



BATTISTELLA
financial services

Client Profile & Lifestyle Questionnaire

Private and Confidential

Client 1 _____

Client 2 _____

Financial Planner

Address

Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.



Table of Contents

Financial planning and you	3
Briefly outline your reasons for seeking financial planning advice.....	3
Lump sum expense requirements (within the next 2 years)	3
Lump sum expense requirements (2 to 5 years away)	3
Lump sum expense requirements (more than 5 years away).....	3
Health details	4
Preferred Portfolio Management Approach	5
Product costs and features/benefits	5-6
Note any product features or benefits that are valued or wish to be retained by the client(s)?	6
Personal information	7
Family members	8
Your current estate planning details	9
Your contact details	9
Your current financial position	10
Income	10
Your annual expenditure.....	10
Your current financial position - Non-financial assets.....	11
Investment / Financial assets (excluding superannuation)	11
Your liabilities	12
Your debt management needs (if applicable).....	13
Your current entities	13
Superannuation details	14
Retirement Details (Pre-Retirement & Living in Retirement	15
Current personal protection details (excluding cover held inside super)	16
Income Protection & Total & Permanent Disability (TPD)	16
Critical Illness Cover	16
Risk Management Requirements	17-18
General insurance	18
Professional advisers	18
Determining your investment risk profile	19-20
Confirming your investor risk profile	21-23
Our acknowledgments	24
Advice limitations & warnings	25
Incomplete or inaccurate information.....	25
Adviser expertise	25
Financial Services Guide	26
Personal Information	27-28
Option to Quote Tax File Number	29
Your Election	30
Authority to release information	31
Authority to release information	32



Financial planning and you

To help you achieve the things that are most important to you we need to ask you some questions to gain a better understanding of your situation today and the personal and financial goals you have for the future.

Briefly outline your reasons for seeking financial planning advice

Lump sum expense requirements (within the next 2 years)

What plans or goals would you like to achieve? e.g. holiday, purchase a car, purchase a house, renovations, repay mortgage, insurance, travel, start a family, change jobs

Goals	Date Required by	Estimated Costs
		\$
		\$
		\$
		\$

Lump sum expense requirements (2 to 5 years away)

e.g. purchase a house, repay mortgage, insurance, boost retirement savings, educate children, travel, replace car

Goals	Date Required by	Estimated Costs
		\$
		\$
		\$
		\$

Lump sum expense requirements (more than 5 years away)

e.g. purchase a business, purchase a holiday home, asset protection, boost retirement savings, be debt free, financial independence, retire

Goals	Date Required by	Estimated Costs
		\$
		\$
		\$
		\$



Health details

Health status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any health conditions that may impact financial decisions or investment timeframes?		
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other issues we need to take into consideration that may affect you achieving your goals?

e.g. health, job security, ageing parents

Yes No

Briefly detail your past experiences with Financial Planning (if applicable).

Yes No - Existing BFS Client/s

What level of engagement would you like to have with your financial planner and what are your expectations of our services?

Yes No - Proactive ongoing service and advice

Do you require a cash reserve (for emergencies or discretionary spending)?

Yes No

If so, how much do you require?

\$ _____

What is your investment time frame?

0 – 2 years

2 – 5 years

5 + years

My/our lifetime/s



Preferred Portfolio Management Approach

When it comes to managing an investment portfolio, there are several different approaches that can be taken. Some approaches require more ongoing input from the investor than other options. Neither option necessarily results in a better or worse return. It is more to do with managing your portfolio in a manner you are most comfortable with. Some investors like to be more involved in the decision making process on a regular basis than others.

When it comes to managing your portfolio, what approach would you prefer:

- A “hands on” approach with *constant* ongoing involvement ie including direct shares within the portfolio ie “*We do it with you*”.
- A “hands on” approach with *occasional* ongoing involvement ie including single sector managed funds and/or Separately Managed Accounts (SMA's) within the portfolio. In this situation, we would manage your asset allocation with you, whilst professional fund managers would manage your investments for you.
- A “hands off” approach with *minimal* ongoing involvement ie “*We do it for you*”.

Environmental/Ethical/Social Responsible Investment Preferences

Some investors have a preference to limit their investment selection to environmental, ethical and/or socially responsible investment funds and/or direct assets.

Select which one of the following two options applies to you:

- 1) **I DO NOT** wish to limit my investment selection to environmental, ethical and/or socially responsible investment funds and/or direct assets. *If this option is selected, no further action is required. Please move to Product costs, features and benefits.*

OR

- 2) **I DO** wish to limit my investment selection to environmental, ethical and/or socially responsible investment funds and/or direct assets. I understand this requires a blend of single sector managed funds, which may be more expensive than traditional managed funds.

Specifically, I would like the following limitations to apply:

- Environmentally Responsible funds and/or direct assets
- Ethically Responsible funds and/or direct assets
- Socially Responsible funds and/or direct assets

Additional Information

Client/s to outline their specific requirements and/or limitations here:

Product costs, features and benefits

Please indicate any preferences you have in relation to product costs and features/benefits, keeping in mind there may be a trade-off between the two.

