

FACT FINDER

MICHAEL TODD

LINCENCE NO. 239 197 ABN 87 955 425 721

Unit 34, 99-101 Anzac Ave, West Ryde, NSW 2114

All mail to: PO Box 181 West Ryde NSW 2114

Phone: 02 9808 3166 Fax: 02 9808 3386



FINANCIAL PLANNING

(version 2.0)

Client Name		Partner Name	
Contact Phone No.		Contact Phone No.	
Email		Email	
FSG handed to client and partner	Y / N	Date:	
Privacy Statement Provided	Y / N	Date of Interview:	

Confidentiality and Accuracy

Your Financial Adviser will be able to show you how a little discipline and better use of the financial options available to you will benefit to you. Your personal information disclosed in this questionnaire will be regarded as strictly private and confidential. It will be used exclusively for the purpose of tax and financial planning for the person or persons whose names are contained herein. As the information supplied in this questionnaire enables us to provide accurate recommendations for your individually tailored financial plan, we require that this information be as informative and complete as is currently available.

Scope of advice required:	The Financial Planning Process:
<input type="checkbox"/> Comprehensive Advice: (<i>all below</i>) <input type="checkbox"/> Specific / Limited advice Only: (<i>*tick appropriate box</i>) <ul style="list-style-type: none"><input type="checkbox"/> Superannuation rollover and consolidation<input type="checkbox"/> Wealth Creation & Investment (managed funds)<input type="checkbox"/> Direct Residential Properties Investment<input type="checkbox"/> Gearing and Mortgage Reduction<input type="checkbox"/> Social Security or Budgeting and cash flow<input type="checkbox"/> Salary Packaging and sacrifice<input type="checkbox"/> Tax planning<input type="checkbox"/> Estate Planning<input type="checkbox"/> Retirement Planning<input type="checkbox"/> Risk Planning (Life Ins, Income Protection)<input type="checkbox"/> Mortgage Reduction Plan<input type="checkbox"/> Self Management Superannuation Fund<input type="checkbox"/> Other..... <input type="checkbox"/> Placement / Execution of Business (<i>*see below</i>)	<ol style="list-style-type: none">1. Collection and assessment of all relevant data2. Identify financial goals and objectives3. Identify financial problems4. Provide a written financial plan.5. Coordinate the plan implementation6. Provide periodic plan reviews and updates

*Warning Notice to Customers

The Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form. If you are seeking limited advice of a particular nature, you must make this known at the time of interview, and you should recognise that the recommendations will only relate to that limited advice being sought.

1. PERSONAL DETAILS

Personal Details	Client	Partner
Surname		
Title	Mr / Mrs / Miss / Dr	Mr / Mrs / Miss / Dr
Given names		
Preferred names		
Occupation		
Date of birth		
Age last birthday		
Marital Status	Married / Single / Defacto / Separated	Married / Single / Defacto / Separated
Proposed retirement age		
TFN:		
Health		
Australian Resident	Y / N	Y / N
Smoker	Y / N For how long?	Y / N For how long?
Contact Phone Numbers (B)		
(H)		
(M)		
Employer's name		
Employer's address		
Employer's phone		
How long have you worked in this position (in years)?		
If self employed what is the business structure		
Is salary packaging available?	Y / N When commenced?	Y / N When commenced?
Who is your next to kin?		
Do you want to discuss any details within this Questionnaire with any family members or any other third party?	Y / N	
What are their details?		

Dependants (children and otherwise)				
Name	Date of Birth	Health	Occupation	Relationship

Please let us know if any of your dependants suffer from a particular illness or have any disabilities?
Y / N
If yes, please provide brief details:

Are any of your dependants engaged in full-time study and/or receive government allowances (eg. Youth Allowance, Aged Pension etc). Y / N
If yes, please provide details:

Estate Planning		
	Client	Partner
Do you have a current will?	Y / N	Y / N
Date of will		
Date last reviewed		
Executor(s)		
Have you granted anyone your Power of Attorney?	Y / N	Y / N
If yes, please provide details:		

Professional Advisors			
	Name	Firm	Phone No.
Accountant			
Solicitor			
Stockbroker			

2. YOUR GOALS AND DREAMS

We want to help you achieve your dreams. To do so we need to understand your objectives and any specific goals, which you might be working towards. Please complete to the best of your ability by ticking as many boxes as you think relevant to your particular circumstances:

Current Situation

What is your current financial situation?

