BAILEY
CAPITAL MANAGEMENT

Confidential Financial Analysis

Client: ______________________________

Date: ____/____/____

Adviser: **Ken Bailey / Evan Bailey**

A Representative of

Australian Financial Services Limited

Australian Financial Services License No 259586

Important Notice to Clients
Your Adviser/Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

Warning
Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

Personal Details

Description	Client	Partner	Dependant 1	Dependant 2	Dependant 3
Title					
Surname					
First Name					
Second Name					
Preferred Name					
Marital Status					
Date of Birth					
Smoker					
Gender					
Phone Home					
Phone Work					
Mobile Phone					
Email					
Tax File Number					
Residential Address:	Street: ______________ Suburb: ______________ State: ______________ Postcode: ______________				
Postal Address:	Box Number: ______________ Suburb: ______________ State: ______________ Postcode: ______________				

Employment (please attach last tax assessment or pay slip)

Description	Client	Partner
Employer Name:		
Salary		
Bonus		
Salary Package		
Date commenced		
L. Service Leave		
Annual Leave		
Sick Leave ent		
Second Job		
Employer address	Street: Suburb State Postcode	Street: Suburb State Postcode

Social Security

Description	Client	Partner
Age Pension		
Widows Pension		
Newstart Allow.		
Disability Support		
Carer's allowance		
Partner allowance		
Youth Allowance		
Other		

Personal Assets

Description	Owner	Date Purchased	Market Value	Outstanding Loan	Available for reinvestment
Home					
Contents					
Car/s					
Holiday Home					
Business Asset					
Cash					
Bank Account					
Term Deposit					
Other					

Insurance Policies

Description	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company					
Product Name					
Product Type					
Policy Number					
Life Insured					
Owner					
Death Benefit					
TPD Benefit					
Trauma Benefit					
Monthly Benefit					
Benefit Period Sickness					
Benefit Period Accident					
Claims escalation Y/N					
Level or Stepped premium					
Other Benefits					
Payment frequency					
Premium amount					
Date commenced					

Superannuation (please provide last statement)

Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Company					
Plan Name					
Plan Type					
Member name					
Eligible Start Date					
Date commenced					
Plan Number					
Insurance Benefits					
Death					
TPD					
Salary Continuance					
Benefit Period Sickness					
Benefit Period Accident					
Waiting Period					
Superannuation Salary					
Employer Cont.					
Personal Cont.					
Salary sacrificed Cont.					
Fund Balance					
Transfer Value					

Shares (please attach last chess holding statements)

Description	Parcel 1	Parcel 2	Parcel 3	Parcel 4	Parcel 5
Name of Holding					
As at date					
Owner					
SRN or HIN					
Stock Code					
Date Purchased					
Number of shares purchased					
Share Price when purchased					
Dividend Reinvestment Plan					
Current Number of shares					
Current Share Price					

Managed Funds (please attach last annual or quarterly statements)

Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Fund Manager					
Product Name					
Product Type					
APIR number					
Owner					
Client or Plan Number					
Date commenced					
Number of units purchased					
Unit Price when purchased					
Dividend Reinvestment					
Fund Balance					
Transfer Value					
Current Unit Price					
As at date					
Regular Investment amount					
Regular Investment Frequency					

Investment Property

Location	Owner	Purchase Price	Date Purchased	Income p.a	Expenses p.a	Market Value

Liabilities (please attach last loan statements)

Description	Owner	Type	Date Commenced	Rate %	Repayment	Outstanding Amount
Home Loan						
Personal Loan						
Lease						
Investment Loan						
Credit Card						
Store Card						
Business Loans						
Other Debts						

Legal Details (please provide a copy of your most recent will/s)

Description	Client	Partner
Current Will		
Executor's name		
(Enduring) power of attorney,		
Testamentary/Family trust		
Solicitors Name		
Accountants name		

Objectives

What is your reason for seeking advice?

Do you want us to give advice on any other financial matters?

Do you have any planned expenses for the short, medium or long term?

Short	Medium	Long

What are your annual expenses?

Living Costs:	Mortgage Repayments
School Fees:	Rates
Property Insurance:	Entertainment
Holidays	Motor Vehicle
Personal Loan Repayments	Superannuation
Savings Plan	Life Insurance
Total	**Total**

What amount do you wish to keep as a cash reserve?

