

The logo for moneyoptions, with 'money' in blue and 'options' in green, enclosed in a blue rectangular border.

moneyoptions

Personal Profile | Confidential

Money Options Pty Ltd
ABN: 29 089 499776
AFSL: 516163

(08) 8376-4416
Level 2, 3-9 Gordon Street, Glenelg SA 5045
PO Box 733, Glenelg SA 5045

Our advice is based on the information you provide to us and our understanding of your situation. Please review or complete this information carefully to ensure the details are accurate.

Date completed:

1: Personal Details

	PERSON A	PERSON B
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
First Name (Full birth name)		
First name (Preferred if different to above)		
Middle Name (s)		
Surname		
Date of Birth	_____/_____/_____ Current Age:	_____/_____/_____ Current Age:
Relationship	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Do you run your financial life with your partner?	<input type="checkbox"/> Combined completely <input type="checkbox"/> Separate, but not confidential from each other <input type="checkbox"/> Confidential from each other	
Referral	Were you referred to us by someone, if so, who?	

Family Information:

- No children
- Not necessary to name children as no longer dependents
- No children, but may in the future

Full Name	Date of Birth	Gender	Relationship	Related to	Dependant currently
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Both of us <input type="checkbox"/> Just A <input type="checkbox"/> Just B	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details:

	A	B
Mobile phone (or home if no mob)		
Preferred Email (Person A)	@	
Preferred Email (Person B)	@	
Residential address		
Postal address (if different to residential)		

Tax File Number and Centrelink Details:

	A	B
Tax File Number		
Centrelink Number		

2. Health Details

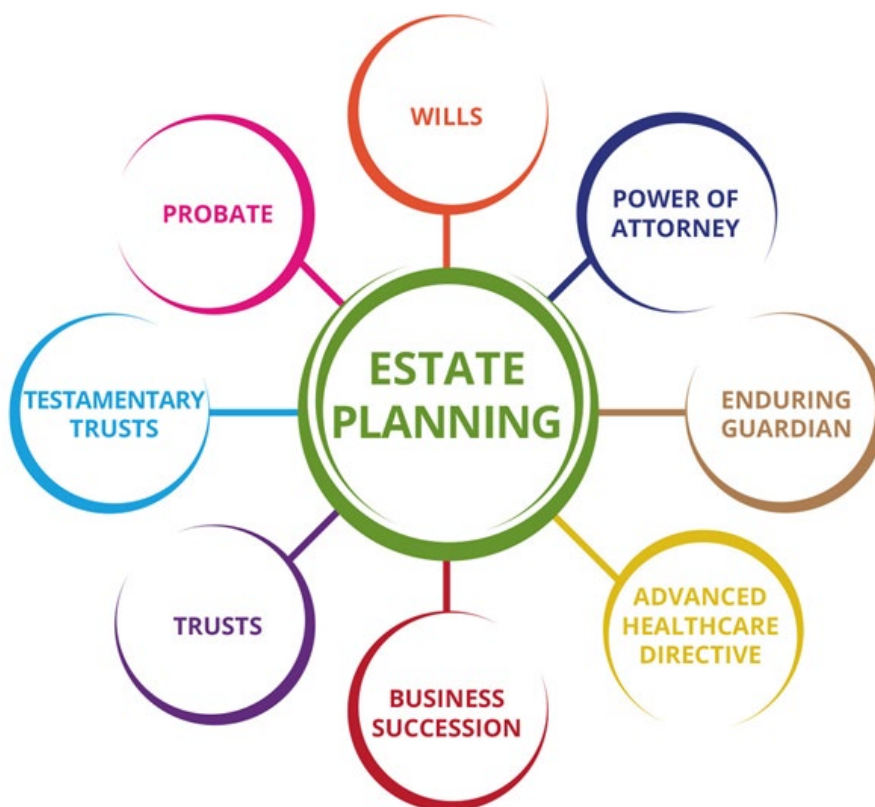
	A	B
General Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Just OK <input type="checkbox"/> Not all that good Extra info if not good health: <hr/> <hr/>	<input type="checkbox"/> Excellent <input type="checkbox"/> Just OK <input type="checkbox"/> Not all that good Extra info if not good health: <hr/> <hr/>
Health Insurance	<input type="checkbox"/> Top cover <input type="checkbox"/> Basics only <input type="checkbox"/> Extras only <input type="checkbox"/> No health insurance	
Longevity in family (if known)	<input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Not all that good	<input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Not all that good
Are you a smoker?	<input type="checkbox"/> No, never have been <input type="checkbox"/> No, gave up less than 12 months ago <input type="checkbox"/> No, gave up less than 5 years ago <input type="checkbox"/> Yes If yes, how many do you smoke a day (on average) <hr/>	<input type="checkbox"/> No, never have been <input type="checkbox"/> No, gave up less than 12 months ago <input type="checkbox"/> No, gave up less than 5 years ago <input type="checkbox"/> Yes If yes, how many do you smoke a day (on average) <hr/>