- You have surplus cash flow and are seeking to build up an investment portfolio.
- You have a lump sum of money you wish to invest.
- You have a rollover or Superannuation fund and require retirement advice.
- Other
- Other

The Future

Main reasons for seeking advice:

- A lump sum of money
- An Eligible Termination Payment
- Surplus cash flow
- Debts
- A high tax liability
- Superannuation Rollover
- Other
- Other

You would like to:

- Build up an investment portfolio
- Preservation of capital
- Minimise tax
- Provide for retirement
- Generate an after tax income of \$ p.a. to cover your estimated living expenses
- Achieve capital growth over the longer term at least in line with the rate of inflation so that your current standard of living will continue;
- If eligible, to access Centrelink benefits;
- To achieve a specific goal within the next 5 years
- Maximise wealth in the long term
- Have the flexibility to alter your portfolio should your circumstances or financial objectives change or if there are changes in economic conditions or relevant legislation;
- Accumulate retirement assets through future superannuation contributions;
- Rollover your superannuation
- Have access to some of your funds in case of unexpected or emergencies;
- I am prepare to borrow for Investment up to \$
- Consolidate debts
- Set up Self Management Superannuation Fund
- Review other fund managers/product providers – administration, costs, different investment exposure etc.
- Other
- Other

Special Planning Considerations		
	Client	Partner
Will you be seeking a Social Security / Veterans Affairs benefit in the future?	Y / N	Y / N
What amount would you like be retained in the future in cash in case of emergencies	\$	\$
When you retire, what income do you expect to be earning (in today's dollar) p.a.?	\$	\$
Do you expect to receive in the future any lump sum payments, eg. sale of an asset, inheritance, debt repayment maturing policy etc.	Y / N If Yes, please provide details:	Y / N If Yes, please provide details:
Are you currently planning any future expenditure, eg. home purchase, renovations, debt repayments, investments, children's education etc.	Y / N If Yes, please provide details:	Y / N If Yes, please provide details:
Have you or your partner gifted any money in the last five years, or plan to over the next five years?	Y / N If Yes, please provide details:	Y / N If Yes, please provide details:

The Next Step

On the following few pages, we are going to establish your current position in the following categories:

- Income
- Expenditure
- Assets
- Liabilities
- Superannuation and Annuities, and
- Insurances

Please complete to the best of your abilities, and if you have any questions, feel free to call us, or ask when you come back for our next appointment. Lastly, we will then establish what type of investor you are by completing a risk profile for yourself as an investor. This will help us create the most appropriate investment portfolio for you.

3. PRESENT ANNUAL INCOME

Annual Income	Client	Partner	TOTAL
Annual taxable salary (gross)			
How is this paid?	monthly / fortnight / weekly	monthly / fortnight / weekly	
Bonuses, overtime, allowance			
Rental income			
Investment income eg. dividends, capital			
Business Income			
Capital gain / loss			
Pension - government eg. Centrelink, Vet. Affairs			
Pension - private			
Pension – Comm. Super			
Pension – State Super			
Foreign income / pension			
Other income (please specify):			
Total Annual Income (gross)	\$	\$	\$
Less Tax (optional, if known)	\$	\$	\$
Total Annual Income (net)	\$	\$	\$
Do you have any items packaged, such as a car, superannuation etc? If yes, please provide details:	Y / N	Y / N	
Is super paid in addition to your taxable salary, or included?	Addition / Included	Addition / Included	
Do you have a family trust? If yes, can you provide details of trust name, trustees, and beneficiaries.	Y / N If yes, applicable distributions \$	Y / N If yes, applicable distributions \$	

Further information relating to annual income if required:

.....