For example, some clients prefer products offering limited features and benefits (sometimes at lower cost), whilst others prefer products offering more features and benefits (sometimes at greater cost).

In relation to product costs ie fund manager and administration expenses, which of the following options would you prefer:



Personal information

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____
Surname	_____	_____
Given Names	_____	_____
Preferred Name	_____	_____
Date of Birth	_____	_____
Are you a permanent Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status/Relationship	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed
Occupation/Position Title	_____	_____
Qualifications	_____	_____
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed
Employer Name	_____	_____
Hobbies/Personal Interests	_____	_____
	_____	_____
	_____	_____



Your current estate planning details

Do you have a valid Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will	_____	_____
Do you consider your Will to be up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will location	_____	_____
Executor name(s)	_____	_____
Does your Will include Testamentary Trust provisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Power of Attorney in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Enduring Financial (pre 1/9/15) <input type="checkbox"/> Enduring Guardianship (pre 1/9/15) <input type="checkbox"/> Enduring Power of Attorney (post 31/8/15) <input type="checkbox"/> Enduring Medical/ Appointment of Medical Treatment Decision Maker <input type="checkbox"/> Advance Health Care Directive <input type="checkbox"/> General	<input type="checkbox"/> Enduring Financial (pre 1/9/15) <input type="checkbox"/> Enduring Guardianship (pre 1/9/15) <input type="checkbox"/> Enduring Power of Attorney (post 31/8/15) <input type="checkbox"/> Enduring Medical/ Appointment of Medical Treatment Decision Maker <input type="checkbox"/> Advance Health Care Directive <input type="checkbox"/> General
Who is your appointed Attorney?	_____	_____
Expected inheritances/other windfall:	\$ _____	\$ _____
Source of future inheritance/windfall:	_____	_____

Provide details:

Residential Address

Postal Address (if different from above)

Tick if same as residential address

_____	_____
_____	_____
_____	_____

Home Phone

Mobile

Preferred E-mail

Preferred Contact

Home Work Mobile E-mail Home Work Mobile E-mail



Your current financial position

Income

Before-tax income			
	\$	pa	\$ pa
	\$	pa	\$ pa
	\$	pa	\$ pa
	\$	pa	\$ pa
	\$	pa	\$ pa
	\$	pa	\$ pa
Total annual before-tax income	\$		\$

Notes (Salary packaging details, bonus details, business income, child maintenance)

Your annual expenditure

- What is your annual living expense requirement? (excluding loan repayments) \$ _____ pa
- What is your annual holiday allowance? (not included in living expenses) \$ _____ pa
- Do you feel there is an opportunity to save any additional funds per annum? Yes No
- If yes, how much per annum? \$ _____ pa
- Surplus Cashflow
- Are you comfortable meeting your current mortgage or other debt repayments? Yes No n/a

Please provide details:

Upon request, we would be happy to email you a basic budget calculator spreadsheet to assist you to work out your annual living expense requirements. Please tick below if you would like us to email you a budget planner for your completion and return.

please email me a budget calculator



Your liabilities

Loan Amount Outstanding	Lender Name	Owner (Client 1 / Client 2 / Joint)	Loan Type (P&I or I/O)	Interest Rate	Fixed or Variable	Loan Term Remaining	Repayments	Frequency (Fortnightly or Monthly)	Percentage Tax Deductible
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Non Tax Deductible

\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %

Tax Deductible

\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %

TOTAL DEBT	\$ _____	_____	_____	_____	_____	_____	\$ _____	_____	_____
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Notes



Superannuation details

Superannuation Fund Name	Owner	Current Account Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Insurance (held in Super)

Death Cover	\$ _____	\$ _____
TPD	\$ _____	\$ _____
Income Protection/Salary Continuance/ Temporary Disability	\$ _____	\$ _____
	Benefit period _____	Benefit period _____
	Waiting period _____	Waiting period _____

In which fund(s) is this insurance cover held? _____

Contribution Details

Accumulation Superannuation Funds

(This section is extremely important as heavy tax penalties may apply for exceeding the allowable limits)

Concessional Contributions (per annum)	\$ _____ SGC (SGC Rate = _____%)	\$ _____ SGC (SGC Rate = _____%)
	\$ _____ Salary Sacrifice	\$ _____ Salary Sacrifice
	\$ _____ Personal Concessional	\$ _____ Personal Concessional

Non-Concessional Contributions (per annum)	<i>Current Financial Year:</i>	<i>Current Financial Year:</i>
	\$ _____ Personal post-tax	\$ _____ Personal post-tax
	\$ _____ Spouse	\$ _____ Spouse

Previous two financial years

Last Financial Year:

\$ _____ Personal post-tax

\$ _____ Spouse

Previous Financial Year:

\$ _____ Personal post-tax

\$ _____ Spouse

Previous two financial years

Last Financial Year:

\$ _____ Personal post-tax

\$ _____ Spouse

Previous Financial Year:

\$ _____ Personal post-tax

\$ _____ Spouse

To which fund(s) are these contributions made each year? _____



PLEASE PROVIDE A COPY OF YOUR MOST RECENT SUPERANNUATION STATEMENT(S).

