

# Centre Capital Securities Pty Ltd

AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 317799

## *Confidential Client Data Form*

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

***Date:*** \_\_\_\_\_

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

***Has FSG been provided to client?***  Yes  No

***Date:*** \_\_\_\_\_

**\*IMPORTANT NOTICE TO CLIENT:** The Corporations Act requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. The information requested in this form, is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information. If this Client Data Form is not completed and signed by you, you are not afforded the protection of the professional indemnity insurance held by Centre Capital Securities P/L.

**PERSONAL DETAILS**

**YOURSELF**  
Mr/Mrs/Miss/Ms/Dr

**PARTNER (IF APPLICABLE)**  
Mr/Mrs/Miss/Ms/Dr

Surname .....

First Names .....

Date of Birth .....

Anticipated Retirement Date (If known) .....

Occupation .....

Email Address .....

Employment Status	Self Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
	Employed	<input type="checkbox"/>	Employed	<input type="checkbox"/>
	Not Employed	<input type="checkbox"/>	Not Employed	<input type="checkbox"/>

Business Telephone .....

Fax .....

Home Address (Residential) .....

Home Telephone .....

**ALL DEPENDENTS/NON DEPENDENTS**

(include current and previous relationships)

Name	Date of Birth	Sex F/M	Support required to age
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**POSTAL ADDRESS DETAILS**

Postal Address  Home  Work  Other

Postal Address (eg. PO Box) .....

Suburb ..... State ..... Postcode.....

Who recommended our service to you? .....

**NAME OF** (please include relevant ABN and TFN's)

Company .....

Trust .....

SuperFund .....

## PROFESSIONAL ADVISERS

Name	Address	Telephone
Accountant .....	.....	.....
Solicitor .....	.....	.....
Financial Adviser .....	.....	.....
Other (ie Bank Manager) .....	.....	.....
Authority to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do You have Private Health Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to stay with your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel your current employment situation is secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you foresee any substantial change to your income in the next two to five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
After retirement do you intend to work again either on a full time or part time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to be a beneficiary of an estate in the next 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PENSIONS

Are you and/or your partner eligible to receive a government pension/allowance?  Yes     No

If **Yes**, what type of Pension for yourself?

AGED     
  WIDOWS     
  SOLE PARENT     
  INVALID     
  JOB SEARCH     
  VETERANS\*

If **Yes**, what type of Pension for partner?

AGED     
  WIDOWS     
  SOLE PARENT     
  INVALID     
  JOB SEARCH     
  VETERANS\*

\*What type of Veterans Pensions?

WAR WIDOWS     
  SERVICES     
  DISABILITY     
  OTHER (Specify) .....

Please provide reason why you are seeking advice at this point in time.

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# ASSETS & LIABILITIES

	<b>ASSETS (\$)</b>	<b>LIABILITIES (\$)</b>	<b>OWNERSHIP</b>		
			Yourself	Partner	Joint
Principal Residence	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash and Bank Deposits	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Contents	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Interests	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and Managed Funds	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and Managed Funds	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and Managed Funds	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surrender value of traditional life insurance	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Investment Assets	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation (details over page)	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation (details over page)	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Home	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loans/ Overdrafts etc	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards, etc	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards, etc	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Liabilities	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTALS</b>	.....(A)	.....(L)			
<b>NET ASSETS</b>					
<b>(A) – (L) = \$</b>					

Have you borrowed monies for any of the above investments? Yes  No  If yes, provide details.

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Do you have any comment regarding your current investments or liabilities and preferences going forward?

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## MONTHLY INCOME AND EXPENDITURE

Please complete income details and at the very least the total level of expenditure that you need to undertake living arrangements. Once we assess how much income you have, how much of this you need to pay the mortgage, food, bills etc we have a surplus/deficit from which we can derive a financial strategy.