4. PRESENT EXPENDITURE DETAILS

Residential Expenses (expenses for your home)	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Rent for home (<i>do not include mortgage payments</i>)					
Water rates					
Council rates					
For strata title – body corporate rates					
Telephone – home					
Telephone – mobile					
Internet					
Gas / Electricity					
Repairs / Maintenance					
Lawn / pool Maintenance					
Other					
Personal Expenses	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Groceries					
Dining out – take away dinners					
Alcohol / cigarettes					
Lunch					
Public transport					
Sport / hobbies					
Magazines / newspapers					
Dry cleaning / laundry					
Child care / maintenance					
Clothing					
Personal needs					
Other					
Motor Vehicle Expenses (do not include company or salary packaged cars)	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Lease / loan payments					
Petrol					
Parking					
Repairs & maintenance					

Car insurance					
Registration					
Other					
Insurance Expenses	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Life insurance					
Income protection					
Trauma					
Superannuation (if in addition to employer)					
Health					
House / contents					
Ambulance					
Savings plans					
Other					
Professional Expenses	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Accountant fees					
Financial planning fees					
Work / union fees					
Memberships					
Legal fees					
Government Debit Tax					
Bank account fees					
Other					
Investment Property	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Interest					
Council Rates					
Water Rates					
Management fees					
Body Corporate fees					
Repairs / Maintenance					
Other					
Medical Expenses	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Medical / doctor					
Dental					

Physiotherapy etc.					
Pharmaceutical / chemist					
Other					
Holiday Home Expenses	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Insurance					
Rates					
Maintenance					
Body corporate fees					
Other					
Other Expenses	Frequency y / m / f / w	Client Annual	Partner Annual	Combined Annual	% Tax Deductible
Holidays					
Gifts / donations					
Education					
Pet expenses / veterinary					
Haircuts					
Pay TV eg foxtel					
Other					

Do you own your own business? **Y / N**

If YES, please complete the following:

Business Income		
	Client	Partner
Name of Business		
Describe the type of business		
Are you the owner / director of the business	\$	\$
Number (%) of shares owned by you		

IMPORTANT: Please attach a copy of your latest Profit and Loss Statement to this Fact Finder, together with your latest Balance Sheet for this business.

5. PRESENT ASSETS

Lifestyle Assets	Description	Owner	Total Value	Retain?
Private Residence				Y / N
Motor Vehicle (1)				Y / N
Motor Vehicle (2)				Y / N
Contents of home				Y / N
Holiday home				Y / N
Boat				Y / N
Jewellery, art works				Y / N
Other				Y / N
Investment Assets	Description	Owner	Total Value	Retain?
Investment Property (1)				Y / N
Investment Property (2)				Y / N
Managed Funds				Y / N
Share Portfolio				Y / N
Cash, bank accounts				Y / N
Business Assets	Description	Owner	Total Value	Retain?
Goodwill				Y / N
Equipment				Y / N
Commercial property				Y / N
Other				Y / N

6. PRESENT LIABILITIES

Type of Liability	Amount Owing	Tax Deduction Allowable?	Payment	Paid M / F / W	Fixed (F) / Variable (V) / or Split (S)?	Rate %	Length of loan (years)
Home Loan (1)		Y / N			F / V / S		
Home Loan (2)		Y / N			F / V / S		
Home Loan (3)		Y / N			F / V / S		
Equity Loan / Line of Credit		Y / N			F / V / S		
Property Loan (1)		Y / N			F / V / S		
Property Loan (2)		Y / N			F / V / S		
Credit Card (1)		Y / N			F / V / S		
Credit Card (2)		Y / N			F / V / S		
Credit Card (3)		Y / N			F / V / S		
Other (please specify)		Y / N			F / V / S		

7. SUPERANNUATION INFORMATION

Employer Superannuation		
	Client	Partner
Fund name		
Date of joining fund		
Number of units		
Type of fund	<input type="checkbox"/> Accumulation <input type="checkbox"/> Lump Sum <input type="checkbox"/> Pension <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Lump Sum <input type="checkbox"/> Pension <input type="checkbox"/> Defined Benefit
Is there a provision for you to top up or salary sacrifice?	Y / N	Y / N
Contribution (% of salary)	<input type="checkbox"/> By Employer% <input type="checkbox"/> By Yourself%	<input type="checkbox"/> By Employer% <input type="checkbox"/> By Yourself%
Current value of super fund	\$	\$
Tax deductibility		
Do you have insurance cover through your Super fund? eg. death, disability?	Y / N If yes, what type?..... and amount \$.....	Y / N

