

CLIENT PROFILE

PERSONAL RISK ASSESSMENT ONLY

THIS IS AN IMPORTANT AND CONFIDENTIAL DOCUMENT.

The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

DAVLIN
FINANCE GROUP

MORTGAGES · ACCOUNTING
FINANCIAL PLANNING



Australian Financial Services - Australian Financial Services Licence No 307379

Date Prepared

Date FSG provided & Version no.

ADVISER DETAILS

MUST COMPLETE

Financial Adviser's Name

Financial Adviser's Business Address

5/85 Marion St, Harris Park, 2150

Business Telephone Number

02 8843 8999

Email Address

CLIENT DETAILS

MUST COMPLETE

	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Given Names		
Surname		
Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto <input type="checkbox"/> Other

CONTACT DETAILS

MUST COMPLETE

	Client 1	Client 2
Home Address	_____	_____
Address for correspondence	As above: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	As above: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Home Phone Number	_____	_____
Work Phone Number	_____	_____
Mobile Phone Number	_____	_____
Fax Number	_____	_____
Email Address	_____	_____
Preferred Method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email

CHILDREN / DEPENDANT DETAILS

RELEVANT TO ADVICE?

YES NO

Name	Sex	Date of Birth	Support to (age)
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

HEALTH DETAILS

MUST COMPLETE

	Client 1	Client 2
What is your health status?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family history suggest long life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any current illnesses or conditions that may affect your ability to obtain personal insurances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please detail (i.e. issue, how long suffered, medication, treatment, etc). If insufficient space, please continue in notes section on page 8 of 10.	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

EMPLOYMENT DETAILS

MUST COMPLETE

	Client 1	Client 2
Employment status	<input type="checkbox"/> Perm, if so, then weekly hrsor <input type="checkbox"/> Self-Employed	<input type="checkbox"/> Perm, if so, then weekly hrsor <input type="checkbox"/> Self-Employed
Occupation/Industry		
Gross Annual Income		
Accrued Annual Leave		
Accrued Sick Leave		
Accrued Long Service Leave		
Highest Level of Education		
Australian tax resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OBJECTIVES

MUST COMPLETE

What are the main reasons for seeking advice?	Client 1	Client 2
<i>PERSONAL</i>		
Review current policies and determine if they can be funded through super	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review current policies to re-align sum insured amounts to your financial needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide protection of your income in the event you cannot work due to injury/illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide financial protection to your spouse/estate in the event of your death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide advice with regards to wealth creation using superannuation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide advice with regards to wealth creation using non-property assets, excluding super	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>BUSINESS</i>		
	RELEVANT TO ADVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Provide financial protection to your business in the event you cannot work due to injury/illness or in the event of your death.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>OTHER</i>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME

RELEVANT TO ADVICE?
 YES NO

Please tick one:	Client 1	Client 2
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
Self Employment – Taxable Income		
Employment – Gross Taxable Income		
Other (Eg. Bonus/Commission)		
Total Income	\$	\$
Combined Total Income	\$	

EXPENSES

RELEVANT TO ADVICE?
 YES NO

	Joint
Total Expenses	\$

SURPLUS/DEFICIT

\$

ASSETS & LIABILITIES

RELEVANT TO ADVICE?

 YES NO

Lifestyle Assets

	Description	Value (\$)	Owner
Home			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Home Contents			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Car(s), Boat(s), Collectibles			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Total		\$	

Investment Assets

	Description	Value (\$)	Owner
Cash at Bank			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Investment Property			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Managed Funds			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Direct Shares			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Other			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Total		\$	

Superannuation Assets

	Description	Value (\$)	Owner
Superannuation 1			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Superannuation 2			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Superannuation 3			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Superannuation 4			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Total		\$	

Liabilities

	Balance (\$)	Lender	Monthly	Owner
Home Loan				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Investment Loans				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Personal/Car loan(s)				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Credit Card(s)				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Other (Business, Lease/rental agreement)				<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
Total		\$		

NET WORTH

(assets less liabilities)

\$

Are you concerned about the services from your current bank and/or would you like to investigate the consolidation of your debts?

Yes No

I hereby give my consent for a representative from Davlin Mortgages to contact me.

Yes No

PERSONAL RISK INSURANCE DETAILS (CURRENT)

RELEVANT TO ADVICE?

