



Client Profile & Fact Find

To Identify Your Financial
Needs and Goals

Client:

Date: / /

Lionsgate Financial Group Pty Ltd

ABN 92 140 591 484

Australian Financial Services Licensee 342766

Head Office Mail Address: Suite 1407, 122 Arthur Street

North Sydney NSW 2060

Tel: 1300 683 323

Fax: 1300 661 916

The privacy of your personal information is important to us:

1. Why are we asking so many questions?

We collect your personal information to ensure that we are able to provide you with the products and services appropriate to your needs.

Financial Planning is the exercise of:

- a) understanding a client's financial goals;
- b) gathering all the details of a client's financial position;
- c) analysing all the issues and options which will form the basis of any recommendations;
- d) the adviser providing advice and a recommendation, whilst also making all the required disclosures;
- e) the client agreeing with the advice to allow the adviser to implement all actions required to achieve the client's financial goals; and
- f) the adviser and the client agreeing as to what level of further review and action is required to ensure the advice and recommendations continue to achieve all identified financial goals.

The process of providing financial advice may seem simple, but it is the result of carefully gathering the right information to be able to assess your financial goals.

This can be achieved through completion or updating a previously completed Fact Finder. A fact finder will help identify what is relevant and also helps to prioritise any action required. We aim to ensure that the personal information that we retain about you, is accurate, complete and up to date.

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

The law also requires us to collect personal information eg The Corporations Act 2001 requires us to identify a person's needs, objectives and financial circumstances to be able to provide advice; and the Anti Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act") (Cth) requires us to identify all clients and to conduct identity verification checks.

2. Access to your personal information

You may (subject to permitted exceptions) access your information by contacting your adviser.

3. We may need to communicate personal information to:

- a) your adviser and external product providers;
- b) other members of the Lionsgate Financial Group. This enables the Group to have an integrated view of its customers and clients;
- c) organisations (who are bound by strict confidentiality) to whom we outsource certain functions ie our auditors. In these circumstances, information will only be used for our purposes;
- d) other professionals such as solicitors, accountants; and stockbrokers when a referral is required;
- e) third parties when required by law eg under Court Order; and
- f) Government departments or agencies such as ASIC or AUSTRAC.

4. Our Privacy Policy

As a member of the Lionsgate Financial Group of companies, Lionsgate Financial Group has adopted the principles set out in the Privacy Act 1988 as part of our continuing commitment to client service and maintenance to client confidentiality. For further details please refer to the Group's Privacy Policy which can be located on-line at www.lionsgatefinancial.com.au

5. Tax File Number

I/we give permission for the Authorised Representative of Lionsgate Financial Group Pty Ltd 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 Authorised Representative of Lionsgate Financial Group Pty Ltd to retain a copy of my/our tax returns on file if needed.

KEY DETAILS		Client 1		Client 2	
Title:					
Given names					
Surname					
Gender					
Date of birth	/ /	Age next birthday	/ /	Age next birthday	
Age to retire					
Preservation age					
Marital status					
Australian resident for tax purposes?		Yes / No		Yes / No	
Worked outside of Australia?		Yes / No		Yes / No	
If yes, state when, where and duration					
Health		Good / Average / Poor		Good / Average / Poor	

KEY CONTACTS		Client 1		Client 2	
Street					
Suburb					
State / Postcode		State	Postcode	State	Postcode
Country					
Phone		(W)	(H)	(W)	(H)
Mobile					
Fax		(W)	(H)	(W)	(H)
E-mail					
Client preferences (eg preferred method of contact)					

CHILDREN & OTHER DEPENDANTS (exclude Spouse)							
Child name: (include surname if it differs to that of client)	Sex/ Gender	DOB	Age	Income or Austudy	Financially Dependent	Support to Age	Relationship to Client(s)
	M / F	/ /			Yes /No		
	M / F	/ /			Yes /No		
	M / F	/ /			Yes /No		
Are you planning to grow your family?		Yes / No					
ADVISER NOTES							