If you have personal superannuation, please complete the information below:

Personal Superannuation						
Member	Company	Policy No.	Current Value	Death Benefit	Disability Benefit	Amount of self-contribution
Client						
Partner						

If you have a self-managed superannuation fund, please complete the information below:

Self-Managed Super Fund						
Member	Name	Member Status	Current Value	Death Benefit?	Disability Benefit?	Amount of self-contribution
Trustees						
Client						
Partner						

If you have an annuity, please complete the information below:

Annuity				
	1	2	3	4
Owner				
Fund Name				
Annuity Type				
Complying (Centrelink/Vet Affairs)				
Date of Purchase				
Investment Amount	\$	\$	\$	\$
Current Value	\$	\$	\$	\$
Current Units				
Income per annum	\$	\$	\$	\$
Payment Frequency				
Term of annuity				
Indexed	Y / N If yes, rate?.....	Y / N If yes, rate?.....	Y / N If yes, rate?.....	Y / N If yes, rate?.....
Residuary capital value				
Revisionary	\$	\$	\$	\$
Death benefit nomination	Y / N	Y / N	Y / N	Y / N

8. INSURANCE INFORMATION

Insured	Beneficiary	Company	Sum Insured	Annual Premium
<i>Life Insurance</i>				
Client:				
Partner:				
<i>Income Protection</i>				
Client:				
Partner:				
<i>Trauma / Disability</i>				
Client:				
Partner				
<i>Home / Residence Insurance</i>				
Client:				
Partner				
<i>Home Contents Insurance</i>				
Client:				
Partner				
<i>Vehicle Insurance</i>				
Client:				
Partner				
<i>Health Insurance</i>				
Client:				
Partner				
<i>Other</i>				
Client:				
Partner				

Should you wish to amend / change / increase or add any insurance cover as specified, please complete the following:

	Client	Partner
What are your outstanding debts?		
Funeral expenses (budget \$10,000)		
Children's education (@ \$30,000 each)		
In the event of premature death, what gross income would you require per annum to meet living expenses of your dependants (eg. gross income divided by 5%)		
In the event of disability, what regular income would you require (eg. gross income x 75%)		
Do you require trauma cover?		

9. WHAT TYPE OF INVESTOR ARE YOU?

Time Frame

What is your timeframe for your investment plans?

<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 10 years +
------------------------------------	------------------------------------	-------------------------------------	-------------------------------------

Your Attitude to Risk?

Place an “X” on the scale below where most applicable for you and your partner. People make investment decisions based on time, performance of an investment and the risk they are prepared to accept. You should consider that short-term capital losses might be a consequence of aiming for higher, longer-term returns. The higher the return, the higher the risk.

For you, the Client:



For Your Partner:



Your Primary Concerns with Investment

Please complete the following table, indicating by placing a “1” to “4” the importance of each of the below comments to your wealth creation plans, where

- 1 = Not concerned
- 2 = Slightly concerned
- 3 = No consideration given at all
- 4 = Concerned
- 5 = Very concerned

	Client	Partner
Keep pace with inflation		
Income from investments each year		
Legal, logical appropriate tax relief		
Easy to manage in progress		
Easy access to your cash		
Capital growth		

Determining Your Investor Risk Profile

If instructed to create an investment portfolio, it is important for us to have an unambiguous statement of your investment time frame and your expectations, and requirements in terms of income, growth, etc. Also there are needs to be understanding of what you're prepared to accept in terms of volatility, risk and so forth. Please tick the most appropriate description of your attitudes below.