	YOURSELF (\$)	PARTNER (\$)	JOINT (\$)
Gross Salary/Pension	.....	.....	.....
Investment Income	.....	.....	.....
Personal Income	.....	.....	.....
Other Income	.....	.....	.....
<b>TOTAL INCOME</b>	.....	.....	.....
<b>EXPENDITURE</b>			
Rent/Mortgage	.....	.....	.....
Household Expenses <i>(Food Power Insurance Rates etc)</i>	.....	.....	.....
Motor Vehicle Expenses	.....	.....	.....
Medical/Education	.....	.....	.....
Clothing/Entertainment	.....	.....	.....
Super/Life Contributions	.....	.....	.....
Business Expense	.....	.....	.....
Personal Loans/Credit Cards	.....	.....	.....
Other Expenses	.....	.....	.....
<b>TOTAL EXPENDITURE</b>	.....	.....	.....
Your minimum income required \$	.....	.....	.....

Do you desire to minimise fees and costs? Yes  No  Not important

For investment purposes only, do you have any particular views concerning labour standards, or environmental, social or ethic

Yes  No  If yes, provide details.

Do you have any planned future expenses that are above normal (for example new car, holiday, childs education, house renovation, tax bill)? Yes  No  If yes, provide details.

**SUPERANNUATION DETAILS**

**YOURSELF**

**PARTNER**

Fund Name ..... ..

Account Number ..... ..

Current Value (estimate) ..... ..

Insurance - Salary continuance,  
Life & TPD Cover (if applicable) ..... ..

Fund Name ..... ..

Account Number ..... ..

Current Value (estimate) ..... ..

Insurance - Salary continuance,  
Life & TPD Cover (if applicable) ..... ..

Fund Name ..... ..

Account Number ..... ..

Current Value (estimate) ..... ..

Insurance - Salary continuance,  
Life & TPD Cover (if applicable) ..... ..

Fund Name ..... ..

Account Number ..... ..

Current Value (estimate) ..... ..

Insurance - Salary continuance,  
Life & TPD Cover (if applicable) ..... ..

**\*Please provide current statements of your superannuation accounts**

Is your current superannuation provider assisting you in achieving your longer term financial objectives through the provision of suitable advice for someone in your circumstances?      YES / NO

Would you consider suitable holistic financial advice as a benefit to someone in your position?      YES / NO

Any other Comments

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**RISK PROFILE** (N/A for insurance product advice)

**In how many years do you plan to use (the bulk) of your investment/superannuation funds?**

- (a) Parking (Less than a year)
- (b) Short Term (1-2 years)
- (c) Medium Term (2-5 years)
- (d) Long term (5-7 years)

**Inflation erodes the value of your savings. Growth investing can counter the eroding effect on inflation but also expose you to the risk of short-term losses.**

- (a) Inflation may erode my savings but I have no tolerance for loss
- (b) I am conscious of the risk inflation presents, but would prefer a middle ground that limits losses
- (c) I am comfortable with this trade off to beat inflation

**How familiar are you with investment markets?**

- (a) Very little understanding or interest
- (b) Not very familiar but would like to learn more
- (c) Have enough experience to understand the importance of diversification
- (d) Understand that markets fluctuate and that different market sectors offer different income, growth and taxation characteristics

**Have you made the following investments in the past? or would you be likely to make in the near future? (please tick more than one if applicable)**

- (a) Cash management trust
- (b) Own home
- (c) Investment property
- (d) direct shares
- (e) Managed funds
- (f) Own business

**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 20%?**

- (a) Horror, security of your capital is critical and you did not intend to take risks
- (b) You would cut your losses and transfer your funds into more secure investment sectors
- (c) You would be concerned, but would wait to see if the investments improve
- (d) This was a calculated risk and you would leave the investments in place, expecting future growth

**Income Requirements:**

- (a) Maximum possible income is required
- (b) Substantial income is required with some capital growth
- (c) Income is required however capital growth is equally important
- (d) A small amount of income is required but mainly capital growth
- (e) The focus should be on capital growth with income reinvested