 YES NO**Income Protection - CURRENT**

	Client 1	Client 2
Life company		
Policy number		
Monthly benefit		
Waiting period		
Benefit period		
Agreed or Indemnity		
Options/additions (e.g. Increasing claims, etc)		
Current premium & frequency	\$	\$

Life & TPD - CURRENT

	Client 1	Client 2
Life company		
Policy number		
Sum insured (life)		
Sum insured (TPD)		
Current premium & frequency	\$	\$

Trauma - CURRENT

	Client 1	Client 2
Life company		
Policy number		
Sum insured		
Current premium & frequency	\$	\$

Business Expenses - CURRENT

	Client 1	Client 2
Life company		
Monthly benefit		
Policy number		
Waiting period		
Current premium & frequency	\$	\$

General Insurance - CURRENT**Do you require assistance with any of the following general insurances?**

Family home and contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Investment property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Motor vehicle(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Personal property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

DETERMINING YOUR RISK / INVESTMENT PROFILE

At the end of the questionnaire total your points and compare this score to the investor profile summaries following.

	Client 1	Client 2	Score
1. Time Horizon			
How long do you intend to invest your savings?			
(a) Parking (less than 1 year)			0
(b) Short term (1-2 years)			5
(c) Medium term (2-5 years)			10
(d) Medium-long term (5-7 years)			22
(e) Long term (more than 7 years)			30
2. Access			
Will you need to access these funds during the term of the investment?			
(a) Yes			-8
(b) No			0
3. Inflation			
Inflation erodes the value of your savings. Growth investing can counter the eroding effect of inflation but will also expose you to the risk of short-term losses.			
(a) I am comfortable with this trade off to beat inflation.			10
(b) I am conscious of the risks inflation presents, but would prefer a middle ground.			5
(c) Inflation may erode my savings but I have no tolerance for loss.			0
4. Risk and Return			
Which of the following risk/return scenarios would you be most comfortable with?			
(a) Low risk/return (maximum return 6% pa, minimum return 3% pa)			0
(b) Moderate risk/return (maximum return 8% pa, minimum return -5% pa)			5
(c) Above average risk/return (maximum return 12% pa, minimum return -10% pa)			10
(d) High risk/return (maximum return 20% pa, minimum return -25% pa)			15
5. Investment Attitude			
What would you do if your investment dropped in value from an initial \$100,000 to \$85,000?			
(a) Move the entire investment to cash			0
(b) Move some of the investment to cash			5
(c) Do nothing			10
(d) Buy more of the investment			15
TOTAL			

	Client 1	Client 2	Score
6. Investment Experience			
What is the most aggressive investment you've ever made?			
(a) Shares, technology fund, smaller companies fund			8
(b) Managed funds			6
(c) Investment property			4
(d) Own home			2
(e) Cash management fund			0
7. Portfolio Preference			
If you were investing in a share portfolio, which of the following would suit you best?			
(a) A portfolio of potentially high-returning shares whose value could rise or fall dramatically			10
(b) A blue chip portfolio that pays regular dividends			4
(c) A mixture of above two options			7
(d) I am not interested in shares			0

TOTAL			
SUB-TOTAL FROM PREVIOUS PAGE			
TOTAL INVESTOR PROFILE SCORE			

Total Points	Investor Profile Strategy	Client 1	Client 2
0 – 20	Cash		
21 – 30	Conservative		
31 – 50	Moderately Conservative		
51 – 60	Balanced		
61 – 70	Growth		
71 – 88	High Growth		

If the outcome does not accurately reflect your attitude towards investing and your personal circumstances, please review and revise your response to the questions. You may also wish to review all the investor profiles above and choose the one that mostly reflects the way you approach investing.

Investor Risk Profile Selected:

NOTE: Where there is a difference between the investor profile selected and the profile(s) indicated by the questionnaire, note the reasons for this difference.

Date: ____ / ____ / ____



To Whom It May Concern:

RE: Authority to Obtain Information/Documentation

Client Name(s): _____

Policy/Account Number: _____

I/We _____ authorise for _____ of Davlin Finance Group and Australian Financial Services Ltd (AFSL 297239) to obtain all information and/or obtain relevant documentation in regards to the above policy/account number.

Should you have any queries, please do not hesitate to contact him/her via the following means:

Post: 5/85 Marion St
Harris Park NSW 2150
Phone: 02 8843 8999
Fax: 02 8843 8988

Yours Sincerely,

Signature: _____

Signature: _____

Name: _____

Name: _____

D.O.B: _____

D.O.B: _____

Address: _____

Address: _____

Date: ____ / ____ / ____



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