3. Employment Details

	A	B
Occupation		
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Working <input type="checkbox"/> Student <input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Working <input type="checkbox"/> Student <input type="checkbox"/> Maternity Leave
Employer (Business name inc Self Employed details)		
Hours per week		
Time with current employer (years)		
Amount of sick leave accumulated (estimated)		

4. Estate Information

	A	B
Will	<input type="checkbox"/> Yes, up to date <input type="checkbox"/> Yes, but needs a refresh <input type="checkbox"/> No	<input type="checkbox"/> Yes, up to date <input type="checkbox"/> Yes, but needs a refresh <input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes, up to date <input type="checkbox"/> Yes, but needs a refresh <input type="checkbox"/> No	<input type="checkbox"/> Yes, up to date <input type="checkbox"/> Yes, but needs a refresh <input type="checkbox"/> No
Advance Care Directive	<input type="checkbox"/> Yes, up to date <input type="checkbox"/> Yes, but needs a refresh <input type="checkbox"/> No	<input type="checkbox"/> Yes, up to date <input type="checkbox"/> Yes, but needs a refresh <input type="checkbox"/> No
Have you got guardianship for kids sorted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed
Are you expecting an Inheritance in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> inside 5 years (approx.) <input type="checkbox"/> 5-15 years (approx.) <input type="checkbox"/> 15 years or more (approx.) If known, rough amount? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> inside 5 years (approx.) <input type="checkbox"/> 5-15 years (approx.) <input type="checkbox"/> 15 years or more (approx.) If known, rough amount? _____



5. Goals and Plans

Please provide an indication of ambitious, but reasonable, plans and goals:

Retirement goals:

	A	B
Desired Retirement Age		
Desired Part time or Semi Retirement Age		
Income desirable in retirement (Combined, if a couple)	\$	per

Other goals:

<p>If you have a home loan - when would you like to pay it off (if not already)?</p>	<p><input type="checkbox"/> Not applicable, paid off or no home loan</p> <p>If planning to pay off a home loan, what is the plan?</p> <p><input type="checkbox"/> What age would you like to be? _____</p> <p><input type="checkbox"/> How many years from now? _____</p>
<p>Big holiday plans (current / pre-retirement)</p>	<p>How often would you like to plan a big holiday?</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Every couple of years</p> <p>Rough amount desired for these holidays? \$ _____</p>
<p>Big holiday plans (post-retirement)</p>	<p>How often would you like to plan a big holiday?</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Every couple of years</p> <p>Rough amount desired for these holidays? \$ _____</p>
<p>New car purchases</p>	<p>Do you have plans to purchase a new car soon?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If so, when are you planning this? _____</p> <p>Rough amount desired for this purchase? \$ _____</p> <p>Do you plan on upgrading your car regularly?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>How often do you plan on upgrading your car:</p> <p><input type="checkbox"/> Every 2 years</p> <p><input type="checkbox"/> Every 5 years</p> <p><input type="checkbox"/> Every 7-10 years</p> <p>Rough amount desired for these car upgrades? \$ _____</p>
<p>New house purchase (or big renovation plans)</p>	<p>Do you have plans to purchase a house in the future (or renovate)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If so, when are you planning this? _____</p> <p>Rough amount desired for this purchase/reno? \$ _____</p> <p>Area/Suburb plan to purchase in? _____</p>

Personal and Financial Goals:

	A	B	Answer for both
What would you like our advice on?	<input type="checkbox"/> Investing <input type="checkbox"/> Debt Management <input type="checkbox"/> Personal Insurances <input type="checkbox"/> Estate Planning <input type="checkbox"/> Superannuation <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Aged Care <input type="checkbox"/> Centrelink Assistance <input type="checkbox"/> Overall review <input type="checkbox"/> Home loan help / refinancing	<input type="checkbox"/> Investing <input type="checkbox"/> Debt Management <input type="checkbox"/> Personal Insurances <input type="checkbox"/> Estate Planning <input type="checkbox"/> Superannuation <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Aged Care <input type="checkbox"/> Centrelink Assistance <input type="checkbox"/> Overall review <input type="checkbox"/> Home loan help / refinancing	<input type="checkbox"/> Investing <input type="checkbox"/> Debt Management <input type="checkbox"/> Personal Insurances <input type="checkbox"/> Estate Planning <input type="checkbox"/> Superannuation <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Aged Care <input type="checkbox"/> Centrelink Assistance <input type="checkbox"/> Overall review <input type="checkbox"/> Home loan help / refinancing
How often would you like to meet with us?	<input type="checkbox"/> Annually <input type="checkbox"/> 6 monthly <input type="checkbox"/> Ad-hoc		
Would you like a balance sheet (s/sheet updated annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like us just to look after your Super (our Model Portfolios)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to receive our email updates and newsletters (email)? If yes, we will send to the email addresses provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No		



6. Income

	A	B
Salary/income from Employment	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week <input type="checkbox"/> Before tax (gross) <input type="checkbox"/> After tax (net)	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week <input type="checkbox"/> Before tax (gross) <input type="checkbox"/> After tax (net)
Other Employment income (bonuses / allowances / other)	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week <input type="checkbox"/> Before tax (gross) <input type="checkbox"/> After tax (net)	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week <input type="checkbox"/> Before tax (gross) <input type="checkbox"/> After tax (net)
Centrelink income	\$ _____ / fortnight <input type="checkbox"/> Age pension <input type="checkbox"/> Disability pension <input type="checkbox"/> Carer Allowance <input type="checkbox"/> Newstart <input type="checkbox"/> Other _____	\$ _____ / fortnight <input type="checkbox"/> Age pension <input type="checkbox"/> Disability pension <input type="checkbox"/> Carer Allowance <input type="checkbox"/> Newstart <input type="checkbox"/> Other _____
Super / Pension income	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight
Dividends or interest	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight

Rent from property:

Rent income from property 1	<p>Street / Suburb of property:</p> <hr/> <hr/> <p>\$ _____</p> <p><input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week</p> <p>Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p>
Rent income from property 2	<p>Street / Suburb of property:</p> <hr/> <hr/> <p>\$ _____</p> <p><input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week</p> <p>Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p>
Other income	<p>\$ _____</p> <p><input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week</p> <p>Notes _____</p> <p>Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p>
Business or Family Trust income	<p>\$ _____</p> <p><input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week</p> <p>Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p>

7. Expenses

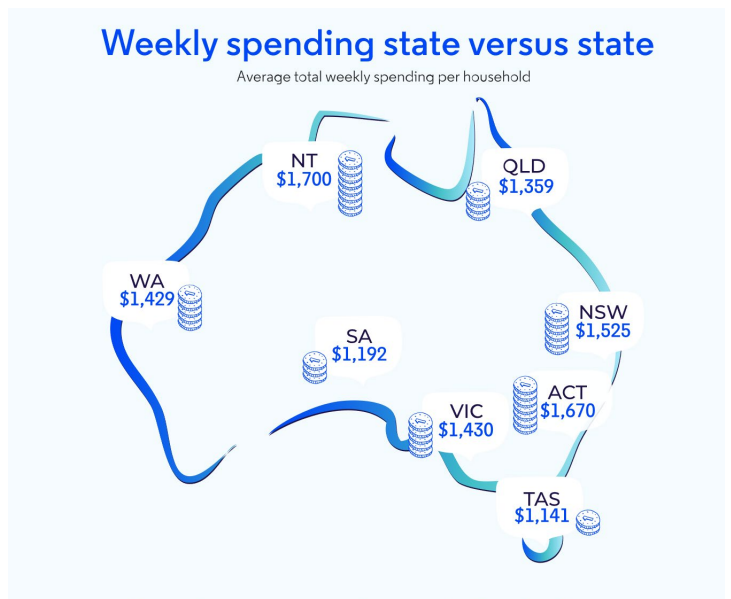
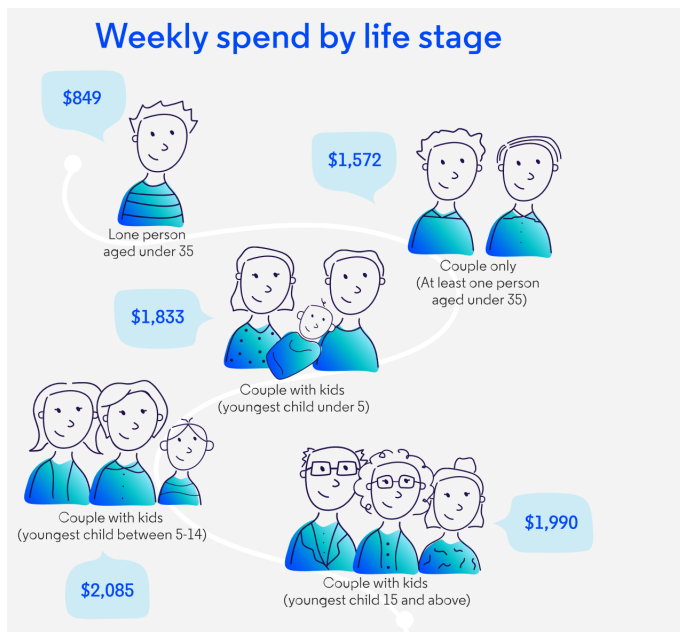
	A	B
Contributions to Super	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Salary Sacrifice <input type="checkbox"/> Personal Contribution	\$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Salary Sacrifice <input type="checkbox"/> Personal Contribution
Loan Repayments - Total (non-investment)	<input type="checkbox"/> Home Loan \$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight Debt of: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B <input type="checkbox"/> Car Loan(s) \$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight Debt of: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B <input type="checkbox"/> Other Loan (s) \$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight Debt of: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B	

