



BATTISTELLA
financial services

Client Profile & Lifestyle Questionnaire

Private and Confidential

Client 1 _____

Client 2 _____

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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.

GWM Adviser Services Limited

Trading as

Garvan Financial Planning

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Australian Financial Services Licensee

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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 advice.

1. _____
2. _____
3. _____

Are there any specific issues that are of particular importance to you?

1. _____
2. _____
3. _____

Lump sum expense requirements (within the next 2 years)

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
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$



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

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

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

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*”.

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:

- A low cost option, with limited features and offering minimal investment choice. This option can be of appeal to clients with both smaller and larger investment and superannuation portfolio’s.
- A more expensive option maximising features and providing broad investment choice. This can include direct assets where applicable. This option is generally of greater appeal to clients with larger account balances as fees are generally reduced by fund managers and investment/superannuation platforms for larger portfolio’s.
- A mid-range option, offering a mixture of features and benefits from the above 2 options, but with less investment choice than option 2.
- I don’t have any preferences

Planner Notes (Mandatory)



Personal information

	Client 1	Client 2
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	_____ / _____ / _____	_____ / _____ / _____
Country of Birth (if not Australia)	_____	_____
Are you a permanent Australian resident for tax purposes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Marital Status/Relationship	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> De facto <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> De facto <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
Do you have any health issues or are you currently receiving medical advice we would need to be aware of?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If so, please provide details	_____	_____
Occupation/Position Title	_____	_____
Qualifications	_____	_____
Employment Status	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual <input type="radio"/> Self Employed <input type="radio"/> Home maker <input type="radio"/> Retired <input type="radio"/> Not Employed	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual <input type="radio"/> Self Employed <input type="radio"/> Home maker <input type="radio"/> Retired <input type="radio"/> Not Employed
Employer Name	_____	_____
Do you wish to disclose your Tax File Number to your planner?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you completed the tax file number declaration at the rear of this booklet (page 25)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are you a smoker?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you have Private Health Insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hobbies/Personal Interests	_____ _____ _____	_____ _____ _____



Family members

(please include adult AND dependent children as this is important from an estate planning perspective)

Name	Relationship	Age	Financially Dependent	Support to Age	Marital Status	Number of children
1) _____	Son / Daughter	_____	Yes / No	_____	_____	_____
2) _____	Son / Daughter	_____	Yes / No	_____	_____	_____
3) _____	Son / Daughter	_____	Yes / No	_____	_____	_____
4) _____	Son / Daughter	_____	Yes / No	_____	_____	_____
5) _____	Son / Daughter	_____	Yes / No	_____	_____	_____

Please indicate the school your children/dependants are attending/likely to attend and the estimated annual cost:

Child	School	Years	Cost pa
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____
Child 5	_____	_____	_____

Have any of your children/dependants been diagnosed with an illness or do any have a disability we would need to consider as part of your financial planning strategy? Yes No

If "yes" to above, please provide details:

Additional Information:



Your current estate planning details

	Client 1	Client 2
Do you have a valid Will?	Yes / No	Yes / No
Date of Will	/ /	/ /
Do you consider your Will to be up to date?	Yes / No	Yes / No
Will location		
Executor name(s)		
Does your Will include Testamentary Trust provisions?	Yes / No	Yes / No
Do you have a Power of Attorney?	Yes / No	Yes / No
	<input type="radio"/> Enduring Financial (pre 1/9/15) <input type="radio"/> Enduring Guardianship (pre 1/9/15) <input type="radio"/> Enduring Power of Attorney (post 31/8/15) <input type="radio"/> Enduring Medical <input type="radio"/> General	<input type="radio"/> Enduring Financial (pre 1/9/15) <input type="radio"/> Enduring Guardianship (pre 1/9/15) <input type="radio"/> Enduring Power of Attorney (post 31/8/15) <input type="radio"/> Enduring Medical <input type="radio"/> General
Who is your appointed Attorney?		
Expected inheritances/other windfall:	\$	\$
Source of future inheritance/windfall:		
Provide details:		

Your contact details

Residential Address

Postal Address
(if different from above)

Tick if same as above

Home Phone

	Client 1	Client 2
Mobile		
Home E-mail	@	@
Business Phone		
Business E-mail	@	@
Preferred Contact	Home / Work / Mobile / E-mail	Home / Work / Mobile / E-mail



