

C o n f i d e n t i a l



Lifespan Financial Planning Pty Ltd ABN 23 065 921 735
Australian Financial Services Licence No 229892

Client Data Form

Name _____

Date of Interview _____

Adviser Frances Hesse, Lifetime Advisers _____

Referred by _____

Privacy Policy: At Lifespan Financial Planning we recognise that your privacy is very important. Our business is governed by legislation protecting your personal information, including the Privacy Act 1988 and National Privacy Principles established under the Privacy Amendment (Private Sector) Act 2000. We have adopted the Privacy Policy developed by Lifespan Financial Planning a copy of which is on our website or available upon request.

Important Notice to Clients: Corporations Law requires that in order to make an investment or insurance recommendation, the adviser must have reasonable grounds for making a recommendation. This means that the adviser must conduct an appropriate investigation as to the investment objectives, financial situation and particular needs of the person concerned. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose.

STATEMENT OF GOALS

Please circle the numbers below that are appropriate to you

- | | \$ AMOUNT | TIMEFRAME |
|---|------------------|------------------|
| 1. Save for the purchase of a home | \$ _____ | _____ |
| 2. Save for my/our children's education | \$ _____ | _____ |
| 3. Save for _____ | \$ _____ | _____ |
| 4. Re-structure my financial affairs in preparation for my imminent retirement to generate a retirement income of \$ _____ per annum. | | |
| 5. Pay off my/our home loan as soon as possible. | | |
| 6. Consolidate my/our various loans. | | |
| 7. Improve my/our tax position | | |
| 8. Protect me/my partner/my family financially in the event that I cannot work due to injury or illness. | | |
| 9. Protect my partner/my family financially in the event of my premature death. | | |
| 10. Optimise my/our Centrelink entitlements and overall income for living expenses. | | |
| 11. Review the performance of my/our existing portfolio. | | |
| 12. Ensure that my/our assets and income are hedged against inflation. | | |
| 13. Consolidate and rationalise my/our investments. | | |
| 14. Maximise the value of my/our estate. | | |
| 15. Review my/our estate planning provisions. | | |
| 16. Other _____ | | |

I also would like to maintain an emergency cash reserve of \$ _____

Comments _____

Client Check List – Additional Documentation Supplied

	Client	Partner
Copy of any / all Investment Statements		
Copy of most recent Superannuation Statements	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Investment Statements (if any)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Rental Property Statements	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Bank Account Statements (if required)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of any / all Life Insurance Policies:		
Death	<input type="checkbox"/>	<input type="checkbox"/>
Income Protection	<input type="checkbox"/>	<input type="checkbox"/>
TPD	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>
For assisting confirm income / taxable income		
Copy of most recent ATO 'notice of assessment'	<input type="checkbox"/>	<input type="checkbox"/>
For Age Care issues		
Copy of agreement with Age Care Provider	<input type="checkbox"/>	<input type="checkbox"/>
Client Identification in accordance with AML/CTF Legislation		
Copy of acceptable Identification on file	<input type="checkbox"/>	<input type="checkbox"/>

Personal Details	Client 1:	Client 2:
Title		
Family Name		
First Name(s)		
Preferred Name		
Principal Contact		
Date of Birth		
Marital Status		
Employment Status		
Are you or have you ever been in the Australian Armed Services?		
Are you a War Widow(er)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you reside in an Age Care Facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Details		
Street / PO Box		
Suburb		
State / Post Code/Country		
Telephone: Business		
Telephone: Home		
Telephone: Mobile		
Email		
Fax		
Comments		

Organisation Details – If more than one organisation please photocopy this section

Organisation Full Name	
Directors/Trustees	
ABN	
Type	Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Super Fund <input type="checkbox"/> Other <input type="checkbox"/>
TFN Sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>
TFN #	--- - --- - ---
Australian Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Details	
Street / PO Box	
Suburb	
State / Post Code/Country	
Telephone	
Email	

Dependants Details

Family Name	First Name	Date of Birth	Relationship	C/P/J
				C/P/J
				C/P/J
				C/P/J

