

**LEISHMAN FINANCIAL
SERVICES Pty Ltd
Australian Financial Services Licence
No: 227747
(ABN 76 074 579 749)**

**NEW CLIENT
DATA COLLECTION FORM
(CONFIDENTIAL)**



IMPORTANT NOTICE TO CLIENT

The Corporations Law requires that an advisor making investment recommendations must have reasonable grounds for making those recommendations. This means that an advisor 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.

Name _____
Date of Interview _____
Referred By _____
Date/Confirm FSG Received _____
Representative Signature _____
Customer Due Diligence Done _____

What is your reason for seeking financial advice at this time? _____

PERSONAL DETAILS	Client Mr / Mrs / Miss / Ms / Dr	Partner Mr / Mrs / Miss / Ms /Dr
First Name		
Last Name		
Preferred Name		
Date of Birth (age)	/ / . ()	/ / . ()
Country of Birth		
Countries of Citizenship		
Address		
Postal address if different		
Private Phone Numbers (Home) (Mobile)		
Business Phone Numbers		
Email		
Tax File Number		
Centrelink Reference Number		
Occupation		
Employer		
Income; salary / wages	\$	\$
Employer super contributions	\$	\$
Any Salary Packaged Items (value)	\$	\$
Other Income		
Anticipated Retirement Age		
No. Children (& age if Dep.)		
No. Grandchildren		
Annual Living Needs (Combined) (Please refer attached Expenses Form)	\$ now	\$ in retirement
Family Trust / Company / Super Fund		
Wills up-to-date, last reviewed	Yes / No (none) / /	Yes / No (none) / /
Estate Objectives (if any)		
Power Of Attorney	Yes / No Enduring Yes / No	Yes / No Enduring Yes / No
Who holds Power of Attorney		
Health Status		
Private Health Insurance	Yes / No	Yes / No
Smoker	Yes / No	Yes / No
Major Planned Expenditure	Car	House
Other:	Holiday	Mortgage
Likely Inheritances		
Centrelink Objective		

INVESTOR RISK PROFILE QUESTIONNAIRE - WHAT TYPE OF INVESTOR ARE YOU ?

Please complete the following questions to help us assess your Investor Risk Profile. In answering these questions keep in mind your investment and financial goals and objectives.

1/ At what stage of life are you?

<input type="checkbox"/> (5) Single with savings or lump sum to invest	<input type="checkbox"/> (3) Family with savings to invest
<input type="checkbox"/> (4) Couple with savings or lump sum to invest	<input type="checkbox"/> (6) Pre-retirement, empty nest, time to save
<input type="checkbox"/> (1) Young family small savings amount	<input type="checkbox"/> (2) Retired

2/ What rate of investment return do you reasonably expect to achieve?

<input type="checkbox"/> (1) Bank deposit rates only	<input type="checkbox"/> (2) Inflation plus 2% to 4% per annum
<input type="checkbox"/> (3) Inflation plus 5% to 7% per annum	<input type="checkbox"/> (4) Inflation plus 8% to 12% per annum

3/ If you are investing for the long-term (7 years or more) how often would you expect a negative year of returns ?

<input type="checkbox"/> (1) Never	<input type="checkbox"/> (2) 1 in 7 years	<input type="checkbox"/> (3) 1 in 5 years	<input type="checkbox"/> (4) 1 in 3 years
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4/ What is the most aggressive investment you have ever made?

<input type="checkbox"/> (1) Cash deposits only	<input type="checkbox"/> (2) Capital Guaranteed Bonds	<input type="checkbox"/> (3) Managed Funds
<input type="checkbox"/> (4) Investment Property (not geared)	<input type="checkbox"/> (5) Shares	<input type="checkbox"/> (6) Geared Investments

5/ What type of returns are you most comfortable with?

<input type="checkbox"/> (1) Guaranteed Returns	<input type="checkbox"/> (2) Stable, Consistent Returns	<input type="checkbox"/> (3) Some Variable Returns
<input type="checkbox"/> (4) Moderately Variable Returns	<input type="checkbox"/> (5) Volatile, but Potentially Higher Returns	

6/ If you invested \$100,000 and within 6 months it fell 10% to \$90,000, what would you do ?

<input type="checkbox"/> (1) Cash in and never invest with risk again	<input type="checkbox"/> (2) Cash in until markets recover then reinvest
<input type="checkbox"/> (3) Wait 6 to 12 months to see if it recovers before taking action	<input type="checkbox"/> (4) Seek my Adviser's advice or do nothing, I expect volatility

7/ Which best describes the purpose of your investment?

<input type="checkbox"/> (5) Investing for specific objectives for longer than 5 years and aiming for growth	<input type="checkbox"/> (4) Aiming to accumulate wealth long term in a balanced portfolio
<input type="checkbox"/> (3) Nearing retirement and needing to plan	<input type="checkbox"/> (1) Specific objectives to achieve within 5 years
<input type="checkbox"/> (2) In receipt of a one-off lump sum and uncertain what to do	

8/ Within how long do you anticipate the need to access your investment?