Your current financial position

Income

Before-tax income	Client 1		Client 2	
Salary/wages/earnings	\$	pa	\$	pa
Investment interest/dividends	\$	pa	\$	pa
Government support e.g. Age Pension, DVA	\$	pa	\$	pa
Superannuation pension	\$	pa	\$	pa
Rental property income (gross/net)	\$	pa	\$	pa
Other _____ e.g. Family allowance, Child maintenance	\$	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

Do you anticipate any changes in your expense requirements over the next 12 months? YES/NO

If yes, by how much? *Increase / Decrease* \$ _____

Do you feel there is an opportunity to save any additional funds per annum? YES/NO

If Yes, how much per annum? \$ _____ pa

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

Notes



Non-financial assets

For Ownership, specify the manner of ownership (solely owned, joint tenant, tenant-in-common, private company, family trust, etc) and the name of the owner or owners.

	Owner	Amount	Details
Assets			
Residential Home	_____	\$ _____	_____
Household Contents	_____	\$ _____	_____
Non-income producing Real Estate (Holiday Home, Vacant Land)	_____	\$ _____	_____
Motor Vehicle	_____	\$ _____	_____
Motor Vehicle	_____	\$ _____	_____
Boat/Marine Equipment	_____	\$ _____	_____
Caravan	_____	\$ _____	_____
Collectables/Art/Antiques or Other Valuables	_____	\$ _____	_____
Total Assets		\$ _____	

Notes

Your investment assets (excluding superannuation)

Enter all existing investments including cash and bank accounts, investment properties, managed funds, shares, debentures, term deposits, insurance bonds, and friendly society bonds. For Ownership, specify the manner of ownership (solely owned, joint tenants or tenant-in-common) and the name of the owner or owners. Do not include the principal home.

Investment Description	Owner/Manner of Ownership (Client 1 / Client 2 / Joint Tenants/Tenants in Common)	Units/No. of Shares	Purchase Price	Date Purchased	Current Value	Income % / \$
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____
_____	_____	_____	\$ _____	/ /	\$ _____	_____

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



Direct property (if applicable)

Owning/Purchasing Direct Property (other than main residence)

Provide details of existing direct properties held:

Description			
Property Type	<input type="checkbox"/> Residential Investment Property	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> International Property
	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Vacant Land	
Owner	_____	Date Purchased	_____ / _____ / _____
Purchase Price	\$ _____	Depreciation	_____
Current Value	\$ _____	Actual Rental Income	\$ _____ per annum
Projected Rental Income	_____	Projected Capital Growth	_____ %
Depreciation Allowance	_____		
Projected Ongoing Costs			
Rates	\$ _____ per annum	Agent Fees	\$ _____ per annum
Land Tax	\$ _____ per annum	Insurance	\$ _____ per annum
Interest on Loans	\$ _____ per annum	Body Corporate	\$ _____ per annum
Other Tax	\$ _____ per annum	Other Relevant Holding Costs	\$ _____ per annum
Maintenance / Repairs	\$ _____ per annum		
Total			\$ _____

Selling direct property

	Property 1	Property 2
Description	_____	_____
Expected Date of Sale	_____ / _____ / _____	_____ / _____ / _____
Expected Sale Price	\$ _____	\$ _____
Projected Disposal Cost	_____	_____
Agent Fees	\$ _____	\$ _____
Legal Fees	\$ _____	\$ _____
Subdivision Costs	\$ _____	\$ _____
Estimated Capital Gains Tax	\$ _____	\$ _____
Other Disposal Costs	\$ _____	\$ _____
Total	\$ _____	\$ _____

Notes _____



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
Non Tax Deductible										
Principal Home	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	0%
Car Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	0%
Personal Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	0%
Credit Card(s)	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	0%
Other	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	0%
Tax Deductible										
Investment Line of Credit	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Margin Loan	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
Other	\$ _____	_____	_____	_____	_____ %	_____	_____	\$ _____	_____	_____ %
TOTAL DEBT	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____

Notes

Superannuation details

Superannuation Fund Name	Owner Client 1 / Client 2	Current Account Balance	Exit Fees
_____	_____	\$ _____	Yes / No
_____	_____	\$ _____	Yes / No
_____	_____	\$ _____	Yes / No
_____	_____	\$ _____	Yes / No
_____	_____	\$ _____	Yes / No

Insurance (held in Super)	Client 1	Client 2
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	Client 1	Client 2
----------------------	----------	----------