Employment Description	Client 1	Client 2
Occupation		
Salaried/Self Employed/Both		
Qualifications/Certificate		
Employer Name		
Length of Employment		
(Anticipated)Retirement Age		
(Expected) Retirement Date		

Social Security Details	Client 1		Client 2	
Do you receive any Centrelink/DVA benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Benefit received (Age Pension, Newstart etc)				
Do you intend to apply for any Centrelink/DVA payments within the next 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you gifted/tithed any monies or items of value over the past 5 years?*	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date(s) & amount(s), value of other item(s) gifted over past 5 years *Charitable donations & church tithes are classed as gifts for Centrelink/DVA purposes.	Date	Amount \$	Date	Amount \$
Centrelink/DVA Customer Reference				
Centrelink/DVA Contact				
Centrelink/DVA Contact Phone Number				

Age Care Details	Client 1		Client 2	
Copy of agreement attached	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accommodation Bond paid	\$		\$	
Daily fee	\$		\$	
Income tested daily fee	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments				

Health Details	Client 1		Client 2	
Please rate your health for your age				
Family History (any common illnesses?)				
Date of last full medical health check				
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you aware of any health conditions, which may affect your investment decisions or future financial planning considerations?				
Comments				

Personal Assets						Liabilities (Associated Loan)			
Asset Type	Owner (C/P/J)	Current Value (\$)	Growth or Depreciation (PA %)	Purchase Date	Original Cost (\$)	Current Loan Value	Rate (%)	Payment pm / pf?	Term (Yrs)
Residential Home									
House Contents									
Collectibles									
Jewellery									
Car 1									
Car 2									
Caravan/Boat									
Holiday Home									
Other eg Value of Life Policy									
Subtotal (Current Value)*		\$				\$			

*Transfer Subtotals to the 2nd table on Page 8

Other Liabilities: *	Owner (C/P/J)	Interest Rate %	Credit Limit (\$)	Outstanding Balance (\$)
Credit Card				
Line of Credit 1 (personal)				
Line of Credit 2 (investment)				

Non Superannuation Investment Asset Details							Associated Loan
Investment Name/ Type	Owner (C/P/J)	Current Value (\$)	Purchase Date	Number of Units / Shares	Original Cost	Gross Income % / \$ p.a.	Current Loan Amount \$
Subtotal (Current Value) *		\$					

***Use in table below**

Sub Totals-associated with Personal Assets (from Personal Assets table above)	Personal Assets	\$	Personal Liabilities	\$
Sub Total -associated with Investment Assets (from Investment Assets table above)	Non-Super Investment Assets	\$	Inv. Liabilities	\$
Comments:			Other liabilities	\$
	Total Non-Super Assets	\$	Total Liabilities	\$
	Net Non-Super Asset value		\$	

Liabilities – additional questions on liabilities listed on previous page					
	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description (linked asset or credit card)					
Lender					
Owner (C/P/J)					
Last Refinance Date					
Initial Amount					
Current Balance					
Redraw Facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interest Only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed Term Remaining					
P & I	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interest Rate % pa					
Repayment Frequency					
Repayment Amount					

Superannuation Accumulation Account Details				
	Fund 1	Fund 2	Fund 3	Fund 4
Name of Fund				
Accumulation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Defined Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Combination of above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Active Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provision to Salary Sacrifice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner (C/P)				
Current Balance	\$	\$	\$	\$
Eligible Start Date				
Attached Insurance Cover				
Death/TPD	\$	\$	\$	\$
Salary Continuance				
- Monthly Payment	\$	\$	\$	\$
- Waiting Period				
- Benefit Period				
Premiums Payable	\$	\$	\$	\$
Death Benefit Nominations				
Name of beneficiary				
Binding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Nomination if Binding				
Components				
Concessional	\$	\$	\$	\$
Non-Concessional	\$	\$	\$	\$
Preservation Components				
Preserved	\$	\$	\$	\$
Restricted Non-Preserved	\$	\$	\$	\$
Unrestricted Non-Preserved	\$	\$	\$	\$