<input type="checkbox"/> (1) Within 1 year	<input type="checkbox"/> (2) 1 to 3 years	<input type="checkbox"/> (3) 3 to 5 years
<input type="checkbox"/> (4) 5 to 7 years	<input type="checkbox"/> (5) Longer than 7 years	

Your Score [___] indicates your investor profile from the table below, definitions on the following page.

Scoring 8 and 12 indicates a Conservative Profile	Scoring 13 and 19 indicates a Cautious Profile
Scoring 20 and 25 indicates a Defensive Profile	Scoring 26 and 31 indicates a Prudent Profile
Scoring 32 and 38 indicates an Assertive Profile	Scoring 39 and 45 indicates an Aggressive Profile.

I / We agree that profile of _____ is appropriate for me / us and permit Leishman Financial Services Pty Ltd to retain my/our Tax file number(s) on file.

Signed _____ Name: _____ date: ___/___/___

Signed _____ Name: _____ date: ___/___/___

- request that Simone Vanden-Driesen / Chris Vanden-Driesen/Chris Harrower, a Representative of Leishman Financial Services Pty Ltd, AFSL No. 227747, prepares a comprehensive financial plan following our initial discussion on ___/___/___ .
- confirm that the information contained in the data collection form is correct and current.
- describe ourselves as _____ investors as outlined in the data collection form & that the “investor risk profile” selected by me/us in the data collection form is appropriate for me / us.
- agree that we will pay \$_____ (set fee, inclusive of GST) for the preparation of the financial plan, payable on presentation of the plan.
- agree for Leishman Financial Services Pty Ltd to retain on file my / our tax file number(s)

Scope of Advice

It is important that you understand exactly what advice you have requested and what advice you are receiving.

To provide comprehensive advice in respect of your all your objectives, financial situation and needs (‘your personal circumstances’) requires review and consideration of all issues related to your personal circumstances and we have spoken of the benefits of such a review.

You have instructed me to conduct a comprehensive analysis of all of your personal circumstances and provide appropriate advice based on that analysis.

OR

At this time you have requested that I do not conduct a comprehensive review and you have instructed me that you require advice specifically related to:

.....

I need to collect information about your personal circumstances to provide us with sufficient information to enable us to provide you with the advice that you seek. If you do not provide me with this information, I may not be able to provide you with a recommendation or advice that meets your specific needs and objectives.

If you provide me with information in respect of your personal circumstances that I know be to incomplete or inaccurate and you do not complete or correct that information, I must warn you that;

- the advice is, or may be, based on incomplete or inaccurate information relating to your personal circumstances; and
- because of that, you should, before acting on the advice, consider the appropriateness of the advice, having regard to your personal circumstances.

Signed: _____
 Client(s)

Signed: _____
 Representative

Date :

Date:

REGULAR EXPENSES – For your records –LFS only needs your total annual cost of living.

	WEEKLY (\$)	MONTHLY (\$)	YEARLY (\$)
HOUSING			
Rent			
Home Mortgage Repayments			
Council / Shire Rates			
Water Rates			
Electricity			
Gas / Oil			
Telephone			
House & Contents Insurance			
Household Repairs / Maintenance			
Furnishings / Appliances			
TRANSPORT			
Running Costs / Petrol / Fuel			
Registration & Third Party			
Comprehensive Insurance			
Maintenance / Services / Repairs			
Licence Fees / Fines / Parking			
Public Transport / Taxi Fares			
Loan / Lease Repayments			
FOOD			
Groceries			
Meat			
Fruit & Vegetables			
Lunches			
Alcohol / Cigarettes			
HEALTH			
Health Benefits / Insurance			
Chemist			
Medical / Dental / Optical			
EDUCATION			
School Fees			
Child Care			
Other			
PERSONAL			
Clothing / Footwear			
Entertainment / Dining Out			
Sport / Recreation / Hobbies			
Haircuts			
Gifts / Presents / Christmas			
Vacations / Holidays			
Books / Magazines / Newspapers			
Subscriptions / Fees			
Life Insurance			
Disability Insurance			
OTHER			
Child Support / Maintenance			
Pets / Vet Fees			
Charities / Donations			
Miscellaneous			
TOTAL \$			

**AUTHORITY TO RELEASE INFORMATION
TO WHOM IT MAY CONCERN**

I, Date of Birth:/...../.....

of

Authorize Leishman Financial Services Pty Ltd to have access to our/my investment and financial details. I request that all relevant information on our/my investments, insurances, superannuation, bank accounts or other financial information be released to Leishman Financial Services staff, this is to include statements or other documents that may be requested by Leishman Financial Services. Leishman Financial Services Pty Ltd is an Australian Financial Services Licensee, Number 227747.

Leishman Financial Services Pty Ltd
4/295 Springvale Road, Glen Waverley Vic 3150
PO Box 3
Glen Waverley Vic 3150
Ph: (03) 9561 9699
Fax: (03) 9561 9301

The Financial Planner providing me with advice is.....

I instruct you to accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Leishman Financial Services Pty Ltd.

Signed: _____ (Client)

Signed: _____ (Adviser)

Date: ___/___/___

Date: ___/___/___

Policies / Accounts to which the above authority extends:

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Date: ___/___/___

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