KEY EMPLOYMENT		Client 1		Client 2	
Occupation type	Employee/Self Employed/Unemployed/ Not Applicable/Retired		Employee/Self Employed/Unemployed/ Not Applicable/Retired		
Hours worked weekly					
Occupation / Position:					
Employer					
Date commenced current employment	/ /	Completed years	/ /	Completed years	

ESTATE PLANNING					
		Client 1		Client 2	
WILL					
Do you have a Will ?	Yes / No		Yes / No		
Does it reflect your current wishes?	Yes / No		Yes / No		
Executor(s):					
POWER OF ATTORNEY					
Power of Attorney	Yes / No		Yes / No		
Type of Power of Attorney	Enduring/Medical/Normal General/Limited /Other		Enduring/Medical/Normal General/Limited /Other		
Expiry date/ Last review date	Expiry Date	Last Review Date	Expiry Date	Last Review Date	
Power of Attorney granted to Surname First name Relationship					
Power of Attorney (location)					
Do you have any specific estate planning requirements/needs? If yes, provide details:	Yes / No		Yes / No		

PROFESSIONAL ADVISERS		
Company Name	Contact Name	Phone Number
Accountant		
Solicitor		
Doctor		
Other		

FINANCIAL PLANNING OBJECTIVES - YOUR GOALS AND ASPIRATIONS

Timeframe	Goal/Aspiration	Anticipated Cost (\$)
Short term goals (less than 12 months)	eg car, holiday	
Medium term goals (12 months to 3 years)	eg renovations, child education	
Long term goals (3 years or more)	eg mortgage, retirement	

OTHER INFORMATION

Are there any lifestyle goals (non-financial) that you would like us to be aware of?	Yes / No
If yes – provide comment	

Your Statement of Advice should take into consideration factors that are considered important to you. To assist us in providing you with suitable and appropriate advice, could you please rate the following objectives in their order of importance to you. Please add any other financial objectives not in this list.

Objectives

FINANCIAL DETAILS

INCOME DETAILS	Client 1	Client 2
Gross employment income / operating profit (excluding superannuation) - from primary occupation	\$	\$
Bonus / Commission	\$	\$
Other:	\$	\$
Other:	\$	\$
Total	\$	\$
Is your salary / wage subject to risk of downward fluctuation?	Yes / No	Yes / No
Are you likely to change your occupation in the future to one with the potential to provide fewer earnings than your current occupation?	Yes / No	Yes / No

INCOME REQUIREMENTS – TODAY & FUTURE

What is the level of savings you have achieved in the past (per annum)?	\$	Annually
What is the level of after tax income (in today's terms) that you would like to achieve in retirement (per annum)?	\$	Annually

EXPENDITURE – PERSONAL

Item	Weekly \$	Annual \$	Item	Weekly \$	Annual \$
Housing			Transport		
Sub-total			Sub-total		
Personal/Family Expenses			Leisure		
Sub-total			Sub-total		
Tax Deductible Expenditure			General		
Sub-total			Sub-total		
			TOTAL		
In the event of your premature death, what percentage of your income would your partner require if: There are no debts to service and no dependants to maintain.	Client 1	%	Client 2	%	
	Show percentage of Client 1 income that Client 2 would require.		Show percentage of Client 2 income that Client 1 would require.		

ADVISER NOTES

Lifestyle Assets

Description	Current Value \$	Purchase Amount	Purchase Date	Asset Tested Y/N	Centrelink Value \$	Owner	Security for Loan?	Retain?
Family home	\$	\$	/ /	No	\$	C1/ C2/ J	Yes / No	Yes / No
Contents	\$	\$	/ /	Yes	\$	C1/ C2/ J	Yes / No	Yes / No
Motor vehicle/s	\$	\$	/ /	Yes	\$	C1/ C2/ J	Yes / No	Yes / No
Holiday home	\$	\$	/ /	Yes	\$	C1/ C2/ J	Yes / No	Yes / No
Other	\$	\$	/ /	Yes / No	\$	C1/ C2/ J	Yes / No	Yes / No

EXISTING LIABILITIES

Type	Lender	Current Debt	Interest Rate	Principal & Interest or Interest Only	Loan Term	Monthly Repayment	Interest Tax Deductible?	Owner	Retain	Original Amount	Original Date of Loan
Home mortgage		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Investment loan		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Personal loan		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Credit cards		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Lease / HP		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Reverse mortgage		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Line of credit / home equity loan		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Margin loan		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /
Other		\$	%	P&I/ IO		\$	Yes / No	C1/C2/J	Yes / No	\$	/ /

Do you expect any changes in your future assets and liabilities?