Accumulation Superannuation Funds

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

Concessional Contributions (per annum)	\$ _____ SGC (9.50% x \$ _____)	\$ _____ SGC (9.50% x \$ _____)
	\$ _____ 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
	<i>Previous two financial years:</i>	<i>Previous two financial years:</i>
	<i>Last Financial Year:</i>	<i>Last Financial Year:</i>
	\$ _____ Personal post-tax	\$ _____ Personal post-tax
	\$ _____ Spouse	\$ _____ Spouse
	<i>Previous Financial Year:</i>	<i>Previous Financial Year:</i>
	\$ _____ Personal post-tax	\$ _____ Personal post-tax
\$ _____ Spouse	\$ _____ Spouse	

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

Defined Benefit Funds

Current Multiple (Defined Benefit fund)	_____	_____
Accrual Rate	_____	_____
Member Contribution	_____	_____

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



Retirement

	Client 1	Client 2
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?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (Shares, rental income, property downsize etc)	_____	_____

Living in retirement (applicable only for clients already in retirement)

	Client 1		Client 2	
Is the current income you receive to live in retirement sufficient to meet your day to day expenses and lifestyle needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider changing your lifestyle to ensure your funds last longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you considering downsizing or freeing up capital in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider higher risk investment strategy to make your funds last longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to leave money or assets to your family or other beneficiaries when you die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Sum Insured - Life	\$ _____	\$ _____
- TPD	\$ _____	\$ _____

Income Protection

Do you have Income Protection cover? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Monthly Benefit	\$ _____	\$ _____
Benefit Period	_____	_____
Waiting Period	_____	_____

Critical Illness Cover

Do you have Critical Illness cover? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Sum Insured	\$ _____	\$ _____

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



Risk Management Requirements

	Client 1	Client 2
Do you rely on paid employment to cover your expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> You solely <input type="checkbox"/> Your partner solely <input type="checkbox"/> Both	<input type="checkbox"/> You solely <input type="checkbox"/> Your partner solely <input type="checkbox"/> 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?		

	Client 1	Client 2
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
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Would you want to be mortgage (non-deductible debt) free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Would you want your investment loan/s paid off (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? | <input type="checkbox"/> as well off | <input type="checkbox"/> as well off | <input type="checkbox"/> slightly better off | <input type="checkbox"/> slightly better off | <input type="checkbox"/> worse off | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 4) Would you want to provide a provision for terminal illness care so that this does not reduce death provisions for income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 5) Would you want to ensure your family is mortgage free? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 6) Would you want to ensure your investment loan/s are paid off (if applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 7) Would you want the flexibility for your spouse to cease work for a period? (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

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
Contents	yes/no
Vehicle 1	yes/no
Vehicle 2	yes/no
Investment/Business Property	yes/no
Other _____	yes/no

Your current advisers

Existing Adviser	Name	Contact Number	Postal Address
Accountant	_____	_____	_____
Solicitor	_____	_____	_____
Stockbroker	_____	_____	_____
Banker	_____	_____	_____
Other	_____	_____	_____

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 will 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?

- Less than 12 months 10
- Between 1 and 3 years 20
- Between 3 and 5 years 30
- Between 5 and 7 years 40
- 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?

- A reasonable return without losing any capital * (*This option limits your portfolio to being invested 100% in cash*). 10
- 1-3% 20
- 4-6% 30
- 7-9% 40
- 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)?

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

Score

4. How familiar are you with investment markets?

- Very little understanding or interest 10
- Not very familiar 20
- Have had enough experience to understand the importance of diversification 30
- I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics 40
- 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

*** If you have answered this question and your total profile score is greater than 100, then detail in the notes below your preference for a greater return against your preference for the protection of your investment capital.**

Notes



Investment volatility

The greater the percentage of a portfolio invested in growth assets long term (shares and property), the higher is the *expected* return. Whilst this may suggest it would therefore be prudent for a long term investor to invest the majority of their portfolio in growth assets, how an investor would react in the event of achieving a negative return must also be considered. Whilst many investors have the *intention* to invest long term, it is essential that such a long term focus can be *afforded* and *sustained* regardless of short term volatility which will occur within any normal economic cycle of (typically) seven years.