**Liquidity Requirements**

- (a) Easy access to all the invested funds is required at all times
- (b) The ability to access the majority of investments at short notice is required
- (c) A reasonable level of invested funds should be accessible at short notice
- (d) Only a small proportion of invested funds needs to be readily accessible
- (e) There is no need to maintain easy access to invested fund

**To what extent are you concerned about preservation of your capital?**

- (a) Security of capital is required regardless of potential returns
- (b) A small degree of risk would be acceptable for a slight increase in potential returns
- (c) A moderate degree of risk would be acceptable given the potential for increased returns
- (d) Volatility in investment values is acceptable given longer term capital growth objectives
- (e) Maximising potential returns is preferred regardless of risk

**INVESTOR PROFILE**

**Defensive**

You are a Defensive investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided your initial investment is protected.

**Moderate**

You are a Moderate Investor seeking better than basic returns, but risk must be low. Typically an older investor seeking to protect the wealth which you have accumulated, you may be prepared to consider less aggressive growth investments.

**Balanced**

You are a Balanced investor who wants a balanced portfolio to work towards medium to long term financial goals. You require an investment strategy which will cope with the effects of tax and inflation. Calculated risks will be acceptable to you to achieve good returns.

**Growth**

You are Growth investor, probably earning sufficient income to invest most funds for capital growth. Prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term. Your portfolio may include more aggressive investments.

**High Growth**

You are a High Growth investor prepared to compromise portfolio balance to pursue potentially greater long-term returns. Your investment choices are diverse, but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation.

**Based on the above questions I would recommend the following risk profile:**

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**If the client does not agree with this risk profile, please indicate what they have requested and reasons why also please detail conversation regarding risk of the selected profile.**

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# RISK INSURANCE

## Existing Risk Insurance Cover

	YOURSELF	PARTNER
Company Name	.....	.....
Account Number	.....	.....
Type of Policy (life, TPD, Trauma or Income protection)	.....	.....
Amount of Cover	.....	.....
Company Name	.....	.....
Account Number	.....	.....
Type of Policy (life, TPD, Trauma or Income protection)	.....	.....
Amount of Cover	.....	.....
Company Name	.....	.....
Account Number	.....	.....
Type of Policy (life, TPD, Trauma or Income protection)	.....	.....
Amount of Cover	.....	.....

**\*Please provide old statements of your insurance policies**

## ESTATE PLANNING

Do you have -

	YOURSELF		PARTNER (IF APPLICABLE)	
Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last Reviewed	...../...../.....		...../...../.....	
Enduring Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Funeral Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Testamentary Trust Provisions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of Funeral Plan	.....		.....	
Estate Planning Objectives	(Please consider non-dependent children or children from another relationship)			
	.....			
	.....			

## RISK MANAGEMENT OBJECTIVES

### INCOME PROTECTION NEEDS

If you were unable to work as a result of sickness or injury would this substantially impact upon your household spending requirements (mortgage payments, bills etc)?

Yes  No

Would you like to look at strategies to mitigate this risk through income protection?

Yes  No

Should the amount of this cover be an "agreed" amount (cannot be varied down by the insurance company) based on your current level of income?

Yes  No

In the event of you being unable to work for a long period of time due to illness or an accident, how long should the monthly benefit continue for?  2-5 Years  To Age 60 or 65 years

If you were unable to work due to accident or illness how long could you reasonably last without your income?  1-2 weeks  1-2 Months  3-6 months  12 Months

### DEATH NEEDS

In the event of death you would like to:

	<b>Client 1</b>	<b>Client 2</b>
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children's education	\$	\$
Provide funds for emergency income	\$	\$
Provide for an ongoing income of \$ _____ per annum		
Other – Please specify _____	\$	\$
<b>TOTAL</b>	\$ _____	\$ _____

### TPD NEEDS

In the event of total and permanent disablement you would like to:

	<b>Client 1</b>	<b>Client 2</b>
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children's education	\$	\$
Provide a lump sum for home & lifestyle alterations	\$	\$
Provide funds for medical costs	\$	\$
Provide for an ongoing income of \$ _____ per annum		
Other – Please specify _____	\$	\$
<b>TOTAL</b>	\$ _____	\$ _____