Yes / No

If yes – provide comment

Managed Funds / Shares

Description	Current Value	Purchase Amount	Purchase Date	Income pa	Current Units	Owner	Security for Loan?	Retain?	Reinvest Income?
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No
	\$	\$	/ /	\$ / %			Yes / No	Yes / No	Yes / No

Other Investment Assets

Description	Current Value	Purchase Amount	Purchase Date	Income % or \$ pa	Annual Costs	Owner	Security for Loan?	Retain?	Reinvest Income?
	\$	\$	/ /		\$		Yes / No	Yes / No	Yes / No
	\$	\$	/ /		\$		Yes / No	Yes / No	Yes / No
	\$	\$	/ /		\$		Yes / No	Yes / No	Yes / No
	\$	\$	/ /		\$		Yes / No	Yes / No	Yes / No
	\$	\$	/ /		\$		Yes / No	Yes / No	Yes / No

SUPERANNUATION

Superannuation, SMSF, Rollover, ADF & ERF Funds-Client 1 (Complete in full/attach copy of latest statement)

	Fund 1	Fund 2	Fund 3	Fund 4
Product name / provider:				
Investment option(s):				
Eligible for choice of fund?	Yes / No	Yes / No	Yes / No	Yes / No
Entry fee paid	\$ / %	\$ / %	\$ / %	\$ / %
Management costs pa	\$ / %	\$ / %	\$ / %	\$ / %
Exit fee	\$ / %	\$ / %	\$ / %	\$ / %
Insurance cover held ¹ .	Yes / No	Yes / No	Yes / No	Yes / No
Asset to be retained:	Yes / No	Yes / No	Yes / No	Yes / No
Binding nomination made?	Yes / No	Yes / No	Yes / No	Yes / No
Year nomination made				
Fund type:	Accumulation / Defined benefit	Accumulation / Defined benefit	Accumulation / Defined benefit	Accumulation / Defined benefit
Member number:				
Date of commencement:	/ /	/ /	/ /	/ /
Current value:	\$	\$	\$	\$
Concessional contributions cap applicable	\$50,000 / \$100,000	\$50,000 / \$100,000	\$50,000 / \$100,000	\$50,000 / \$100,000
Amount of concessional contributions made in the last 12 months ² .	\$	\$	\$	\$
Amount of non-concessional contributions made over the last 3 years ³ .	\$	\$	\$	\$
Superannuation Components:				
Total taxable components:	\$	\$	\$	\$
Total tax-free components:	\$	\$	\$	\$
Preserved amount:	\$	\$	\$	\$
Restricted non-preserved:	\$	\$	\$	\$
Unrestricted non-preserved:	\$	\$	\$	\$

1. Provide details in Insurance section

2. Ensure you include such contributions as employer, personal and directed termination payments over the \$1m cap

3. Ensure you include such contributions as personal, spouse, child, employer (over the age-based limit), overseas pension transfers, non-exempt small business proceeds, excess concessional, and non-tax deductible.

	Client 1	Client 2
Have you smoked in the last 12 months?	Yes / No	Yes / No
Have you had an application for risk insurance rejected for any reason?	Yes / No	Yes / No
Are you aware of any reason or impediment to you obtaining life or disability cover from an insurer?	Yes / No	Yes / No
If Yes, provide details		