Meeting the sleep test is also very important. If you lie in bed on a regular basis and worry about your investment portfolio, you have most likely invested outside your natural comfort zone. Further education is then required to alleviate these worries, or changes to your risk profile made. There is little point investing money either too conservatively or too aggressively if it causes ongoing stress, which can be detrimental to your health.

Therefore, we provide the following volatility ranges and long term expected returns which will assist us in formulating your long term asset allocation strategy. We would expect annual returns to fall within the following ranges in 95% of instances. This means that once in every 20 years, returns can be higher or lower than what we have stated below.

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)	Expected average annual return with active management (excluding fees)
Australian Shares	100%	Long	-29.90%	48.90%	10.95%	11.90%
Aggressive	95%	Long	-28.00%	40.00%	10.19%	11.19%
Assertive	90%	Long	-22.00%	33.00%	9.93%	10.92%
Moderate	65%	Medium to long	-19.00%	29.00%	9.13%	9.99%
Cautious	50%	Short to medium	-14.00%	22.00%	8.55%	9.34%
Conservative	30%	Short to medium	-10.00%	17.00%	7.73%	8.40%

Sources: ThreeSixty Research - Income and Growth Estimates paper & Jana Asset Allocation & Risk Profiling paper– 28 April 2016

Client 1 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, _____
(Client 1)

Client 2 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, _____
(Client 2)



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>	100% Cash
<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>	100% Defensive
<p>Conservative “Capital Stable” (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>	70% Defensive 30% Growth
<p>Cautious “Conservative Growth” (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>	50% Defensive 50% Growth
<p>Moderate “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>	30% - 40% Defensive 60% – 70% Growth
<p>Assertive “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>	10% - 20% Defensive 80% - 90% Growth
<p>Aggressive “Share” (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>	0% -5% Defensive 95% - 100% Growth

** 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

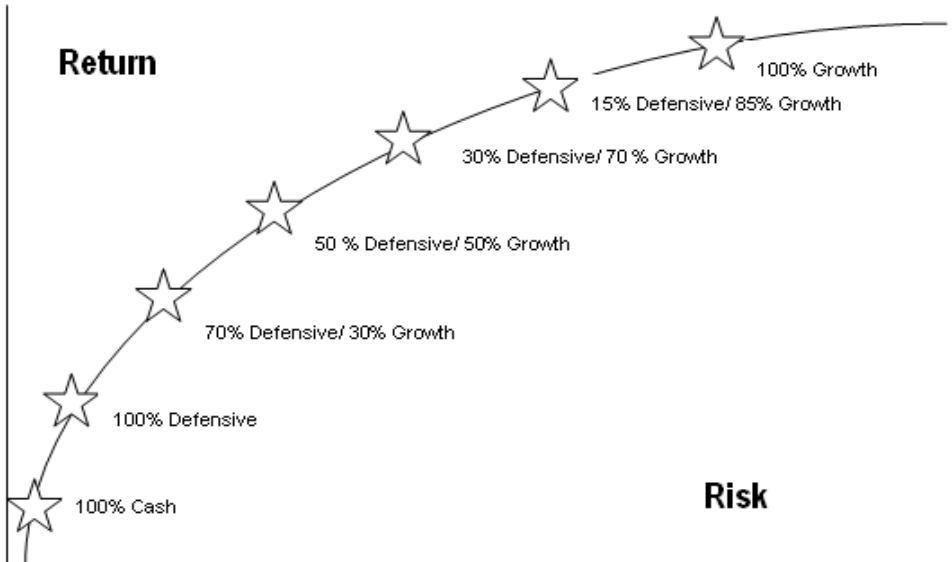


Risk & return discussion tools

Having an understanding of what you want your investments to achieve is an important part of the financial planning process.

You must be rational and ensure that your investments assist you in achieving your goals. To do this you must focus on **objective** and **time frame**.

Risk Profile: Spectrum of Return/Risk (for illustrative purposes)