Pre-Retirement (applicable for clients NOT currently retired)

At what age would you like to retire? _____

If you are close to retirement, what is your planned retirement date? _____

Is saving for retirement a low, medium or high priority for you? High Medium Low High Medium Low

How much annual income (after tax) do you want in order to maintain your day to day lifestyle in retirement? \$ _____

Do you think you will have sufficient funds for your retirement? Yes No Yes No

What sources of income do you expect to rely on in retirement? (Superannuation, part-time employment, Social Security, etc) _____

Which assets other than your superannuation are you planning to use to fund your retirement eg shares, rental income, property downsize. _____

Living in retirement (applicable for clients already in retirement)

Is the current income you receive to live in retirement sufficient to meet your day to day expenses and lifestyle needs? Yes No Yes No

Would you consider changing your lifestyle to ensure your funds last longer? Yes No Yes No

Are you considering downsizing or freeing up capital in your home? Yes No Yes No

Would you consider a higher risk investment strategy to make your funds last longer? Yes No Yes No

Do you wish to leave money or assets to your family or other beneficiaries when you die? Yes No Yes No

I wish I could / I hope I can / I am determined to / I will(all clients)

It is common to have one major dream you would like to achieve in your lifetime. Please describe an experience you would like to realise during your lifetime (eg. watching the Ashes at Lords, walking the Kokoda trail, Travel overseas etc). If you advise us of this, as part of your recommended strategy we can then try to assist you to be able to fund this objective in your lifetime.



Current personal protection details (excluding cover held inside super)

Life and Total & Permanent Disability (TPD) Insurance

Do you have Life and TPD cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurer	_____	_____	
Policy Owner	_____	_____	
Sum Insured - Life	\$ _____	\$ _____	
- TPD	\$ _____	\$ _____	

Income Protection

Do you have Income Protection cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurer	_____	_____	
Policy Owner	_____	_____	
Monthly Benefit	\$ _____	\$ _____	
Benefit Period	_____	_____	
Waiting Period	_____	_____	

Critical Illness Cover

Do you have Critical Illness cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurer	_____	_____	
Policy Owner	_____	_____	
Sum Insured	\$ _____	\$ _____	

PLEASE PROVIDE A COPY OF YOUR MOST RECENT INSURANCE STATEMENT(S).



Risk Management Requirements

Do you require us to review your life risk insurance requirements? Yes No Yes No

If you do not require us to review your risk insurance requirements, do you accept we cannot be held responsible for any insurance shortfall that may arise in the event of your death, permanent/temporary disability or if you suffer a trauma event such as a heart attack, cancer, stroke etc? Yes No Yes No

Do you rely on paid employment to cover your expenses? Yes No Yes No

Upon whose income are you/your family dependent on to maintain your lifestyle needs? eg. To cover the mortgage and day-to-day living expenses You solely Your partner solely Both You solely Your partner solely Both

How would your family's lifestyle needs be maintained, if you or your partner were temporarily unable to earn an income? For example, through sickness/illness?

Temporary Illness

- | | | | | | |
|----|---|------------------------------|--------------------------------|------------------------------|--------------------------------|
| 1) | In the event of prolonged or serious illness or accident, what percentage between 0% and 100% of your income would you want replaced? | | % | | % |
| 2) | Would you want to provide a provision for medical costs and care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na |
| 3) | Would you want the flexibility for your spouse to cease work for a period? (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na |

Critical Illness

- | | | | | | |
|----|---|------------------------------|--------------------------------|------------------------------|--------------------------------|
| 1) | In the event of suffering a critical illness ie cancer, stroke heart attack etc, would you require a lump sum capital payment to assist you during this period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na |
| 2) | Would you want the flexibility to be able to cease work for a period to assist with recovery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na |
| 3) | Would you want the flexibility for your spouse to be able to cease work for a period to assist with recovery? (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na |

Permanent Disability

- | | | | | | |
|----|--|------------------------------|--------------------------------|------------------------------|--------------------------------|
| 1) | In the event of serious illness or accident resulting in permanent disablement, what percentage between 0% and 100% of your income would you want replaced? | | % | | % |
| 2) | Would you want to provide a provision for medical costs & care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) | Would you want the flexibility for your spouse to cease work/ reduce their hours to provide ongoing care or would you seek external carer support? (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na | <input type="checkbox"/> Yes | <input type="checkbox"/> No/na |



- 4) Would you want to be mortgage (non-deductible debt) free? Yes No/na Yes No/na
- 5) Would you want your investment loan/s paid off (if applies)? Yes No/na Yes No/na

Unexpected Death

- 1) In the event that you or your spouse were to die unexpectedly, what standard of living would you like to leave for your family? as well off as well off
 slightly better off slightly better off
 worse off worse off
- 2) In the event of premature death, what percentage between 0% and 100% of your income would you want replaced? _____ % _____ %
- 3) Would you want these funds paid to your family via a tax effective income stream if possible? Yes No Yes No
- 4) Would you want to provide a provision for terminal illness care so that this does not reduce death provisions for income? Yes No Yes No
- 5) Would you want to ensure your family is mortgage free? Yes No Yes No
- 6) Would you want to ensure your investment loan/s are paid off (if applicable)? Yes No/na Yes No/na
- 7) Would you want the flexibility for your spouse to cease work for a period? (if applicable) Yes No/na Yes No/na

When it comes to insurance, what is more important to you:

- A higher quality insurance policy (and therefore higher cost)
- A lower quality insurance policy (and therefore lower cost)

General insurance

Please indicate whether the following assets (if applicable) are adequately insured for protection against fire and theft?

