	Make & model	Age of vehicle	Km's p.a.
Motor Vehicle 1					
Motor Vehicle 2					

Liabilities

Description	Owner	Current Balance	Term Remaining	Interest Rate	Repayment	Type	Lender
Mortgage	Client / Partner / Joint	\$				P&I / Interest Only Fixed / Variable	
Investment Loans	Client / Partner / Joint	\$				P&I / Interest Only Fixed / Variable	
Credit Card	Client / Partner / Joint	\$					

Investment Portfolio

Bank, Credit Union accounts etc	Owner (please circle)	Type of account (e.g. Term Deposit, at call account)	Account Balance	Maturity Date (if Term Deposit)	Retain?
	Client / Partner / Joint				Y / N
	Client / Partner / Joint				Y / N
	Client / Partner / Joint				Y / N
	Client / Partner / Joint				Y / N

 Please attach a copy of statement for each managed fund investment. If you hold quite a few share, would you mind attached a schedule showing current holdings of each company, cost base etc.

Managed funds or direct share portfolio	Owner (please circle)	Current Balance/ Value	Date Purchased	Original investment (if known)	Retain?
Fund Name or name of shareholding					
<i>Example: Colonial Imputation Fund</i>	Client / Partner / Joint	\$23,000	May 2005	\$18,000	Y / N
	Client / Partner / Joint				Y / N
	Client / Partner / Joint				Y / N
	Client / Partner / Joint				Y / N



If you own any investment properties please complete as much of the table below:.

Investment Property	Owner (please circle)	Current Value	Date Purchased	Annual Rental Income	Original investment (if known)	Retain?
Address						
<i>Example: Smith Street, Penrith</i>	Client / Partner / Joint	\$400,000	May 2000	\$18,500	\$290,000	Y / N
	Client / Partner / Joint					Y / N
	Client / Partner / Joint					Y / N

Superannuation Portfolio



Please attach a copy of member statement for each superannuation investment.

Description Name of Fund	Owner	Current Balance	Date Joined	Employer Contribution (\$ pa)	Salary Sacrifice (\$ pa)	Own Contribution (\$ pa)
<input type="checkbox"/> State Super Scheme <input type="checkbox"/> SASS <input type="checkbox"/> First State Super	Client / Partner / Joint	\$		\$	\$	\$
<input type="checkbox"/> State Super Scheme <input type="checkbox"/> SASS <input type="checkbox"/> First State Super	Client / Partner / Joint	\$		\$	\$	\$
	Client / Partner / Joint	\$		\$	\$	\$
	Client / Partner / Joint	\$		\$	\$	\$

Existing insurance details

Insurance Company	Insured	Owner	Type	Level of Cover	Date Joined	Premium
			<input type="checkbox"/> Death Only <input type="checkbox"/> Total & Permanent Disability (TPD) <input type="checkbox"/> Death & TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection			
			<input type="checkbox"/> Death Only <input type="checkbox"/> Total & Permanent Disability (TPD) <input type="checkbox"/> Death & TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection			

	Client	Partner
Do you have Private Health Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Building & Contents Insured? Yes No

All Motor Vehicles Insured? Yes No

Serious Issues to Consider	Client	Partner
Can your family continue to live without any financial worries in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you fund any additional expenses and allow for a comfortable recovery in the event of serious illness/accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate planning details

	Client	Partner
Do you have an updated Will in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a General Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold an Enduring Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enduring Power of Guardianship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardianship for your children		<input type="checkbox"/> Yes <input type="checkbox"/> No

Risk Profile Questionnaires

Question 1

Over how many years do you intend to spend your investment capital, in Retirement?

- (a) 2 years or less. 1
- (b) 3 to 5 years. 2
- (c) 6 to 10 years. 3
- (d) 11 to 15 years. 4
- (e) More than 15 years. 5

Question 2

How would you rate your general knowledge and ability to understand financial matters?

- (a) You have very little understanding or interest. 1
- (b) You are not very confident when it comes to investing. 2
- (c) You are confident about some investments. You have enough experience to understand the importance of diversification. 3
- (d) You are fairly confident. You understand market commentary, and that different market sectors offer different income, growth and taxation characteristics. 4
- (e) You are an experienced investor. You use research and other investment information to make investment decisions. You understand the various factors that influence investment returns. 6

Question 3

Assuming you have an amount of money to invest, how would you invest it?

- (a) The safety of your money would be your primary objective. You would rather have a lower rate of return than risk the loss of any part of your capital. 1
- (b) You want your investment to perform relatively well but your capital should remain relatively stable. 2
- (c) You are willing to accept some fluctuation in your capital over the short term in exchange for higher returns over the long term. 3
- (d) In order to receive the maximum return on my investment, you are willing to accept a higher degree of risk. 4

Question 4

What would your reaction be, if six months after placing your investment you discover that, in line with what is happening in the financial markets generally, your portfolio has decreased in value by 15%?

- (a) Horror, security of my/our capital is critical and I/we did not intend to take these levels of risk. 0
- (b) You would cut your losses and transfer your funds into more secure investment sectors. 1
- (c) You would be concerned, but would wait to see if the markets improve. 3
- (d) This would be a calculated risk and you would leave the investments in place, expecting future growth. 6

Question 5

How concerned are you that the earnings on your savings and investment dollars can exceed the rate of inflation?