Performance of Asset Classes 2001 - 2015

Calendar Year	Cash	Australian Fixed Interest	International Fixed Interest	Listed Property	Australian Shares	International Shares
2001	5.3	5.5	8.3	14.6	10.5	-10.0
2002	4.8	8.8	11.6	11.8	-8.6	-27.4
2003	4.9	3.1	6.6	8.8	15.0	-0.8
2004	5.6	7.0	8.9	32.0	27.9	9.9
2005	5.7	5.8	3.8	12.5	22.5	16.8
2006	6.0	3.1	5.4	34.0	24.5	11.5
2007	6.8	3.5	6.6	-8.4	16.2	-2.6
2008	7.6	15.0	9.2	-54.0	-38.9	-24.9
2009	3.5	1.7	8.0	7.9	37.6	-0.3
2010	4.7	6.0	9.3	-0.4	1.9	-2.0
2011	5.0	11.4	10.5	-1.5	-11.0	-5.3
2012	4.0	7.7	9.7	33.0	19.7	14.1
2013	2.9	2.0	2.3	7.1	19.7	48.0
2014	2.7	9.8	10.4	27.0	5.3	15.0
2015	2.3	2.6	3.4	14.3	2.8	11.8
Best 1 year return	7.6	15.0	11.6	34.0	37.6	48.0
Worst 1 year return	2.3	1.7	2.3	-54.0	-38.9	-27.4
15 year average return	4.8	6.2	7.6	9.3	9.7	3.6

Indices Used

- Bloomberg [AusBond](#) Bank Bill Index (formerly the UBS Bank Bill Index)
- Bloomberg [AusBond](#) Composite 0+ [Yr](#) Index (formerly the UBS Composite Bond All Maturities Index)
- Barclays Capital Global Aggregate Index (Hedged into A\$)
- S&P/ASX 200 A-REITs Accumulation Index
- S&P/ASX 300 Accumulation Index (All [Ords](#) before 1/4/2000)
- MSCI World ex-Australia NET WHT

Source: Mercer, Morningstar

* Illustrative purposes only. It is important to note that past performance is no indication of future performance.



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 are:

Comprehensive Financial Planning

OR

As agreed, the key advice areas that I/we require advice on are limited* to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Managing my income and everyday spending | <input type="checkbox"/> Managing my debt (Mortgage, Investment Loans, Credit Cards) | <input type="checkbox"/> Protection of my family and assets |
| <input type="checkbox"/> Investment Advice (Shares, Managed Funds, Direct Property) | <input type="checkbox"/> Gearing | <input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership) |
| <input type="checkbox"/> Planning for Retirement (Superannuation and Pensions) | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Social Security |

*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.

From the key advice area(s) ticked above, more specifically, what is it that you are seeking advice on?

Please detail below if you do not want your planner to consider certain aspects of your current situation:

Financial Services Guide

I/We have read and understood the Financial Services Guide version 11 dated 12 October, 2017 given 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.



- **Understanding Series** provides 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.

Receipt of Document(s):

I/we wish to obtain the following documents in printed form:

Information and Privacy Agreement

I/We agree that:

1. I am/we are to receive financial planning services from the planner named in this Client Profile [**“planner”**] and understand that my/our personal information (including any sensitive information such as health information and membership of professional organisations [**“sensitive information”**]) is being collected primarily for that purpose.
2. I/We acknowledge the privacy notification in the Financial Services Guide, that I/we have access to the Privacy Policy and understand that my/our personal information will be used and disclosed as outlined in the Policy available from my/our planner.
3. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information):
 - to organisations involved in providing my/our planner with marketing services and to their service providers (for example posting services), so that my/our planner may offer me/us products and services that might meet my/our financial needs; and
 - to other organisations in connection with the sale or proposed sale of all or part of the planner’s business and to the use of that personal information by those organisations for those purposes.
 - to other professionals who may need to be engaged in order to implement certain components of my/our planner’s business succession advice.
4. I/We also consent to the collection of my/our personal information for the purpose of my/our planner providing the services stated above. This consent also relates to my/our sensitive information.
5. If I/we have provided personal information about an individual (such as a partner, dependant, employer or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the **Financial Service Guide** which includes how you manage personal information and make them aware that this section applies to their personal information that has been collected for the purpose of my/our planner providing me/us with the financial advice I/we have requested.
6. If I/we have provided sensitive information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our planner and my/our planner’s service providers.
7. I consent to the release of my personal information (including my sensitive information) to my spouse or partner.

Digital recording of client meetings

I/we consent to having all meetings with Battistella Financial Services digitally recorded and stored electronically on our client file. *This reinforces our mantra – “We say – we do”. Our word is our bond.*

Client 1 Signature	_____	Date	/	/
Client 1 Name	_____			
Client 2 Signature	_____	Date	/	/
Client 2 Name	_____			
Financial Planner Signature	_____	Date	/	/
Planner Name	<u>Julian Battistella / Michael Jeffs</u>			



Option to quote tax file number

Most investment and superannuation application forms request the applicant to provide their Tax File Number (TFN).