Existing Life / Trauma / TPD / Income Protection / Whole of Life / Endowment Insurance	Yes / No			
	Policy 1	Policy 2	Policy 3	Policy 4
Name of policy owner:				
Life insured:				
Insurance company:				
Policy number:				
Policy type:				
Current withdrawal value	\$	\$	\$	\$
Terminal withdrawal value:	\$	\$	\$	\$
Level of Death cover:	\$	\$	\$	\$
Level of TPD cover:	\$	\$	\$	\$
TPD definition (if applicable):	Own / Any	Own / Any	Own / Any	Own / Any
Level of Trauma cover:	\$	\$	\$	\$
Monthly benefit	\$	\$	\$	\$
Benefit period				
Waiting period				
Annual premium:	\$	\$	\$	\$
Premium payment frequency				
Premium payment type:	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Premium indexed to CPI?	Yes / No	Yes / No	Yes / No	Yes / No
Policy status:				
Is the cover through a superannuation policy:	Yes / No	Yes / No	Yes / No	Yes / No
Continuation option:	Yes / No	Yes / No	Yes / No	Yes / No
Beneficiary names:				
Exclusions / loadings:				
Retain policy:	Yes / No	Yes / No	Yes / No	Yes / No

ADVISER NOTES

PERSONAL INVESTMENT PREFERENCES

Time Horizons

At call	\$
1 year	\$
2-3 years	\$
3-4 years	\$
5-7 years	\$
7 years plus	\$
Retirement	\$
Total Investment	\$

Risk Profile Questionnaire

The following questions are designed to determine your risk profile taking into account your financial needs, circumstances and objectives. This is an important process in assisting to identify an appropriate investment strategy and make recommendations that suit your specific requirements.

Please circle your preferences

Question 1 (Your *liquidity* requirements, ie having access to your funds)

Apart from short term and anticipated liquidity needs, how long do you envisage before requiring access to most of your funds?

- 1 year or less.
- 2 to less than 3 years.
- 3 to less than 5 years.
- 5 years plus.

Question 2 (Your Investment *experience*)

How familiar are you with investment markets?

- No experience at all.
- Not familiar but am willing to consider investment alternatives.
- I understand that the markets fluctuate and different market sectors have different income, growth and taxation characteristics. I recognise the importance of diversification.
- Experienced with all investment sectors and understand the various factors which may influence performance.

Question 3 (Your attitude to *risk*)

*Which of the following best describes your attitude to the **volatility of returns**?*

- I prefer lower capital growth in order to avoid volatile returns.
- I aim to achieve steady capital growth and will accept some volatility of returns.
- I am prepared to take on higher volatility for the opportunity of greater returns.
- I am interested in aggressive growth strategies, including borrowing for investment purposes, and understand the possibility of negative returns.

Question 4 (Your investment *objectives*)

What do you want your investments to achieve?

- Security of capital with minimal opportunity for capital growth.
- Generate an income stream with less emphasis on growth.
- Achieve steady capital growth with less emphasis on income.
- High capital growth and minimal income.

CLIENT RISK PROFILES

Defensive (8 to 11)

Your investment style would suggest that you do not wish to take any investment risk. Your main priority is the safeguarding of your investment capital, and you are prepared to sacrifice higher returns for peace of mind. Generally, the most appropriate strategy for someone with a **Defensive** approach to investing is to invest 90% in income and 10% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 20 years. A defensive approach is also appropriate when the term of the investment is between 1 to 2 years.

Conservative (12 to 17)

Your investment style would suggest that you are prepared to accept a small amount of risk, however, your priority remains the preservation of your capital over the medium to long term. Generally, the most appropriate strategy for someone with a **Conservative** approach to investing is to invest 70% in income and 30% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 8 years. A conservative approach is also appropriate when the term of the investment is between 2 to 3 years.

Moderate (18 to 25)

Your investment style would suggest that you have some understanding of the investment markets and their behavior, and are prepared to take short term risk in order to gain longer term capital growth. Generally, the most appropriate strategy for someone with a **Moderate** approach to investing is to invest 40% in income and 60% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 6 years. A moderate approach is also used when the term of the investment is between 3 to 4 years.

Growth (26 to 31)

Your investment style would suggest that you are seeking a greater growth component in your investment portfolio, and although you remain cautious towards taking extreme levels of risk, your general understanding of the investment market enables you to feel comfortable with short term risk. Your priority is consistent capital growth with some income to smooth volatility in your returns. Generally, the most appropriate strategy for someone with a **Growth** approach to investing is to invest 20% in income and 80% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 5 years. A growth approach is also used when the term of the investment is between 4 to 5 years.