- (a) You would like to achieve returns which match the term deposit rate. 1
- (b) You would like to exceed the term deposit rate by a small percentage. 2
- (c) You must receive returns which are significantly ahead of the term deposit rate. 4

Question 6

If your capital was to be invested for more than ten years, for how long would you be prepared to tolerate poor returns before changing to a different investment?

- (a) Up to 3 months. 1
- (b) Up to 6 months. 2
- (c) Up to 1 year. 4
- (d) Up to 2 years. 5
- (e) Longer than 2 years. 7

Question 7

Which of the following statements describe your feelings towards a chosen investment?

- (a) You would select investments that have a low degree of risk associated with them. 2
- (b) You prefer to diversify with a mix of investments, with an emphasis on low risk. You would be happy to have a small portion of the portfolio invested in assets, which have a higher degree of risk for a slightly higher return. You are happy to accept a negative investment return of 1 in 9 years. 4
- (c) You prefer to have a spread of investments in a balanced portfolio, you are happy to have a negative return of 1 in 7 years. 6
- (d) You prefer to diversify your investments with an emphasis on more investments, which have higher returns, but still having a small amount of low risk investments. I/we am happy to accept a negative return of 1 in 5 years. 8
- (e) You would only select investments, which have a higher degree of investment price fluctuation so that you can earn higher long-term returns. You are happy to accept a negative return of 1 in 3 years in order to achieve this goal. 10

You have completed the Risk Profile Questionnaire with the assistance of our Adviser. Your profile has been fully explained and you have understood the volatility and exposure to more assertive and aggressive strategies (if applicable to your risk profile).

Please refer to following page for explanation of different risk profiles.

Client Signature (1): Partner Signature (2):

Adviser Signature: Date:

Risk Profile Explanation

OVERALL ATTITUDE TO RISK

Total the evaluation answers in the above questions and record the total. The score will determine the most appropriate investment strategy for you.

Score under 12	Conservative
Score 13 to 20	Cautious
Score 21 to 28	Prudent
Score 29 to 36	Assertive
Score 37 or over	Aggressive

CLIENT INVESTMENT PROFILES

Conservative – Score under 12 The investor's main objective is stability of income and capital protection. They are very prepared to accept lower returns to protect their capital. A low level of volatility can be expected from time to time and overall returns are likely to be relatively low. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Cautious – Score 13 to 20 The investor's main objective is to maintain stable returns. Capital protection is still a priority however they are willing to accept some risk and low levels of volatility to achieve these returns. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Prudent – Score 21 to 28 The investor's main objective is to achieve balanced returns to meet their medium to long term financial goals. The main aim is to achieve some capital growth and investors are willing to accept a moderate level of volatility to achieve these returns. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

Assertive – Score 29 to 36 The investor's main objective is to accumulate assets by targeting capital growth over the medium to long term. They are prepared to accept higher volatility and moderate risks to achieve these returns. Your ideal asset allocation would fall within the range for your risk profile listed below, depending on your score.

Aggressive – Score 37 and over The investor's main objective is to achieve high long term growth. Capital protection is not a concern as they are prepared to accept high portfolio volatility to pursue potentially greater long term returns. Investment choices are diverse but carry with them a high level of risk. Your ideal asset allocation would fall within the range of your risk profile listed below, depending on your score.

A suggested asset allocation for each risk profile is as follows:

Profile	Low End Rating	High End Rating
Conservative	Sector 30 (30% Growth Assets)	Sector 40
Cautious	Sector 40 (40% Growth Assets)	Sector 55
Prudent	Sector 55	Sector 70
Assertive	Sector 75	Sector 90
Aggressive	Sector 90	Sector 100

Annual Budget (Optional)

Breakdown of your expenses, please complete either monthly or yearly.

	Monthly Amount	Yearly Amount
Living Expenses		
▪ Groceries	\$	\$
▪ Clothing	\$	\$
▪ Entertainment	\$	\$
▪ Holidays	\$	\$
▪ Electricity / Gas	\$	\$
▪ Telephone	\$	\$
Health Funds	\$	\$
Education costs	\$	\$
Health Cost (e.g. Medical, Dental, Chemist, & any other costs not covered under any health insurance plan or Medicare)	\$	\$
Work Related Spending (e.g. Transport, Uniforms, Child Care, Lunch etc)	\$	\$
Personal Spending	\$	\$
Property Related (Place of Residence)		
▪ Rent / Mortgage payment	\$	\$
▪ Council & Water Rates	\$	\$
▪ Maintenance	\$	\$
Property Related (Investment)		
▪ Mortgage	\$	\$
▪ Council & water Rates	\$	\$
▪ Maintenance	\$	\$
Motor Vehicles (Only complete on vehicles that are not salary packaged)		
▪ Petrol	\$	\$
▪ Services / Maintenance	\$	\$
▪ Registration	\$	\$
Superannuation (After tax contributions)	\$	\$
Miscellaneous/Other (Please name item)		
.....	\$	\$
.....	\$	\$
Total Expenditure	\$	\$