What amount do you feel you can afford to save on a regular basis for the long term?

What would you change about your current investments?

If you or your partner were to die, become disabled or suffer a traumatic illness, would you want your family fully protected?

Yes/No

If your answer to the above question is yes, to what extent would you want you and your family protected?

	Client	**Partner**
What percentage of the total liabilities that both you and your partner have would need to be cleared on death?	%	%
What percentage of total liabilities that needs to be cleared if you are totally and permanently disabled (T.P.D)?	%	%
Taking the above percentages into account, what annual income would be needed by your family to maintain current lifestyle?	$	$
For how many years would that income be needed?		
Do you want money to be available at the end of this period?		
How much of your partners personal exertion income would continue?	$	$
What amount would be needed for the future education of your children?	$	$
What is a reasonable amount to set aside for funeral expenses?	$	$
What lump sum amount needs to be available for an emergency fund in the event of a trauma / critical illness?	$	$
What percentage of liabilities will need to be cleared in the event of a trauma / critical illness?	%	%

Do you want us to provide advice on superannuation and retirement planning? **Yes/No**

If you were to retire today:	**Client**	**Partner**
What income would you want to maintain your living standard?	$	$
What lump sum would you require to meet anticipated cash outlays or to repay loans?	$	$
What age do you wish to retire?		
What age do you wish your retirement income to stop?		
How much money would you like to pass on to your estate?	$	$

Associated Entities

Self Managed Super Fund	Details
Name	
Individual Trustee/Corporate Trustee	
Tax File Number	
ABN	

Family Trust	Details
Name	
Individual Trustee/Corporate Trustee	
Tax File Number	
ABN	

Company	Details
Name	
Directors	
Tax File Number	
ABN	

Declaration

The details disclosed herein accurately document my/our personal and financial details, investment objectives, and my/our individual needs.

I/We are not aware of any other material information relevant to the provision of investment recommendations and understand that this information is the basis on which recommendations will be made. If only a limited amount of information has been supplied, or if personal and financial information is omitted, AFS will be unable to undertake a full needs analysis, and the appropriateness of our recommendations will be limited.

I/We have been provided with the Financial Services Guide prior to obtaining investment advisory services and/or investment advice.

Privacy

I/We accept that it will be necessary for AFS to store information, including my/our Tax File Number. From time to time it will be necessary to disclose information about myself/ourselves to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above.

We can provide your Statement of Advice in various formats, which would you prefer?

Electronic (email) ☐ on CD ☐ Paper ☐

Client(s) Signature(s):

___________________________ Date / / _____________________________ / /

Adviser Declaration

The preparation of your Financial Plan will be based on the information gathered in this booklet and any other documented correspondence entered into; I have provided a copy of the Financial Services Guide to you before any investment advisory services were provided.

Australian Financial Services Pty Ltd is committed to ensuring the privacy and security of your personal information. As required under the Privacy Act, we have provided a copy of our Privacy Disclosure Statement. More details concerning our information management practices can be obtained on our web site at www.austfinservices.com.au or by contacting our Professional Standards Manager on 03 9866 4507.

Authorised AFS Representative: Ken Bailey - Number 263670

Adviser Signature: __________________________________ Date / /

Release of Information

Name ______________________________

(Full name/s)

Address ______________________________

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I request that information on my investments, insurance, superannuation, bank accounts or other financial information be released on request to Ken Bailey, of Bailey Capital Management or any employee of Ken Bailey. Please also accept a photocopy or facsimile copy of this letter as authority, as the original will be retained on file at Bailey Capital Management.

Bailey Capital Management, Level 5, 55 Gawler Place, Adelaide SA 5000

Phone: 08 8212 5550
Fax: 08 8212 5551
Email: ken@baileycm.com.au
evan@baileycm.com.au
anetta@baileycm.com.au

Signature X ______________________________

Date / / ______________________________

Release of Information

Name ______________________________

(Full name/s)

Address ______________________________

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Phone: 08 8212 5550
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evan@baileycm.com.au
anetta@baileycm.com.au

Signature X ______________________________

Date / / ______________________________