Aggressive (32 to 35)

Your investment style would suggest that you are most interested in maximising the value of your investments through long term capital growth, although you do not wish to make unbalanced investment decisions. You are prepared to sacrifice short-term safety in order to maximise long term capital growth. Generally, the most appropriate strategy for someone with an **Aggressive** approach to investing is to invest 100% in growth assets. With your investment style it is important that you understand the likelihood of and are prepared to accept negative returns approximately 1 year in every 4 years. An aggressive approach is also used when the term of the investment is between 5 to 7 years.

ASSET CLASSES

The asset allocation for each risk profile is as follows:

Asset class	Strategic asset allocation				
	Defensive (90/10)	Conservative (70/30)	Moderate (40/60)	Growth (20/80)	Aggressive (0/100)
Income					
Cash	30%	30%	5%	5%	0%
Fixed Interest	60%	40%	35%	15%	0%
Growth					
Australian Shares	5%	15%	30%	40%	50%
International Shares	3%	10%	20%	25%	40%
Income and Growth					
Property/Infrastructure	2%	5%	10%	15%	10%
Total	100%	100%	100%	100%	100%

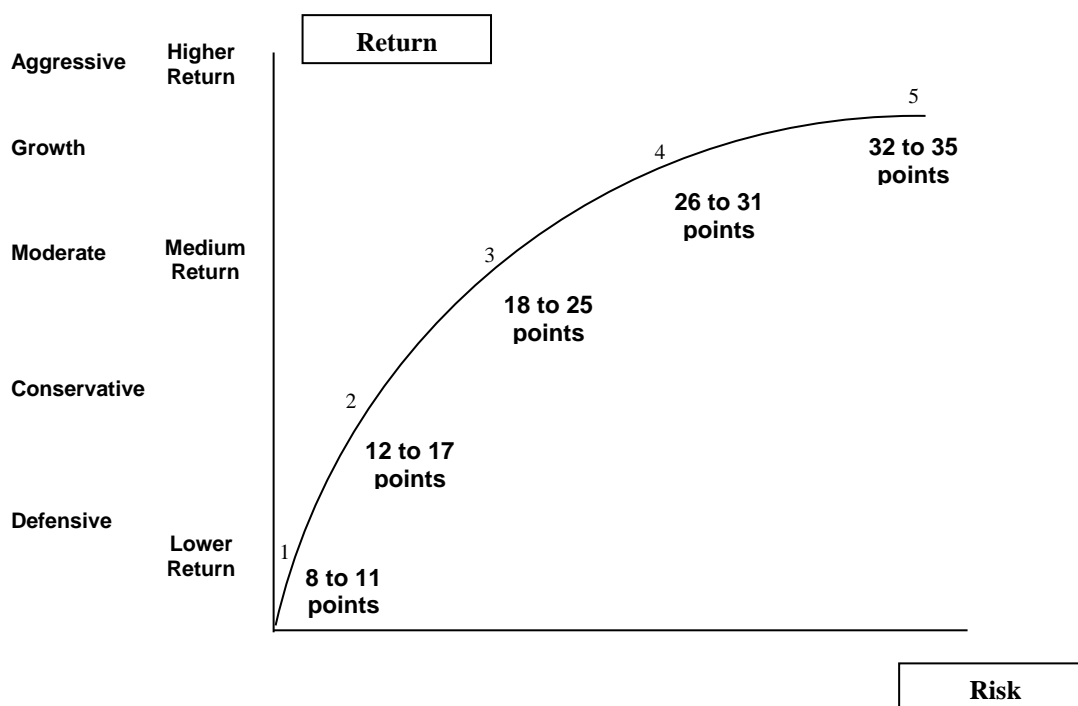
Reconciling a client's needs and objectives with their financial knowledge and investment experience is a fundamental aspect of good financial planning. An assessment of a client's tolerance to investment risk is a key aspect of portfolio construction and is critical to determining appropriate asset allocation, recommended investment classes and expected returns.