- Home Yes No na
- Contents Yes No
- Vehicle 1 Yes No na
- Vehicle 2 Yes No na
- Holiday House Yes No na
- Investment/Business Property Yes No na
- Other _____ Yes No

Professional advisers

In order to prepare your Statement of Advice (including a Financial Plan) we may need to contact some of your existing advisers to obtain more information about your particular situation.

Existing Adviser	Name	Contact Number	Company Name
Accountant	_____	_____	_____
Solicitor	_____	_____	_____
Stockbroker	_____	_____	_____

How would you like us to work with these other advisers, if at all?

The Information Release Form attached at the end of this questionnaire will need to be completed to enable us to gain access to your information, held by any of the above advisers. Please note that if there are any costs associated with obtaining information from any of the above advisers, we reserve the right to pass these costs onto you as the client.



Determining your investment risk profile

When investing, it is important you consider the level of risk as well as the return on an investment in view of your circumstances and investment goals. Risk means different things to different investors. For some, investment risk means the likelihood of a loss of capital, while for others it is the level of volatility of an investment, or the risk of an asset not producing enough to live on.

This Investment Risk Profile questionnaire has been designed to assist you in making an investment decision. It asks some questions regarding your goals, time frames and comfort with investments to help provide a guide to your investor profile. Your investor profile then *suggests* a benchmark asset allocation for your investments. In conjunction with our discussions pertaining to Investment Volatility (immediately following completion of the below 7 questions), we can then agree on a suitable investment risk profile. Please complete the questions below by choosing the answer which most closely describes you.

1. For how long would you expect most of your money to be invested before you would need to access it?

- | | |
|--|----|
| <input type="checkbox"/> Less than 12 months | 10 |
| <input type="checkbox"/> Between 1 and 3 years | 20 |
| <input type="checkbox"/> Between 3 and 5 years | 30 |
| <input type="checkbox"/> Between 5 and 7 years | 40 |
| <input type="checkbox"/> Longer than 7 years | 50 |

Score

2. If you consider current interest rates what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?

- | | |
|--|----|
| <input type="checkbox"/> A reasonable return without losing any capital * (<i>This option limits your portfolio to being invested 100% in cash</i>). | 10 |
| <input type="checkbox"/> 1-3% | 20 |
| <input type="checkbox"/> 4-6% | 30 |
| <input type="checkbox"/> 7-9% | 40 |
| <input type="checkbox"/> Over 9% | 50 |

Score

3. Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?

- | | |
|--|----|
| <input type="checkbox"/> You would cash it in if there was any loss in value* (<i>This option limits your portfolio to being invested 100% in cash</i>). | 0 |
| <input type="checkbox"/> Less than 1 year | 10 |
| <input type="checkbox"/> Up to 3 years | 20 |
| <input type="checkbox"/> Up to 5 years | 30 |
| <input type="checkbox"/> Up to 7 years | 40 |
| <input type="checkbox"/> Up to 10 years | 50 |

Score

4. How familiar are you with investment markets?

- | | |
|--|----|
| <input type="checkbox"/> Very little understanding or interest | 10 |
| <input type="checkbox"/> Not very familiar | 20 |
| <input type="checkbox"/> Have had enough experience to understand the importance of diversification | 30 |
| <input type="checkbox"/> I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics | 40 |
| <input type="checkbox"/> I am experienced with all investment classes and understand the various factors that may influence performance. | 50 |

Score



5. There is generally greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?

- Preferably guaranteed returns, ahead of tax-savings 10
- Stable, reliable returns with minimal tax savings 20
- Some variability in returns, some tax savings 30
- Moderate variability in returns, reasonable tax savings 40
- Higher variability but potentially higher returns, maximising tax savings 50

Score

6. What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?

- Horror – Security of your capital is critical and you do not intend to take risks. You only wish to invest in cash long term.* 10
- You would cut your losses and transfer your funds to more secure investment sectors. 20
- You would be concerned, but would wait to see if the investments improve. 30
- This was a risk you understood – you would leave your investments in place expecting performance to improve. 40
- You would invest more funds to take advantage of the lower unit/share prices expecting future growth. 50

Score

7. Which of the following best describes your purpose for investing?

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth **OR** You are prepared to use aggressive investments to provide income during retirement. 50
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio **OR** You are prepared to use some aggressive investments to provide income during retirement. 40
- You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available. 30
- You are at, or near retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement. 20
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds. 20
- You are not seeking any form of capital growth, want to provide a regular income only and/or totally protect the value of your investment capital. You only wish to invest in cash long term.* 10

Score

Your Score here assists us to determine your Investor Risk Profile. An explanation of the profile in relation to your score is detailed over page. Your responses to our questions on the following page regarding investment volatility will also assist us in recommending to you a suitable asset allocation strategy within your written Statement of Advice.