1. Which of the following best describes your current stage of life?

- a) **Single with few financial commitments.** You are keen to accumulate wealth for the future. Some funds must be kept available for enjoyment such as cars, clothes, travel and entertainment.
- b) **A couple without children.** You may be preparing for the future by establishing and furnishing a home. There are a lot of things you need to buy. You are probably better off financially now than you may be in the future.
- c) **Young family.** This is the peak home purchasing stage. You have a mortgage and a very small amount of savings. Probably dissatisfied with your financial position and the amount of money saved.
- d) **Mature Family.** You are in your peak earning years and have got the mortgage under control. Your partner may also work and any children you may have are growing up and have either left home or are less financially dependent. You are starting to think about retirement, although it may be many years away.
- e) **Preparing for retirement.** You probably own your home and have few financial commitments, however you want to ensure that you can afford a comfortable retirement. Interested in travel, recreation and self-education.
- f) **Retired.** No longer working, you must rely on existing funds and investments to maintain your lifestyle. You may be receiving the pension and are keen to enjoy life and maintain your health

Client	Partner	Point
--------	---------	-------

		50
--	--	----

		40
--	--	----

		30
--	--	----

		50
--	--	----

		20
--	--	----

2. In the light of current interest rates, what return do you reasonably expect to achieve from your investments?

- a) A return without losing any capital.
- b) Current inflation rate plus 2-4% p.a
- c) Current inflation rate plus 5-7% p.a.
- d) Current inflation rate plus 8-12% pa
- e) Over 12% p.a

		10
--	--	----

		10
--	--	----

		20
--	--	----

		30
--	--	----

		40
--	--	----

		50
--	--	----

3. If you didn't need your capital for more than 10 years, for how long would you be prepared to see your investment performing poorly before you cashed it in?

- a) You would cash in if there was any loss in value.
- b) Up to 3months.
- c) Up to 6 months.
- d) Up to 1 years
- e) Up to 2 years
- f) More than 2 years

		0
--	--	---

		10
--	--	----

		20
--	--	----

		30
--	--	----

		40
--	--	----

		50
--	--	----

4. How familiar are you with investment markets?

- a) Very little understanding or interest.
- b) Not very familiar.
- c) Have enough experience to understand the importance of diversification.
- d) Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics
- e) Experienced with all investment sectors and understand the various factors which may influence performance

		10
--	--	----

		20
--	--	----

		30
--	--	----

		40
--	--	----

		50
--	--	----

Subtotal carried forward to top of next page.

Subtotal Carried forward from previous page

--	--

5. The greatest tax savings are generally obtained from more volatile investments.

- a) Preferably guaranteed returns, before tax savings.
- b) Stable, reliable returns, minimal tax savings.
- c) Some variability in returns, reasonable tax savings.
- d) Moderate variability in returns, reasonable tax savings.
- e) Unstable, but potentially higher returns, maximising tax savings.

		10
		20
		30
		40
		50

6. What would your reaction be if in 6 months after placing your investments you discover that, in line with what is happening in the financial markets generally, your portfolio has decreased in value by 20%?

- a) Horror. Security of your capital is critical and you did not intend to take risks
- b) You would cut your losses and transfer your money into more secure investment sectors
- c) You would be concerned, but would wait to see if the investments improve.
- d) This was a calculated risk and you would leave the investments in place, expecting performance to improve.
- e) You would invest more funds to lower your average investment price, expecting future growth.

		10
		20
		30
		40
		50

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

- a) You want to invest for longer than 5 years. You understand investment markets and are mainly investing for growth in assets such as shares and property, to accumulate long term wealth.
- b) You are not nearing retirement, have surplus funds to invest and you are aiming to accumulate long term wealth from a balanced portfolio, comprising of shares, property, fixed interest and cash.
- c) You have a lump sum (for example, an inheritance or an eligible termination payment from your employer) and you are uncertain about what secure investment alternatives are available.
- d) You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement.
- e) You have some specific objectives within the next 5 years for which you want to save enough money.
- f) You want a regular income stream and / or totally protect the value of your savings

		50
		40
		30
		20

8. For how long would you expect most of your money to be invested before you would need to access it? (Assuming you and/ or your financial adviser has made plans to meet short-term financial goals and to handle emergencies?)