Each investment risk profile is supported by flexible asset allocation guidelines designed to match a client's experience and their tolerance of investment risk with their expectations for investment returns. Given that client circumstances differ, and that portfolio values vary over time, an acceptable portfolio recommendation must remain within 5 points of the published benchmark for each asset class. For example, if the target asset allocation for Australian shares is 30%, the recommended allocation should be between 25% and 35%. In addition, any recommended portfolio must also remain within 5 points of the strategic asset allocation benchmark (ie the growth: income ratio).

Minor variations will occur from time to time and, if appropriately managed, will generally have an immaterial effect on the long term performance of an investment portfolio. **Significant variations from these benchmarks may also occur for a variety of reasons but any significant variations will be addressed by the adviser in the Statement of Advice or other documentation.**

RISK PROFILE

Spectrum of Return/Risk (For illustrative purposes)



If your adviser identifies that you appear to be unable to reach your stated Financial Goals because they conflict with your Risk Tolerance, do you want to make "Reaching your Financial Planning Objectives" the priority?

Yes / No

If yes, provide details:

SCOPE OF ADVICE

Has a full Statement of Advice been requested	Yes / No
If the client has requested that advice be restricted to specific personal securities/insurance recommendations, or a defined range of products, specify the limitations requested below:	
Did the client refuse to supply any personal information, or supplied only limited personal information?	Yes / No
If YES, the following warning must be provided to the client, and confirmed in the written recommendation.	
"As you have declined to provide full personal information, I have not been able to fully assess your financial needs, circumstances and objectives in making my recommendation. As a result, the recommendation may not be appropriate to your particular financial situation. Therefore, you should carefully assess how appropriate the recommendation is in light of your financial situation."	

ADVISER & CLIENT DECLARATIONS

Tax File Number/s

Client name 1:

Client name 2:

Client Declaration

I / We:

- Acknowledge that all the information provided to my / our adviser in this document is true, current and correct.
- Acknowledge having received a copy of the Financial Services Guide.
- Confirm that my / our adviser has explained that a detailed breakdown of all fees and / or Fee for Service related with the placement of my investments will be included in the Statement of Advice prepared for me / us.
- Have read and understood the statements about my / our privacy. I / We consent to the uses described and the disclosures set out on page 2 of this document.
- Wish to proceed with the preparation and presentation of a Statement of Advice based on the above, at a fee of \$ payable to Lionsgate Financial Group. I / We understand that this fee is non-refundable and payable in 7 days of being invoiced.
- Overdue accounts will be subject to interest at the rate of 13% p.a., calculated for the period the account is due until the date it is paid.
- In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs;
- Acknowledge that any fees to be incurred for establishment and ongoing service in relation to regular reviews of my / our portfolio will be agreed to after we have been provided with the Statement of Advice.

/ /
Client 1 signature

/ /
Date

/ /
Client 2 signature

/ /
Date

Adviser Declaration

I declare that:

- The information contained in this financial analysis is an accurate and complete record of the information provided by the client(s).
- The client(s) was/were given a copy of the Financial Services Guide before any investment advisory service was provided.
- The preparation of your Statement of Advice will be based on the above information and any other documented correspondence entered into.

/ /
Adviser's signature

/ /
Date



CLIENT AUTHORISATION

(for Financial Adviser to request additional information from other Institutions, including Centrelink)

To whom it may concern

I, _____
Client 1

whose date of birth is ____ / ____ / ____

I, _____
Client 2

whose date of birth is ____ / ____ / ____

Of (insert full address) _____

Request that all relevant information on my / our investments, insurances, superannuation, bank accounts, Centrelink entitlements or other financial information be released on request to the adviser listed below:

Adviser name
Authorised Representative of Lionsgate Financial Group

Adviser signature

Adviser telephone number

Lionsgate Financial Group ABN 92 140 591 484 is an Australian Financial Services Licensee,
Australian Financial Services Licensee No. 342766 and the mailing address is Darling Park Tower2,
Level 20, 201 Sussex Street Sydney NSW 2000

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at:

Yours faithfully,

Client 1 Signature Date ____ / ____ / ____

Client 2 Signature Date ____ / ____ / ____