**TRAUMA NEEDS**

In the event of you suffering a trauma (suffer a medical condition such as cancer, heart attack etc) you would like to:

	<b>Client 1</b>	<b>Client 2</b>
Discharge Mortgage	\$	\$
Discharge other debts	\$	\$
Provide funds for children’s education	\$	\$
Provide a lump sum for home & lifestyle alterations	\$	\$
Provide funds for medical costs	\$	\$
Provide for an ongoing income of \$ _____ per annum		
Other – Please specify _____		
	\$	\$
<b>TOTAL</b>	\$	\$

**BUSINESS EXPENSES**

If you are self employed or own a private business do you require an analysis and quote for Business Expenses Insurance:  Yes  No

If yes, please provide an estimate of the following expenses:

	<b>Annual Amount \$</b>
Accounting Fees	
Rent	
Property Rates & Taxes	
Lease Costs	
Allowable Salaries - Employees:	
Other Employee Costs:	
Telephone	
Electricity	
Gas/Heating/ Water	
Cleaning	
Other	
<b>TOTAL</b>	\$



**YOUR OBJECTIVES AND NEEDS (THIS AREA MUST BE COMPLETED)**

Please detail in your own words why you are seeking advice and what specific goals and objectives you would like to achieve.

Is there any areas of your financial affairs that you do not wish for us to provide advice on?

**ADVISER NOTES**

# IMPORTANT INFORMATION TO BE READ AND ACKNOWLEDGED BY CLIENT(S)

Please tick the appropriate acknowledgments and authorisations before signing the declaration.

## CLIENT ACKNOWLEDGEMENT, TAX FILE NUMBER AUTHORISATION AND CLIENT DECLARATION

### CLIENT ACKNOWLEDGEMENT – Financial Services Guide and SFSG

I/We acknowledge that I/we have received a copy of a Financial Services Guide of Centre Capital Securities Pty Ltd.

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### CLIENT ACKNOWLEDGEMENT – Privacy Policy

I/We acknowledge that I/we have received a copy of the Privacy Policy of Centre Capital Securities Pty Ltd or alternatively have read the policy which is on their website.

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### TAX FILE NUMBER AUTHORISATION

(Complete TFN Authorisation if a record of client's tax file number is required and will be retained – cross out if not applicable).

I/we give permission for Centre Capital Securities Pty Ltd and its Representatives to retain my/our tax file number(s) on my/our personal Client File and to disclose this information, as necessary, to other Financial Institutions with which I/we choose to do business.

I/we understand this is the only purpose for which my/our Tax File Number(s) will be used. I/We also give permission for the Centre Capital Securities Pty Ltd and its Representatives to retain a copy of my/our tax returns on file if needed.

Tax File Number/s:

           .....

           ..... (client name)

Signed .....

Signed .....

Name .....

Name .....

Date ...../...../.....

Date ...../...../.....

CLIENT DECLARATION AS TO CONTENTS OF CLIENT DATA FORM

I/We agree with all of the following statements.

The information set out in this form accurately represents my/our objectives, financial situation and or particular needs. I/we are not aware of any other information which may be relevant to the preparation of my/our Statement of Advice.

I/we understand that a financial product recommendation will be based solely on the information supplied in this form within a period of thirty (30) days. Should I/we not proceed with implementation of the Statement of Advice I/we understand that it will be necessary to review the information which has been supplied.

I/we acknowledge that if the information provided is inaccurate or incomplete, I/we should consider the appropriateness of the recommendations in the Statement of Advice, having regard to my/our personal circumstances.

I/we accept the risk profile recommended by the adviser on page 8 or I/we acknowledge that we have requested a different risk profile from what was recommended.

I/we acknowledge the common defaults for the attitudes to risk products on page 12.

Signed .....

Signed .....

Name .....

Name .....

Date ...../...../.....

Date ...../...../.....

The information recorded in this document was provided during a discussion held on ...../...../.....

Representative's signature .....