Assuming you proceed to engage Battistella Financial Services to provide you with ongoing financial planning services and advice in their capacity of authorised representative of GWM Adviser Services Limited we offer you the option of authorising GWM Adviser Services Limited to hold your TFN, and/or details of your exemption status, in our records.

The collection, use and disclosure of TFNs are strictly controlled by taxation and superannuation laws and the Privacy Act. As an authorised representative of GWM Adviser Services Limited, Battistella Financial Services Pty Ltd, Julian Battistella and Michael Jeffs are authorised to collect TFNs under the Income Tax Assessment Act 1997.

You are not required to provide us with your TFN and it is not an offence if you choose not to do so.

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.

Important Information

Investment Bodies

Investment bodies are authorised to collect TFNs under the Income Tax Assessment Act 1997. It is not an offence if you choose not to provide your TFN to an investment body. However, if you do not quote your TFN, or exemption status, tax will be deducted from your income distributions at the highest marginal rate.

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 16, where the investment is NOT public company share/s and the income will be less than \$420 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>

Superannuation Bodies and Approved Deposit Funds

Superannuation Bodies and Approved Deposit Funds are authorised to collect TFNs under the Superannuation Industry (Supervision) Act 1993. It is not an offence if you choose not to provide your TFN, however, if you do not provide your TFN:

- 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 fund is generally required to reject your non-concessional (after-tax) contributions;
- your concessional (pre-tax including employer) 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.

Your Election

Please tick ONE of the boxes below to indicate your choice of the options available. If you tick boxes 2 or 3, please record your TFN, and/or exemption status, at the bottom of this page.

- I instruct GWM Adviser Services Limited NOT to hold my Tax File Number in their records.
- I instruct GWM Adviser Services Limited to hold my Tax File Number in their records. I authorise GWM Adviser Services Limited or other recipients approved by GWM Adviser Services Limited, to disclose my TFN only to me.



3. I instruct GWM Adviser Services Limited to hold my Tax File Number in their records. I authorise GWM Adviser Services Limited, or other recipients approved by GWM Adviser Services Limited, to disclose my TFN, or exemption status, to me, the Australian Taxation Office and investment bodies:

Note: GWM Adviser Services Limited is not permitted to disclose your TFN to superannuation bodies; Approved Deposit Funds or assistance agencies.

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 hereby 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

Client 1
Signature

Client 2
Signature

Company Seal
(if applicable)

Client 1 Tax File Number:

--	--	--	--	--	--	--	--	--	--

Client 2 Tax File Number::

--	--	--	--	--	--	--	--	--	--

My exemption status is (if applicable):

If applicable:

SMSF TFN:

--	--	--	--	--	--	--	--

Private Company TFN:

--	--	--	--	--	--	--	--

Family Trust TFN:

--	--	--	--	--	--	--	--





Battistella Financial Services Pty Ltd
ABN 78 128 239 305

Authorised Representatives
GWM Adviser Services Limited
Australian Financial Services Licensee

Toorak Business Centre
Suite 314, 19 Milton Parade
Malvern VIC 3144

T. 03 9832 0768
E. enquiries@battistellafs.com.au
W. www.battistellafs.com.au

Information Release Authority

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

I, (BLOCK LETTERS) _____

of, (BLOCK LETTERS) _____

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

Section A

Planner Details

Planner* Name Julian Battistella / Michael Jeffs

Including the following planner's staff:

My planner's contact details are as follows:

Address Battistella Financial Services, Toorak Business Centre, Suite 314, 19 Milton Parade

Suburb MALVERN State VIC Postcode 3144

Telephone 03 9832 0768 Fax 03 9832 0767

Including the following administration staff:

Client Service Coordinator _____

Associate Planner _____

Please also accept a 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.

Battistella Financial Services Limited, ACN 128 239 305, is an Authorised Representative of GWM Adviser Services Limited, ACN 002 071 749, an Australian Financial Services Licensee with its registered office at 105 – 153 Miller Street North Sydney NSW 2060



BATTISTELLA
financial services

Battistella Financial Services Pty Ltd
ABN 78 128 239 305

Authorised Representatives
GWM Adviser Services Limited
Australian Financial Services Licensee

Toorak Business Centre
Suite 314, 19 Milton Parade
Malvern VIC 3144

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Yours faithfully,

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