	A	B
<p>Total investment property cost (including loan interest)</p>	<p>Investment Property 1 \$ _____</p> <p><input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight</p> <p>Debt of: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p> <p>Investment Property 2 \$ _____</p> <p><input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight</p> <p>Debt of: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p>	
<p>Any current or future school fees</p>	<p>Amount needed \$ _____ p/a For what years (how long)?</p> <hr/> <p>Debt of: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B</p>	

Living Costs:

Provide a rough estimate of your living costs (currently), not including any loan payments or contributions to super mentioned above. Please see the guide below. A good way to check is to add up the outgoings from your monthly bank accounts and ignore any transfers for loan payments.

Amount \$	
Cost estimate (Combined) (not inc loan repayments mentioned above or super contributions)	Amount \$ _____ <input type="checkbox"/> Per annum <input type="checkbox"/> Per month <input type="checkbox"/> Per fortnight <input type="checkbox"/> Per week
Surplus / Deficit (income/expenses)	<input type="checkbox"/> I/We spend all of our income (no leftover for savings) Or We save \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Year



8. Balance Sheet

Your personal assets:

Personal assets	Description	Amount \$	Ownership
Principal Residence			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Furniture / contents			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Car 1 Model / Type / Year	Model Type Year Other Specs:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Car 2 Model / Type / Year	Model Type Year Other Specs:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Car 3 Model / Type / Year	Model Type Year Other Specs:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Motorbike (s)	Model Type Year Other Specs:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Caravan / trailer	Model Type Year Other Specs:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Boat	Model Type Year Other Specs:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Other toys			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Holiday House / Shack	Address:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B

Superannuation or Allocated Pensions:

Investment Description	A	B
Super/Pension Fund #1	Fund Name: _____ <input type="checkbox"/> Pension fund <input type="checkbox"/> Super fund Investment Option (if known): _____ Account balance (rough): \$ _____	Fund Name: _____ <input type="checkbox"/> Pension fund <input type="checkbox"/> Super fund Investment Option (if known): _____ Account balance (rough): \$ _____
Super/Pension Fund #2	Fund Name: _____ <input type="checkbox"/> Pension fund <input type="checkbox"/> Super fund Investment Option (if known): _____ Account balance (rough): \$ _____	Fund Name: _____ <input type="checkbox"/> Pension fund <input type="checkbox"/> Super fund Investment Option (if known): _____ Account balance (rough): \$ _____
Super/Pension Fund #3	Fund Name: _____ <input type="checkbox"/> Pension fund <input type="checkbox"/> Super fund Investment Option (if known): _____ Account balance (rough): \$ _____	Fund Name: _____ <input type="checkbox"/> Pension fund <input type="checkbox"/> Super fund Investment Option (if known): _____ Account balance (rough): \$ _____
Annuities Information (provide general information, with who, maturity date etc, if known)		

Investment assets:

Investment assets	Which bank / type of account?	Value \$	Ownership
Offset Account			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Cash in bank # 1			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Cash in bank # 2			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Term Deposit			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Shareholdings (list all shares, use an additional page if required) Just list share & # units and/or value on 1 line			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Managed Funds (list any managed funds)			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Investment property # 1	Address:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Investment property # 2	Address:		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Other			Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B

9. Liabilities

	Which bank / type of account?	Amount owing \$	Ownership
Home Loan #1			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Home Loan Split #2			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Investment Loan #1			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Investment Loan #2			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Personal Loan			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Credit Card #1 (or Afterpay etc)			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Credit Card #2			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B
Other			Debt by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B <input type="checkbox"/> Both A & B

10. Insurance

If you have personal insurance cover (inside or outside of super), please complete details below:

	Life Insurer	Insured Amount \$	Ownership	Cost per month \$	Inside Super
Insurance #1	Insurer Name:				
	Type of Insurance: <input type="checkbox"/> Life/Death <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Salary Continuance		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B		<input type="checkbox"/> Yes <input type="checkbox"/> No Which Super?
Insurance #2	Insurer Name:				
	Type of Insurance: <input type="checkbox"/> Life/Death <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Salary Continuance		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B		<input type="checkbox"/> Yes <input type="checkbox"/> No Which Super?
Insurance #3	Insurer Name:				
	Type of Insurance: <input type="checkbox"/> Life/Death <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Salary Continuance		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B		<input type="checkbox"/> Yes <input type="checkbox"/> No Which Super?
Insurance #4	Insurer Name:				
	Type of Insurance: <input type="checkbox"/> Life/Death <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Salary Continuance		Owned by: <input type="checkbox"/> Just A <input type="checkbox"/> Just B		<input type="checkbox"/> Yes <input type="checkbox"/> No Which Super?

13. Client Acknowledgement

Please confirm the below acknowledgement and understanding:

- I/We acknowledge that I/we have received, read and understood the Money Options Financial Services Guide (FSG).
- I/We acknowledge that I/we have given permission for my/our related tax file number(s), as provided, to be held by Money Options Pty Ltd and/or our Adviser/Authorised Representative of Money Options Pty Ltd and approve for it to be forwarded and given to relevant financial institutions as requested or where required for our financial situation and/or for it to be retained on file.
- I/We give permission for my/our personal financial information being forwarded to and/or obtained from my/our accountant, tax agent, solicitor, Centrelink or other required professionals when requested from time to time.
- I/We hereby declare that the information set out in this Personal Profile is true and correct to the best of my/our knowledge.
- I/We understand that if I/we have chosen not to disclose certain information about my/our financial details, circumstances and/or goals and objectives, my/our Adviser may not be able to fully assess my/our financial needs, circumstances and objectives and therefore the subsequent advice may not be appropriate for my/our needs.
- I/We agree to the preparation of a Statement of Advice (SoA) covering the areas discussed with my/our Adviser in this appointment and understand a fee will be charged for this SoA of:

Statement of Advice (SoA) preparation fee	\$	
Implementation fee (once off setup fee, deducted from any account balance on setup)	\$	
Ongoing Adviser Service Fee (annual % of account balance, charged from your fund/s)		%

NOTE: Any agreed fees, as per above, will be deducted from your invested funds at the time of application, however if advice does not proceed after we have prepared a Statement of Advice (SoA), then an invoice will be issued to you for the full agreed SoA preparation fee and payable by you within 30 days.

Please sign to say you have read and understood the above and that you or your adviser have stated the correct information in this Personal Profile:

Name(s)	Signature	Date
A:	x	
B:	x	

14. Adviser Declaration

Documentation checklist

The information recorded in this Client Profile/Risk Profile Form was completed on (date of appointment)

The FSG and Adviser Profile were provided to the above mentioned client(s) on

The version number of the FSG provided was

V3.2

Adviser declaration by:

Signature

Date

David Harrison
Authorised Representative 235959



Documentation checklist

Has the required identification from the client and/or beneficial owners been collected and maintained on file? (beneficial ownership is ownership of 25% or more)

Has the source of wealth and/or funds to be invested been identified?
(e.g. inheritance, sale of property)

Has the risk assessment form been completed?

Contact Us

enquiries@moneyoptions.com.au

(08) 8376-4416

PO Box 733, Glenelg SA 5045

Level 2, 3-9 Gordon Street, Glenelg SA 5045