Contributions Current Year	Client 1	Client 2
Concessional Contributions – CC (Taxable)		
SGC 9% (or other agreed % amount)	\$	\$
Employer contributions - <Salary sacrifice> <Bonus>	\$	\$
Defined Benefit Fund – notional taxed contributions	\$	\$
Personal deductible contributions	\$	\$
Directed termination payment – amount rolled over in excess of upper cap of \$1 million	\$	\$
ATO & SHA Account SGC shortfall payments	\$	\$
Contributions made by others which are assessable to the superannuation fund	\$	\$
Unvested amounts from overseas super funds	\$	\$
Distributions of the above from fund reserves	\$	\$
Other distributions from reserve accounts	\$	\$
Total Concessional - CC for current financial year	\$	\$
Unused/amount in excess of relevant Concessional Cap	\$	\$
Non-Concessional Contributions – NCC (Non-taxable)		
Contributions made during 07/08 financial year	\$	\$
Contributions made during current financial year 08/09	\$	\$
Spouse contributions (receiving spouse)	\$	\$
Payment from an overseas super fund	\$	\$
Excess concessional contributions above CC Cap	\$	\$
Small business sale proceeds above CGT cap of \$1.0M	\$	\$
Contributions from prior years to non-complying funds which become complying	\$	\$
Distributions of the above NCCs from fund reserves	\$	\$
Total NCC for current financial year	\$	\$
Unused or amount in excess of NCC	\$	\$
Unused NCC available <If Brought forward has been triggered in this or previous year>	\$	\$

Bona Fide Redundancy Prior to 01/07/07		
Attach any relevant correspondence		
	Client 1	Client 2
Have you received any Bona Fide Redundancy payments prior to 01/07/07?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you cash out all or part of the ETP component of the redundancy when aged over 55?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ETP amount cashed out*	\$	\$

* This amount to be included in table 1 on page 12

Superannuation Withdrawals				
Attach any relevant correspondence				
	Fund 1	Fund 2	Fund 3	Fund 4
Name of Fund				
Owner (C/P)				
Date of withdrawal				
Amount Withdrawn	\$	\$	\$	\$
Low Rate Tax Cap (for clients aged 55 – 60 years)	Client 1		Client 2	
Total amount withdrawn (inc cashed out ETP component from any Bona Fide Redundancy as per page 11)*	\$		\$	
Available Low Rate Cap	\$		\$	

Employment Termination Payments Post 01/07/07 – Life Benefit Transitional Rules		
Attach any relevant correspondence		
	Client 1	Client 2
Date of ETP		
Amount Cashed Out	\$	\$
Amount Rolled Over (Directed Termination Payment)	\$	\$
Remaining Lower Cap Amount	\$	\$
Remaining Upper Cap Amount	\$	\$

\$1.0 M Small Business CGT Concession		
Attach any relevant correspondence		
	Client 1	Client 2
Amount Utilised - \$500K Lifetime Retirement Exemption Cap	\$	\$
Remaining Lifetime Retirement Exemption Cap		
Amount Utilised - 15 Year Exemption	\$	\$
Remaining Cap Amount	\$	\$

Superannuation Income Stream Details				
	Fund 1	Fund 2	Fund 3	Fund 4
Name of Fund				
Type of Income Stream i.e. Account Based, Tap etc.				
Owner (C/P)				
Reversionary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
% Reversionary to Spouse	%	%	%	%
Date of Commencement				
Current Balance @	\$	\$	\$	\$
Balance at Commencement	\$	\$	\$	\$
Annual Payment Amount	\$	\$	\$	\$
Deductible Amount at commencement (if under 60)	\$	\$	\$	\$
Current Deductible Amount (if under 60)	\$	\$	\$	\$
Centrelink Assets Test Exempt*	%	%	%	%
Centrelink Deductible Amount	\$	\$	\$	\$
Tax Free Threshold Claimed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Components at start date				
Concessional Component	%	%	%	%
Non - Concessional Component	%	%	%	%
Preservation Components				
Preserved	\$	\$	\$	\$
Restricted Non-Preserved	\$	\$	\$	\$
Unrestricted Non-Preserved	\$	\$	\$	\$

* 100% Exempt: Pre 20/09/2004 Asset Tested Exempt Complying Income Streams

* 50% Exempt: Asset Tested Exempt Complying Income Streams purchased 20/09/2004 - 19/09/2007

Income Source	Client 1 (\$)	Client 2 (\$)
Salary / Wage		
Gross Package (or salary)		
If Sole Trader - Business Income (before tax but net of expenses)		
(-) SGC 9% (if included in package)		
(-) Salary Sacrifice (if included in package)		
(-) Package / Car etc... (if included in package)		
Bonus		
Sub-total		
Investments		
Property & Investment Interest Paid		
Actual Dividend Received		
Franking Credits		
Gross Capital Gain (realised)		
Gross Rental Income		
Sub-total		
Retirement - Assessable		
Superannuation Income Stream (those aged under 60)		
Age Pension		
Other		
Sub-total		
Other		
Taxable Centrelink/DVA Benefits		
Other Taxable Income		
Sub-total		
Total Gross Income (Taxable)		
Deductions		
Work Related		
Business Related		
Interest (Paid)		
Income Stream Deductible Amount (if aged under 60)		
Insurance Premiums		
Property Depreciation		
Investment Property Expenses		
Gifts / Donations		
Capital Gain Discount		
Total Deduction		
Taxable Income		

Income Source – Non Taxable	Client 1 (\$)	Client 2 (\$)
Income Stream (annuity/superannuation pension)		
Centrelink/DVA (Disability etc)		
Family Tax Benefit		
Child Maintenance		
Other Non – Taxable Income		
Total Non Taxable Income		

Tax Details	Client 1 (\$)	Client 2 (\$)
Australian Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
TFN Sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
TFN #	____-____-____	____-____-____
HECS Debt	\$ _____	\$ _____
Do you have Private Hospital Cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax Owing	\$ _____	\$ _____
Tax losses carried forward	\$ _____	\$ _____

Do you expect any significant changes to your income level in the next year or so? Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment:

Please refer to separate 'Expenses' document prepared for this section – this additional document is designed to help prompt the client to cover all areas of expenditure to ensure that any cash-flow projections provided to the client are as accurate as possible

Please simply transfer the subtotals from the additional questionnaire into the appropriate places in the table below.

Regular Personal Expenditure (Joint – if Client & Partner)			
Expense type	\$ Per Annum	Notes:	Tax Deductible (\$)
Loan Repayments (inc. credit cards)			
Living			
Child Maintenance			
Health			
Education			
Transport			
Insurance			
Rental Property Expenses			
Other			
Total Expenses	\$		\$

Extraordinary Expenses				
Expense Type	Amount \$	Date Paid	Owner	Tax Deductible
Comments				

Surplus Income	Client 1	Client 2
Amount available for investment	\$	\$
Frequency	Annually <input type="checkbox"/> Monthly <input type="checkbox"/>	Annually <input type="checkbox"/> Monthly <input type="checkbox"/>

Insurance Details (non superannuation cover)			
	Policy 1	Policy 2	Policy 3
Life Trauma and TPD			
Life Insured			
Policy owner			
Company / Provider			
Beneficiary			
Table / Type			
Sum Insured: Life	\$	\$	\$
TPD	\$	\$	\$
Trauma	\$	\$	\$
Policy Commenced			
Premium (per annum)			
Income Protection			
Income Insured	\$	\$	\$
Policy Owner			
Company / Provider			
Policy Number			
Waiting Period			
Benefit Period			
Monthly Benefit	\$	\$	\$
Premium (per annum)	\$	\$	\$

Details of insurance cover held through superannuation are to be entered on page 9

Estate Planning Details		
Wills	Client 1	Client 2
Do you have a Current Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date last reviewed/updated		
Where is the Will located?		
Does this Will meet your current requirements and wishes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any specific requirements, such as substantial assets to be left to particular people, or donations of funds or assets to charities?		
Do special provisions need to be made for such things as extended family or business purposes?		
Have you allowed for Testamentary Trusts?		
How confident are you that the executors of your Will could manage and administer your estates in the long term?		
Other Estate Planning Issues		
Has a detailed estimate of your estate been made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
If you have a business, have provisions been made for alternative family members or associates to take over?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Have all the potential taxation impacts been considered?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Will your estate have sufficient liquidity to cover debts and expenses?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
If you have dependent children, has a guardian been nominated?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Have you invested in Funeral Bonds or any other pre-paid arrangement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes how much?	\$	\$
Power of Attorney		
Do you have a Power of Attorney arrangement in place.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes is it continuous or enduring?		
Is it general or restricted?		
Who is your Agent/Attorney?		

Other Professional Advisers Information		
	Client 1	Client 2
Solicitor Details (Name)		
Firm		
Phone / Fax Number		
Address		
Executor (will) Name and Phone Number		
Accountant Details (Name)		
Firm		
Address		
Phone / Fax Number		
Stockbroker Details (Name)		
Firm		
Address		
Phone / Fax Number		
Insurance Agent/ Broker (Name)		
Firm		
Address		
Phone / Fax Number		
Other (Name)		
Firm		
Address		
Phone / Fax Number		
Do we have your authority to contact other professional advisers for additional information necessary for the preparation of this plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Client 1 (Name)	Client 2 (Name)
Insert Name		
Signature		
Action Notes		

Letter of Acknowledgment

Client Acknowledgment:

I/We have read the contents of this completed Client Data Form, and agree that it is complete and accurate to the best of my/our knowledge, and that it fully and fairly represents my/our financial situation, needs and objectives.

I/We also accept that any recommendations will be based on this information as well as current economic and investment market conditions.

I/We understand that any services or recommendations provided, on the basis of partial or inaccurate completion may be inappropriate to my/our needs. I/ We appreciate that I/we may lose the right to seek compensation from the representative or the principal for any loss suffered by me/us as a consequence of incomplete or inaccurate information being provided.

I/We allow Lifespan Financial Planning Pty Ltd and its authorised representative to keep my/our Tax File Number(s) on their files. Yes No

I/We have received a copy of the following documentation:

Financial Services Guide (01/07/2008) Yes No

Adviser Profile Insert (01/07/2008) Yes No

I/We have agreed to receive Product Disclosure Statements in <hard copy > < CD > < DVD > format.

Signature of Client:

Date

.

Signature of Partner:

Date

.

Authorised Representative Acknowledgment:

The information collected will form the basis of any Statement of Advice provided.

You should advise me if you feel that any information relied upon is not correct or there is any additional information you wish to disclose.

All information in this document is confidential and will be treated as such at all times.

If you have chosen not to provide sufficient information about your individual circumstances, you may risk making a financial commitment that may not be appropriate to you. A copy of the information collected can be made available to you, upon request.

The client has been advised that recommendations are limited to products approved and researched by Lifespan Financial Planning? Yes No

Signature

Authorised Representative

Lifespan Financial Planning Pty Ltd

Date

Letter of Authority

To Whom It May Concern

I/We

Of

Request that all relevant information on my/our investments, insurances, superannuation, bank accounts, loan or other financial information be released on request to Frances Hesse of Lifetime Advisers, authorised representative of Lifespan Financial Planning Pty Ltd.

Lifespan Financial Planning Pty Ltd has an Australian Financial Services Licence (No. 229892).

Contact details are detailed below:

Address: Level 9, 123 Epping Road, North Ryde NSW 2113

Tel: (02) 8875 7902

Fax: (02) 9889 4995

Please accept a photocopy of this letter as authority, as the original will stay on file at Lifetime Advisers.

Yours faithfully

Signature	Signature
Date	Date