Total Score

IMPORTANT: If you have chosen one of these * starred answers and your total profile score is greater than 140, you have indicated both a preference for preservation of your investment capital and a preference for a greater possible return. Please explain below how you would like these two preferences to trade off against each other.

Notes

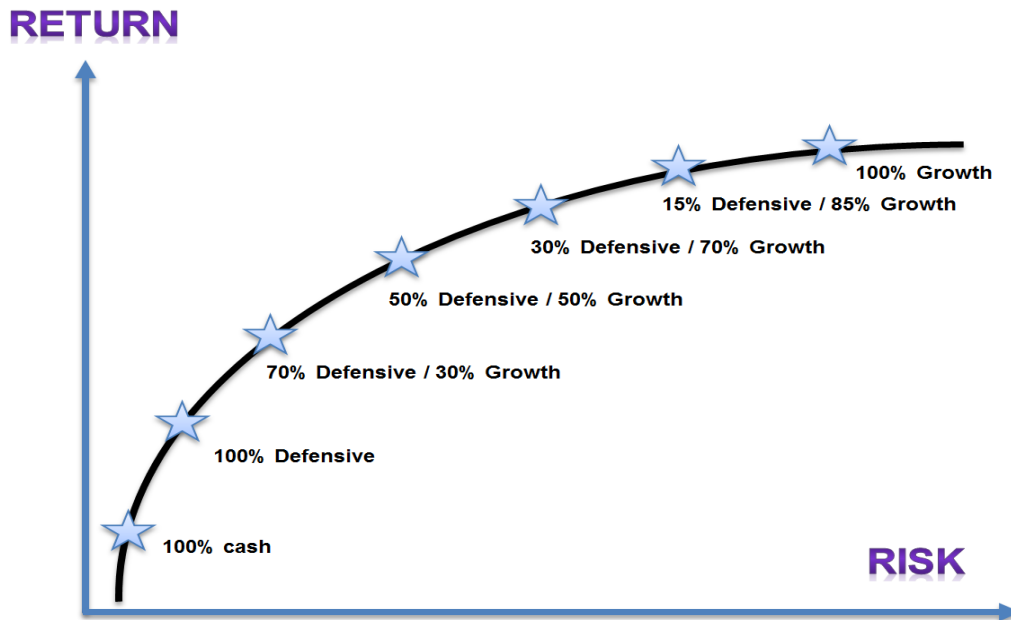


Confirming your investor risk profile

It is important that we ensure the investor risk profile assessed for you is suited to your tolerance to investment risk and your risk capacity.

Generally speaking, the higher the potential return of an investment, the greater the risk, as illustrated below.

Risk Profile: Spectrum of Return/Risk



Performance of Major Asset Classes 2008 - 2022							
Calendar Year	Australian Equities	Global Equities	Australian Listed Property	Global Listed Property	Australian Bonds	Global Bonds (A\$ hedged)	Cash
2008	-40.4	-24.9	-54	-29.2	14.9	13.3	7.6
2009	39.6	-0.3	7.9	3.1	1.7	4	3.5
2010	3.3	-0.2	-0.4	8.6	6	8.3	4.7
2011	-11.4	0.503	-1.5	-0.7	11.4	10.8	5
2012	18.8	14.1	33	21.2	7.7	8.4	4
2013	19.7	48	7.1	19.9	2	2.5	2.9
2014	5	15	27	32.1	9.8	11	2.7
2015	3.8	11.8	14.3	13.6	2.6	3.8	2.3
2016	11.6	7.9	13.2	4.9	2.9	5.2	2.1
2017	12.5	13.4	5.7	0.2	3.7	2.8	1.7
2018	-3.5	1.5	2.9	4.9	4.5	2.7	1.9
2019	24.1	28	19.4	23.6	7.3	6.3	1.5
2020	3.6	5.7	-4.6	-16.9	4.5	4.9	0.4
2021	17.7	29.6	26.1	37.2	-2.9	-0.2	0
2022	-3	-12.5	-20.5	-21.5	-9.7	-11.7	1.3
Best 1 Year Return	39.6	48	33	37.2	14.9	13.3	7.6
Worst 1 Year Return	-40.4	-24.9	-54	-29.2	-9.7	-11.7	0
15 year average return	6.76	9.17	5.04	6.73	4.43	4.81	2.77
Indices Used:							
Australian Equities	S&P/ASX All Ordinaries Accumulation Index						
Global Equities	MSCI World ex-Australia Net Total Return Index						
Australian Listed Property	S&P/ASX Listed Property Trust Accumulation Index						
Global Listed Property	UBS Global Real Estate Investors Index ex Australia (net dividends)						
Australian Bonds	UBS Warburg Australia Composite Bond Accumulation Index						
Global Bonds	Barclays Capital Global Treasury Index (AUD hedged)						
Cash	UBS Warburg Australia Bank Bill Accumulation Index						
Source (as at 19 May 2023):	https://insights.vanguard.com.au/static/asset-class/app.html						



Investment volatility

Risk profile classification	% Invested in growth assets	Minimum investment timeframe	Potential negative return in a 12 month period	Potential positive return in a 12 month period	Expected annual average return (excluding fees)
Australian Equities		Long			
High Growth		Long			
Growth		Long			
Balanced		Medium to long			
Moderate		Short to medium			
Conservative		Short to medium			

declaration

After considering the above ranges, I confirm I would be comfortable investing approximately _____% of my portfolio in growth assets long term. I understand that in any 12 month period, my portfolio could achieve a **negative** return of up to _____%, although on occasions returns can fall outside the above ranges.