- a) Less than 2 years.
- b) Between 2 and 3 years.
- c) Between 3 and 5 years
- d) Between 5 and 7 years.
- e) Longer than 7 years

		20
		10

Total Investor score

		10
		20
		30
		40
		50

--	--

NEXT: match your Investor Risk Profile score to the following Investor Risk Profile Summaries

Investor | Risk Summary

CONSERVATIVE	Total Points
You are a Conservative investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided your initial investment is protected.	0-100
CAUTIOUS You are cautious investor seeking better than basic returns, but risk must be low. Typically an older investor seeking to protect the wealth which you have accumulated, you may be prepared to consider less aggressive growth investments	101-180
PRUDENT You are a Prudent investor who wants a balanced portfolio to work towards medium to long term financial goals. You require an investment strategy which will cope with the effects of tax and inflation. Calculated risks will be acceptable to you to achieve good returns.	181-260
ASSERTIVE You are an Assertive investor, probably earning sufficient income to invest most funds for capital growth. Prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term, you require a balanced portfolio, but more aggressive investments may included	261-350
AGGRESSIVE You are an Aggressive investor prepared to compromise portfolio balance to pursue potentially greater long-term returns. Your investment choices are diverse, but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation	351-400

What Does Your Risk Profile Mean?

These profiling question are designed to assist you in determining your Risk Profile and the type of investor you can afford to be, based on your personal preferences and life situation. In many instances, the profiles indicate that, because of your life situation, you can afford to take more risk than personal preferences alone would indicate. However, it is important to ensure you are comfortable with the profile recommended for you. If you are not comfortable with the recommended profile (or you and your partner have different profiles), you can start with a lower Risk Profile and review it over time, as you become more comfortable with the investment markets. But please be aware that risk and return are closely related, so by choosing a lower Risk Profile, you are also choosing to reduce your longer-term return expectations

What if You Don't Fit any of the Above Profiles?

If you do not fit any of the above risk profiles, or are not comfortable with their indications, please complete your preferred asset allocation below:

	Client %	Partner %
Australian Shares		
International Shares		
Listed property		
Australian fixed interest		
International fixed interest		
Cash		
Other		
Total	100	100

10. CLIENT STATEMENT AND AUTHORISATION

Client Statement/Authorisation

I/ We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge.

I/We are not aware of any other information and have not disclosed to the person to whom this form is given any other information which would be relevant to the making of a recommendation by an investment adviser.

I/We give permission for this information to be used for the preparation of my financial plan and I/We understand that the investment recommendations will be based solely on the information supplied in this form.

Name: _____ Signature: _____

Name: _____ Signature: _____

Date: / /

Client Limited Advice Statement/ Authorisation

Legislation requires that the adviser must “ know the client” before making any recommendations. However, there is provision that in certain circumstances an adviser may supply limited advice. If you are seeking limited advice of a particular nature you must make this known at the time of the interview and you should recognise that the recommendations will only relate to that limited advice being sought.

I/We require only limited advice being sought.

Name: _____ Signature: _____

Name: _____ Signature: _____

Date: / /

Disclaimer: Your investor Risk Profile and asset allocation recommendations are based on information provided by your on our knowledge of existing legislation and asset sectors. You should consult your financial adviser when determining your Investor Risk Profile, as there may be other individual circumstances to be taken into account. As no one can accurately predict the future corporate, legislative and economic factors, you should regard these recommendations as a guide only. In particular, you should note that no guarantee is expressed or implied in relation to any income, growth assets projections, or performance of any assets.

11. CLIENT ACKNOWLEDGEMENT

REQUEST FOR PREPARATION OF FINANCIAL PLAN

I, *[name]*.....

of *[address]*

- Request that Michael Todd, prepares a comprehensive / limited / placement or “execution of business” financial plan following our initial discussions.
- Agree that we will pay \$550.00 now, plus a plan fee of \$2,200.00 for the preparation of the financial plan, payable on presentation of the plan.

I acknowledge:

- I have received a copy of the Financial Services Guide (FSG) and have read and understood the contents.
- I am aware that if all relevant personal information outlined in this workbook is not received then a comprehensive/limited plan may be inappropriate advice for you and we do not accept any liabilities.
- Michael Todd does not give advice on health insurance or short term insurance eg. Home building, home contents, car insurance. Our advice will be comprehensive or limited based on your requests.

Signed:

Dated:

NEXT APPOINTMENT DATE:

