

DATE / /



**Armada House Pty Ltd**  
ABN 28 095 723 283  
**AFS License Number 237160**  
Armada House Pty Ltd  
Corporate Authorised Representative  
AFG Financial Planning Pty Ltd  
AFS Licence No. 247105

Email: ra@armadalehouse.com.au  
Telephone: 03-9500-0500  
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**National Office**  
Level 1, 6 Thelma Street  
West Perth WA 6005

**Privacy Statement**

The information collected in this form is for the sole purpose of establishing or building a financial service relationship with you. Your personal and sensitive information is treated with the strictest of confidence and is only provided to third parties where you have consented. If you have any questions in relation to your Privacy rights or wish to access or correct personal information we hold on you please contact our Compliance or Privacy Officers on 1800 003 623.

Contact Date / /	
Contact Date / /	
Contact Date / /	
Contact Date / /	
Contact Date / /	

Client Name/s	
Consultants Name	

## PERSONAL SUMMARY DETAILS

Circle or Delete As Applicable	Primary Contact					Spouse / Partner				
	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr
Surname										
Given Names										
Marital Status										
Date of Birth	/					/				
Country of Birth										
Licence Number										
Licence Expiry Place of Issue	/					/				
Home Address										
Suburb State & Postcode										
Time There	Years				Months					
If a Tenant you pay	\$				<i>Weekly Rental</i>			<i>Monthly Rental</i>		

Home Phone										
Work Phone										
Facsimile Number										
Mobile Phone										
Email Address										
Preferred Contact Point	Home	Work	Mobile	Email		Home	Work	Mobile	Email	
<b>If at the above address for less than three years, provide to a total of three years below</b>										
Prior Address										
Suburb State & Postcode										
Time There	Years				Months					
Prior Address										
Suburb State & Postcode										
Time There	Years				Months					
Prior Address										
Suburb State & Postcode										
Time There	Years				Months					

## CHILDREN – DEPENDANT DETAILS

Name				Name			
Age		Male	Female	Age		Male	Female
Dependant	Yes		No	Dependant	Yes		No
Education costs	Primary		Secondary	Education costs	Primary		Secondary
Years to go				Years to go			
Fees p.a.	\$		\$	Fees p.a.	\$		\$
Name				Name			
Age		Male	Female	Age		Male	Female
Dependant	Yes		No	Dependant	Yes		No
Education costs	Primary		Secondary	Education costs	Primary		Secondary
Years to go				Years to go			
Fees p.a.	\$		\$	Fees p.a.	\$		\$

## OTHER ENTITIES

Do you have any of the following structures in place?

	Primary Contact		Spouse / Partner	
Company	Yes	No	Yes	No
Trust	Yes	No	Yes	No
SMSF	Yes	No	Yes	No

## EMPLOYMENT DETAILS

Primary Contact	Spouse / Partner
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### Current Employment

<i>Circle or Delete As Applicable</i>	Self Employed			Not in the Workforce			Self Employed			Not in the Workforce		
	PAYG			Retired			PAYG			Retired		
Occupation												
Employer Name												
Address												
Suburb & State & Postcode												
Start Date	/		/				/		/			
<i>Circle or Delete As Applicable</i>	Full Time		Part Time		Casual		Full Time		Part Time		Casual	

If less than three years, provide prior employment details for a total of three years below:  
This area also for other second jobs, casual or permanent employment

### Prior Employment 1

<i>Circle or Delete As Applicable</i>	Self Employed			Not in the Workforce			Self Employed			Not in the Workforce		
	PAYG			Retired			PAYG			Retired		
Occupation												
Employer Name												
Suburb & State												
Start Finish Date	/ /		/ /				/ /		/ /			
<i>Circle or Delete As Applicable</i>	Full Time		Part Time		Casual		Full Time		Part Time		Casual	

### Prior Employment 2

<i>Circle or Delete As Applicable</i>	Self Employed			Not in the Workforce			Self Employed			Not in the Workforce		
	PAYG			Retired			PAYG			Retired		
Occupation												
Employer Name												
Address												
Suburb & State												
Start Finish Date	/ /		/ /				/ /		/ /			
<i>Circle or Delete As Applicable</i>	Full Time		Part Time		Casual		Full Time		Part Time		Casual	

## FUTURE EMPLOYMENT PLANS

<b>Primary Contact</b>	Are you contemplating leaving your employer or do you foresee any substantial changes to your income in the next 2-5 years?	Yes	No
<b>Spouse / Partner</b>	Are you contemplating leaving your employer or do you foresee any substantial changes to your income in the next 2-5 years?	Yes	No

## LEAVE PAYMENTS

	Primary Contact			Spouse / Partner		
	# Weeks	\$ per week	Total	# Weeks	\$ per week	Total
Long Service Leave						
Sick Leave						
Annual Leave						
Group Salary Continuance						

## INCOME DETAILS

		Primary Contact	Spouse / Partner
Gross Weekly or Annual Income		\$	\$
Other Income or Commissions		\$	\$
Investment Income		\$	\$
Child Maintenance Payments		\$	\$
Non-Taxable Income		\$	\$
Government Payments	Pension	\$	\$
	Parenting Allowance	\$	\$
	Part A	\$	\$
	Part B	\$	\$
Other		\$	\$

## IF SELF EMPLOYED

	Primary Contact			Spouse / Partner		
	Current YTD	Last Financial Year	Prior Financial Year	Current YTD	Last Financial Year	Prior Financial Year
Income	\$	\$	\$	\$	\$	\$
Taxable Income	\$	\$	\$	\$	\$	\$

## ABN: COMPANY DETAILS

Company Name	ABN Number

## PERSONAL ASSETS

	Value	Purchased Date	Owner	Details		
Principal Residence	\$	/ /	C S J			
Home Contents	\$					
Holiday Home, Vacant Land	\$	/ /	C S J			
Motor Vehicle No.1	\$	/ /	C S J	Make	Model	Year
Motor Vehicle No. 2	\$	/ /	C S J	Make	Model	Year
Boat Caravan	\$	/ /	C S J			
Other	\$	/ /	C S J			
Other	\$	/ /	C S J			
Total						

## INVESTMENT ASSETS

Property, Share, Unit Type, Name or Portfolio Type	Purchase Price	No of Units	Date of Purchase	Current Price	Current Income	Geared Asset		Owner (C/S/J)
						Y	N	
	\$		/ /	\$	\$	Y	N	C S J
	\$		/ /	\$	\$	Y	N	C S J
	\$		/ /	\$	\$	Y	N	C S J
	\$		/ /	\$	\$	Y	N	C S J

## MONEY OWED TO YOU

Name of Debtor e.g. family member; friend	Relationship	Current Amount	Repayment Schedule	Owner Client/Spouse/Joint
		\$		C S J
		\$		C S J
		\$		C S J

## BANK ACCOUNTS

Bank Name	Account Type	Balance	Return % pa	Owner
		\$		C S J
		\$		C S J
		\$		C S J

## TERM DEPOSITS

Term Deposit / Debenture Details	Purchase Price	Maturity Date	Maturity Value	Return % pa	Owner
	\$	/ /	\$		C S J
	\$	/ /	\$		C S J

## SUPERANNUATION

		Employer	Personal	Employer	Personal
Fund Name					
Asset Allocation					
Employer Contribution \$ or %	Employee Contribution \$ or %				
Account Balance	\$		\$		
Life Insurance Benefit	Death \$	TPD \$	Death \$	TPD \$	
		Employer	Personal	Employer	Personal
Fund Name					
Asset Allocation					
Employer Contribution \$ or %	Employee Contribution \$ or %				
Account Balance	\$		\$		
Life Insurance Benefit	Death \$	TPD \$	Death \$	TPD \$	

## PERSONAL LIABILITIES

<i>Circle or Delete As Applicable</i>	Lender / Details / Security	Loan Value	Loan Limit	Repay-ments	Int Rate		Owner
C/Card	Personal Loan					W M	C S J
Mortgage	Invest Purpose	\$	\$	\$	%	F Q	
C/Card	Personal Loan					W M	C S J
Mortgage	Invest Purpose	\$	\$	\$	%	F Q	
C/Card	Personal Loan					W M	C S J
Mortgage	Invest Purpose	\$	\$	\$	%	F Q	
C/Card	Personal Loan					W M	C S J
Mortgage	Invest Purpose	\$	\$	\$	%	F Q	

If further debts, attach a separate summary

## INVESTMENT LIABILITIES

<i>Circle or Delete As Applicable</i>		Lender / Details / Security	Loan Value	Loan Limit	Repay-ments	Int Rate		Owner
C/Card	Personal Loan		\$	\$	\$	%	W M	C S J
Mortgage	Invest Purpose						F Q	
C/Card	Personal Loan		\$	\$	\$	%	W M	C S J
Mortgage	Invest Purpose						F Q	
C/Card	Personal Loan		\$	\$	\$	%	W M	C S J
Mortgage	Invest Purpose						F Q	
C/Card	Personal Loan		\$	\$	\$	%	W M	C S J
Mortgage	Invest Purpose						F Q	
C/Card	Personal Loan		\$	\$	\$	%	W M	C S J
Mortgage	Invest Purpose						F Q	

If further debts, attach a separate summary

## PERSONAL EXPENSES

“Optional refer” to <http://www.armadalehouse.com.au/calc/budget.php> for detailed budget expense plan

	Weekly	Monthly	Quarterly	Annually
General Living Expenses	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
General Family Purchases	\$	\$	\$	\$
Motor Vehicles / Transport	\$	\$	\$	\$
Insurance & Superannuation	\$	\$	\$	\$
Leisure & Entertainment	\$	\$	\$	\$
Unexpected	\$	\$	\$	\$

## HEALTH DETAILS

	Primary Contact	Spouse / Partner
Do you smoke?	Yes / No	Yes / No
Do you or any member of your family suffer from any physical disability or health condition that may affect your current or future financial planning considerations?		

## PERSONAL RISK INSURANCE PRIORITIES

	Rank	Details
Protect family and/or assets in the event of death		
Protect against loss of income due to accident or illness		
Protect family and/or assets in the event of serious illness or trauma		
Other		

## LIFE / TOTAL PERMANENT DISABILITY INSURANCE

	Primary Contact	Spouse / Partner
Income Required		
Assumed earned interest rate		
Final expenses (funeral)		
Education expenses		
Existing debt		
Assets to be realised		
Existing Life Cover		
<b>Calculation</b> 1: Income Required X factor 2: Plus final expenses 3: Education expenses 4: Existing Debt 5: Less assets to be realised 6: Less existing Life cover <b>Interest Rate / Factor</b> 5%    20    8%    12.5 7%    14    10%    10		

## INCOME PROTECTION INSURANCE

	Rank	Details
Gross Annual Benefit		
75% of income		
Monthly Benefit		
Benefit Period		
Waiting Period		

## TRAUMA INSURANCE

	Rank	Details
Emergency expenses to be cleared		
Debt to be cleared		
Additional expenses (Funeral/Ed)		
Existing Trauma cover		
<b>Calculation</b> 1: Emergency Expenses 2: PLUS Debts to be cleared 3: PLUS Additional expenses 4: LESS Existing cover		

## CURRENT PERSONAL INSURANCES

Provide detailed information about existing Life, Income Protection, TPD and Trauma policies

Insurer, product name Policy type	Owner	Life Insured	Sum Insured or Benefit	Date Commenced	Annual Premium
	C S J	C S J	\$	/ /	\$
	C S J	C S J	\$	/ /	\$
	C S J	C S J	\$	/ /	\$
	C S J	C S J	\$	/ /	\$
	C S J	C S J	\$	/ /	\$

	Primary Contact	Spouse / Partner
Will your partner want to continue to work or to commence to do so in the event of your death or permanent disablement?	Yes          No	Yes          No
If No , what level of income is required?	\$	\$
If Yes, for how long?		

## GENERAL INSURANCES

All existing insurances including House, Contents, Car, Boat or Caravan, other

Insurance Description	Policy Owner	Sum Insured	Date Commenced	Annual Premium
		\$	/ /	\$
		\$		
		\$	/ /	\$

## PROFESSIONAL ADVISORS

Solicitor Details		Conveyancer Details		Accountant Details	
Name		Name		Name	
Address		Address		Address	
Suburb		Suburb		Suburb	
Phone Number		Phone Number		Phone Number	
Fax Number		Fax Number		Fax Number	

## ESTATE PLANNING

	Primary Contact		Spouse / Partner	
Do you have a current will?	Yes	No	Yes	No
When it was last reviewed?	/ /		/ /	
Does the will incorporate a testamentary trust?	Yes	No	Yes	No
Do you have a Power of Attorney?	Yes	No	Yes	No
Do you have an Enduring Power of Attorney?	Yes	No	Yes	No
Location of Documents?				



## 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 a Armadale House Pty Ltd representative. 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.

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Signed

Signed

Date

## *CLIENT LIMITED ADVICE STATEMENT/AUTHORISATION*

Legislation requires that the Armadale House Pty Ltd planner must 'know the client' before making certain recommendations. However, there is provision that in certain circumstances a client may be supplied with 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 and may not be appropriate considering your overall situation and objectives. I/We require only limited advice as specified below:

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Signed

Signed

Date

## FINANCIAL SERVICES GUIDE RECEIVED

I/We confirm I/we have received a copy of Armadale House's Financial Services Guide Version \_\_\_\_\_

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Signed

Signed

Date

## ENGAGEMENT APPLICATION

I/We request that Armadale House Pty Ltd investigate research and provide suitable options to the financial objectives outlined in this questionnaire. I/We understand that the preparation fee of \$\_\_\_\_\_ is payable for the work to be undertaken and this will be credited against any establishment fees should I/We proceed to implement any of the recommendations provided with Armadale House Pty Ltd.

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Signed

Signed

Date

## TAX FILE NUMBER AUTHORISATION

I/We give permission for my/our tax file number(s) as provided, to be held by Armadale House Pty Ltd and be forwarded to financial institutions as requested or as necessary.

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Signed

Signed

Date

# NOTES

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