Signed, _____

declaration (if applicable)

After considering the above ranges, I confirm I would be comfortable investing approximately _____% of my portfolio in growth assets long term. I understand that in any 12 month period, my portfolio could achieve a **negative** return of up to _____%, although on occasions returns can fall outside the above ranges.

Signed, _____



Investor Profile	Benchmark Asset mix**
<p>Ultra Conservative “Cash” (0-100 Points) May be suitable for investors with a short-term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.</p>	
<p>Very Conservative “Fixed Interest” (101-140 Points) May be suitable for investors with an investment horizon of at least 3 years and a low risk tolerance, seeking higher than cash returns over the investment timeframe.</p>	
<p>Conservative (141- 170 Points) May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.</p>	
<p>Moderate (171-200 Points) May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well-diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.</p>	
<p>Balanced (201-250 Points) May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what a share fund would likely generate.</p>	
<p>Growth (251- 300 Points) May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.</p>	
<p>High Growth (301-350 Points) May be suitable for investors with an investment horizon of at least 7 years and high risk tolerance, comfortable with a share portfolio dominated by Australian and international shares.</p>	

** This demonstrates the benchmark Defensive/Growth asset mix for each investor profile. Defensive assets, such as cash and fixed interest are expected to grow at a slower rate over the longer term but are expected to experience less volatility. Growth assets, such as property and shares have historically grown at a rate greater than inflation over time and usually produce higher returns than defensive assets but can also demonstrate greater volatility in the short term.

Notes



Our acknowledgments

Information in this form

The information provided in this form (Client Profile and any supplementary pages) is complete and accurate at the time of completion to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Profile and any supplementary pages, any recommendation or advice given by the planner in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment that may be inappropriate for the needs identified.

Scope of our advice

As agreed, the key advice areas that I/we require advice on are¹:

<input type="checkbox"/> My/our future cash flow and income requirements	<input type="checkbox"/> My/our asset allocation strategy	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Income and capital gains tax (CGT) considerations	<input type="checkbox"/> Portfolio review and investment recommendation including managed/direct Australian equities, managed global equities, REITs and fixed interest instruments	<input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership)
<input type="checkbox"/> Pre-retirement planning	<input type="checkbox"/> Risk planning	<input type="checkbox"/> Gearing
<input type="checkbox"/> Retirement planning	<input type="checkbox"/> Centrelink	<input type="checkbox"/> Periodic review / ongoing services

From the key advice area(s) ticked above, more specifically, what are the advice areas that must be considered to meet the clients' objectives, financial situation and needs?

As agreed, we are specifically providing advice on:

¹ Please note, while you may only be seeking advice on certain aspects of your current situation, your planner will discuss key advice areas that you should consider.



Advice limitations & warnings

Advice limitations (what our advice will not cover)	
Who has limited the scope of advice?	<input type="checkbox"/> Client <input type="checkbox"/> Adviser
Provide details: The following matters / assets are excluded from our advice: - - - -	

* Clearly outline the aspects of the clients' circumstances that have been taken out of scope from your advice. Examples: (i) you may identify an issue with the clients' cash flow/debt/retirement or estate planning position but the clients decline advice in those advice areas, (ii) within a particular advice area like Insurance, the clients may decline a type of cover, or they may select the actual amount of cover, or limit the total premium, (iii) the clients may wish to retain/purchase/sell a component within their investment or insurance portfolio without your advice).

Limited advice warnings	
Adviser use only – detail any warnings provided on limited scope	
Provide details: We cannot be held responsible for the following matters / performance of the following assets which are excluded from the scope of our advice: - - - -	

Incomplete or inaccurate information

Information limitations	
Has the client provided all the information you require and requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details *:	

* Clearly outline what information is incomplete and/or inaccurate and the steps you have taken to obtain the information you require.

Adviser expertise

Adviser expertise	
Do you have the necessary expertise to give the advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorised to provide advice in the areas sought by the clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', provide relevant information and actions taken (e.g. decline to give advice, referral to other parties):	



Financial Services Guide

I/We have read and understood the Financial Services Guide version _____ dated _____ provided to me/us on _____ and the Representative Profile version _____ dated _____ provided to me/us on _____, prior to obtaining financial planning services and/or recommendations.

Statement of Advice Preparation Fee

The fee for the preparation of the Statement of Advice has been set at \$_____ (plus 10% GST) and I/we authorise Battistella Financial Services to proceed on this basis.

Authority for current Planner

I/We authorise Battistella Financial Services and its associated employees to contact any of my/our existing advisers whose details I/we have provided.

Receiving Documents Electronically

Where required, your financial planner will provide you with and may refer back to the following documents:

- **Financial Services Guide (FSG)** provides information to enable you to decide whether to obtain financial services from us.
- **Statement of Advice (SoA)** sets out tailored strategic and/or product recommendations aimed at achieving your goals and objectives.
- **Additional Information Flyers** provide generic educational information to help you make informed decisions on our advice to you.
- **Product Disclosure Statements (PDS)** in the event a financial product has been recommended. The PDS sets out general risks, features and fees of the product(s) being recommended to you.
- **Fee Disclosure Statement (FDS)** outlines the fees that we have received over a 12 month period, the services you expected and the services that we delivered.

Your adviser will provide you with these documents electronically unless you indicate below that you would like to receive these in printed form.

Receipt of Document(s):

I/we wish to obtain the following documents in printed form (please list):

Personal Information and Privacy Agreement

Your personal information will be collected and held by Battistella Financial Services Pty Ltd, who are authorised representatives of Oreana Financial Services Limited, an Australian Financial Services Licensee, who does not act in the capacity of an authorised representative in relation to securities:

- providing you with the advisory services that you have requested;
- managing our relationship with you; or
- contacting you about products and services in which you may be interested.

To enable your financial adviser to provide you with financial advice you request that is suitable for your investment objectives, financial situation and particular needs we need to obtain and hold personal information about you. This includes:

- your name, contact details and date of birth;
- employment details and history;
- financial details including information about your financial needs and objectives, your current financial circumstances including your assets and liabilities, income, expenditure, insurance cover and superannuation;
- details of your investment preferences and risk tolerance;
- family circumstances and social security eligibility; and
- any other information that we consider necessary.

The personal information collected may include sensitive information such as health information and memberships of professional or trade associations.

If it is reasonable and practicable we will only collect your personal information from you. Generally your personal information will be collected when you meet with your adviser in person, provide your adviser with information over the telephone or with written material. We may need to collect personal information from third parties such as your accountant.



How Your Personal Information is Held

Your personal information is generally held in client files or a computer database. Your personal information may also be held in a secure archiving facility.

We will seek to ensure that we take reasonable steps to ensure that the personal information that we hold is protected from misuse and loss and from unauthorised access, modification and disclosure. Some of the measures that we have adopted are having facilities for the secure storage of personal information, having secure offices and access controls for our computer systems.

We will also take reasonable steps to destroy or permanently de-identify personal information that we no longer need for any purpose for which may be used or disclosed under the Australian Privacy Principles.

Using and Disclosing Your Personal Information

Your personal information may be disclosed for purposes related to the provision to you of the financial advice you have requested. The types of service providers that may be provided with your personal information are:

- other financial advisers and organisations involved in providing the financial advice you have requested (which may include ongoing service) such as fund managers who assist us in providing financial advice and paraplanners;
- insurance providers, superannuation trustees and product issuers in connection with the provision to you of the financial advice you have requested;
- organisations that assist in operating a financial planning business such as those that provide administrative, financial, accounting, insurance, research, legal, computer or other business services;
- your representatives or service providers such as your accountant, solicitor, tax agent, stockbroker or bank;
- organisations involved in a business restructure or a transfer of all or part of the assets of our business or the due diligence procedures prior to any such sale or transfer;
- government authorities and other organisations when required by law; and
- organisations that you have consented to your personal information being disclosed to.

Your personal information may also be used in connection with such purposes.

We will seek to ensure that your personal information is not used or disclosed for any purpose other than:

- the primary purpose for which it was collected or a purpose that is related to the primary purpose for which it was collected or a related secondary purpose;
- where you have consented to the use or disclosure; or
- in other circumstances where the Australian Privacy Principles authorise the use or disclosure such as when it is required by or authorised under law.

We may disclose your personal information to third parties who provide services to us, in which case we will seek to ensure that the personal information is held, used or disclosed consistently with the Australian Privacy Principles.

Organisations outside Australia

In order to provide you with our services, we may need to share your information with organisations outside Australia (for example Information Technology providers) - these countries include;

Phillipines

We may store your information in the cloud or other types of networked or electronic storage. As electronic or networked storage can be accessed from various countries via an internet connection, it's not always practicable to know in which country your information may be held. If your information is stored in this way, disclosures may occur in countries other than those listed. Overseas organisations may be required to disclose information we share with them under a foreign law. In those instances, we will not be responsible for that disclosure.



Accessing your Personal Information

You can gain access to your personal information that we hold. This is subject to exceptions allowed by law such as where providing you with access would have an unreasonable impact upon the privacy of others. If we deny a request for access we will provide you with the reasons for this decision. To request access please contact us (see "Contacting Us and Privacy Issues" below).

Correcting Your Personal Information

We endeavour to take reasonable steps to ensure that the personal information that we collect, use or disclose is accurate, complete and up-to-date. If you believe that any of the personal information that we hold is not accurate, complete or up-to-date please contact us (see "Contacting Us and Privacy Issues" below) and provide us with evidence that it is not accurate, complete and up-to-date.

If we agree that the personal information requires correcting we will take reasonable steps to do so. If we do not correct your personal information we will provide you with the reasons for not correcting your personal information. If you request that we associate with the information a statement claiming that the information is not accurate, complete and up-to-date we will take reasonable steps to comply with this request.

Contacting Us and Privacy Issues

You can obtain further information on request about the way in which we manage the personal information that we hold or you can raise any privacy issues with us by contacting us on 03 9832 0768.

Signature _____ Date

Signature _____ Date

Financial Planner Signature _____ Date

Planner Name _____



Option to Quote Tax File Number

Most investment bodies and superannuation bodies² ask their customers to provide Tax File Numbers (TFN). This form explains the reasons why they do. As you will be receiving ongoing service from **Oreana Financial Services** we offer you the option of authorising **Oreana Financial Services** to:

- a) hold your TFN, and/or details of your exemption status, in our records; and
- b) disclose your TFN to authorised bodies in connection with your current or future investments.

Why investment and superannuation bodies ask for your TFN

You are not required to provide us or any other body with your TFN and it is not an offence if you choose not to do so. However, if you do not quote your TFN or exemption status to an investment body, superannuation body or approved deposit fund (as applicable):

- tax will be deducted from your income distributions at the highest marginal rate;
- you may pay more tax on your superannuation benefit than you have to (you will get a refund at the end of the financial year in your income tax assessment);
- your super fund is generally required to reject your non-concessional (after-tax) contributions;
- your concessional (pre-tax including employer) super contributions may be taxed at 46.5%; and
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund, or to amalgamate any multiple superannuation accounts.

You may be exempt from the TFN quotation requirements

Some persons/entities are exempted from the TFN quotation arrangements, if the exemption status is notified to the investment body:

<ul style="list-style-type: none">• Persons receiving any part of an age, service, widow pension or other types of qualifying pension/benefit	<i>state type of pension/ benefit received.</i>
<ul style="list-style-type: none">• Children under the age of 18, where the investment is NOT public company share/s and the income will be less than \$417 pa	<i>state age.</i>
<ul style="list-style-type: none">• Entities not required to lodge income tax returns	<i>state reason not required to lodge return.</i>
<ul style="list-style-type: none">• Non-residents	<i>state country of residence.</i>

You can authorise us to hold and disclose your TFN

Taxation laws generally prohibit the collection, use and disclosure of TFNs. However, an investment body may be informed of a TFN by a person acting on behalf of another person.

If you do not provide us with your TFN and you wish to quote your TFN on investment and/or superannuation application forms, you will need to bring your TFN with you when calling into our office to complete these documents.

² In the case of loans or deposits, financial institutions, governments and bodies corporate are 'investment bodies'. 'Investment bodies' also include managers of unit trusts, and companies. Superannuation trustees and approved deposit funds are authorised to collect TFNs under superannuation law. This is for purposes including paying out monies and identifying and consolidating superannuation benefits.



Your Election

Please record your TFN, and/or exemption status, at the bottom of this page.

I instruct **Oreana Financial Services** to hold my Tax File Number in their records. I authorise **Oreana Financial Services**, or other recipients approved by **Oreana Financial Services**, to disclose my TFN, or exemption status, to me, the Australian Taxation Office, investment bodies, superannuation bodies, and approved deposit funds.

I acknowledge that:

- I have read and understood the information above; and
- this authority will remain in force until cancelled by me in writing.

If signing under Power of Attorney, I certify that I have not received notice of revocation of that Power.

Full name of client 1 (individual/entity)

Full name of client 2 (individual/entity)

Address

Signature

Signature

Company Seal
(if applicable)

Tax File Number:

Tax File Number:

Tax File Number:

Tax File Number:

My exemption status is (if applicable):





BATTISTELLA
financial services

Authority to release information

Please use blue or black pen and write in **BLOCK LETTERS**

I, (BLOCK LETTERS) _____

of, (BLOCK LETTERS) _____

Account Number _____

request that all relevant information & documents on my investments, insurances, superannuation,
bank accounts or other financial information be released, upon request to:

Planner Details

Planner* Name _____

My planner's contact details are as follows:

Address Battistella Financial Services, Toorak Business Centre, Suite 217, 19 Milton Parade

Suburb MALVERN Telephone _____ State VIC Postcode 3144

Telephone 03 9832 0768

Additionally, I authorise any staff of Battistella Financial Services to enquire and receive information on my behalf:

Please also accept an email, photocopy or facsimile of this letter as authority, as the original will be held on file at the planner's address above.

Yours faithfully,

Client Name _____

Signature _____ Date _____

Client date of birth _____

*The planners named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.

We confirm this authority is to remain in force until we advise any of the above mentioned parties. This authority is NOT to expire unless specifically requested by us and notified to any of the above mentioned parties.



Authorised Representative

Oreana Financial Services Limited
Australian Financial Services Licence no 482234

Toorak Business Centre
Suite 217, 19 Milton Parade
MALVERN VIC 3144
T. 03 9832 0768

E. clientservices@battistellafs.com.au
W. www.battistellafs.com.au



BATTISTELLA
financial services

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