

Client Profile

Private and Confidential



THE LIFE OFFICE
SECURING YOUR FUTURE

Client/s: _____
Address: _____
Date/Time: _____

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ABN 19 001 974 625

Australian Financial Services Licensee
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Looking after your financial life



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Table of Contents

Section 1 - Financial planning and you.....	3
Income Summary	7
Self-Managed Superannuation Fund - SMSF.....	13
Section 3 – Risk Management.....	14
1. Client acknowledgement and declaration	17
2. Scope.....	19
3. Tax File Number (TFN) storage consent.....	22
4. Acceptance of Terms	24
Client acknowledgement.....	24
Notes	34

Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.

Section 1 - Financial planning and you

To help you achieve the things that are most important to you we need to ask you some questions to gain a better understanding of your situation today and the personal and financial goals you have for the future.

Briefly outline your reasons for seeking financial advice.

Your Lifestyle Goals and Objectives – What’s important to you?

What plans or goals would you like to achieve? (eg. Holiday, purchase a house, boost retirement savings, asset protection)

Please rank in order of priority (very low, low, moderate, high, very high)

Detail of Goal	Target Date	Priority	Estimated Cost (if Applicable)
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Are there any issues that we need to take into consideration that may affect you achieving your goals?

Eg. health, job security, aging parents

Have you had any previous experience with Financial Planning and what level of engagement would you like to have with your adviser?

In what particular areas are you seeking advice?

- | | | |
|---|--|--|
| <input type="checkbox"/> Managing my income and everyday spending | <input type="checkbox"/> Managing my debt (Mortgage, Investment Loans, Credit Cards) | <input type="checkbox"/> Protection of my family and assets |
| <input type="checkbox"/> Investment Advice (Shares, Managed Funds, Direct Property) | <input type="checkbox"/> Gearing | <input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership) |
| <input type="checkbox"/> Planning for Retirement (Superannuation and Pensions) | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Social Security |

Base on the areas of advice you are seeking, you can elect to just complete the required sections as detailed below:

Sections to complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area	1	2a	2b	2c	2d	2e	2f	2g	3
Managing my income and everyday spending	✓	✓		✓					✓
Managing my debt (Mortgage, Investment Loans, Credit Cards)	✓	✓		✓					✓
Protection of my family and assets	✓	✓		✓					✓
Investment Advice (Shares, Managed Funds, Direct Property)	✓	✓		✓	✓				✓
Gearing	✓	✓		✓	✓				✓
Entity Advice (SMSF, Company, Trust, Partnership)	✓				✓		✓		✓
Planning for Retirement (Superannuation and Pensions)	✓	✓	✓		✓				✓
Estate Planning	✓		✓	✓				✓	✓
Social Security	✓	✓							✓

Additional notes and considerations:

Please indicate any preferences you have in relation to product costs and features/benefits, keeping in mind there may be a trade-off between the two

I don't have any preferences

Adviser Notes (Mandatory)

Your Personal information

	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____
Surname	_____	_____
Given Names	_____	_____
Preferred Name	_____	_____
Date of Birth	_____ / ____ / ____	_____ / ____ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status/Relationship	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Are you a permanent Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your contact details

	Client 1	Client 2
Residential Address	_____	_____
Postal Address (if different from above)	_____	_____
<input type="checkbox"/> Tick if same as above		
Home Phone	_____	_____
Home Email	_____	_____
Mobile	_____	_____
Phone Other	_____	_____
Email Other	_____	_____
Preferred Contact Method	<input type="checkbox"/> Mobile <input type="checkbox"/> Phone Other <input type="checkbox"/> Email	<input type="checkbox"/> Mobile <input type="checkbox"/> Phone Other <input type="checkbox"/> Email

Private Health Cover

You didn't provide any details – If not applicable place comments

	Client 1	Client 2
Do you have private health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the type of cover you have	_____	_____

Hobbies and Interests

	Client 1	Client 2
Do you have any hobbies or interests?	_____	_____

Notes _____

Dependants

e.g. Parents, Children

Name	Relationship	Date of Birth	Financial Dependant?	Until what age
_____	_____	____/____/____	<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	_____

Do any of your children/dependants receive a government allowance? Yes No

Are any of your children/dependants studying full-time? Yes No

Please indicate the school your child/dependant is attending/likely to attend and estimated annual cost

<input type="checkbox"/> Private	School & Cost: _____
<input type="checkbox"/> Public	
<input type="checkbox"/> Boarding	

Have any of your children/dependants been diagnosed with an illness or have any disabilities? Yes No

If "yes" to above, please provide details _____

Additional Information _____

Employment Details

	Client 1	Client 2
Occupation	_____	_____
Position title	_____	_____
Name of employer	_____	_____
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Contractor <input type="checkbox"/> Part Time <input type="checkbox"/> Home maker <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Contractor <input type="checkbox"/> Part Time <input type="checkbox"/> Home maker <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed
Start date with current employer	____/____/____	____/____/____
Do you intend to change employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , provide date of when	____/____/____	____/____/____
Available Leave Entitlements	_____ days Annual Leave	_____ days Annual Leave
	_____ days Long Service Leave	_____ days Long Service Leave
	_____ days Sick Leave	_____ days Sick Leave
	_____ Other	_____ Other
Will you be receiving an Employer Termination Payments (Redundancy / Retirement / Resignation) in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", please complete the Supplementary Form "Employer Termination Payments". Your Adviser can provide this to you.

Income Summary

To assist in completing this section, we have a more detailed Cash Flow Budget Supplementary Form.

Before-tax income	Client 1		Client 2	
Salary/wages/earnings:	\$	<i>p.a.</i>	\$	<i>p.a.</i>
Interest/Dividends/Trust Distributions	\$	<i>p.a.</i>	\$	<i>p.a.</i>
Government support: Age Pension	\$	<i>p.a.</i>	\$	<i>p.a.</i>
Superannuation pension/Age Pension/VA	\$	<i>p.a.</i>	\$	<i>p.a.</i>
Other Income:	\$	<i>p.a.</i>	\$	<i>p.a.</i>
Total annual before-tax income	\$		\$	
			\$	

Notes (Salary packaging details, bonus details, business income, child maintenance)

Do you wish to disclose your Tax File Number to your adviser? Client 1 Yes No
 Client 2 Yes No

Note: If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide for you. (Tick if completed)

Estate Planning

	Client 1		Client 2	
Do you have a current Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Will	____ / ____ / ____		____ / ____ / ____	
Date last reviewed?	____ / ____ / ____		____ / ____ / ____	
Does the Will provide for a testamentary trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Trustee	_____		_____	
Do you have an executor in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Power of Attorney in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of the following Estate Planning issues applicable to either you or your partner?	<input type="checkbox"/> Likely to receive an inheritance \$ _____		<input type="checkbox"/> Likely to receive an inheritance \$ _____	
	<input type="checkbox"/> Currently in a de facto relationship		<input type="checkbox"/> Currently in a de facto relationship	
	<input type="checkbox"/> Have children from different relationship		<input type="checkbox"/> Have children from different relationship	
	<input type="checkbox"/> Desire to omit spouse, child or financial dependant from the Will		<input type="checkbox"/> Desire to omit spouse, child or financial dependant from the Will	
Do you intend on leaving an inheritance to your dependants or other family members?	<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	
Are any of your children or other financial dependants under a legal disability or otherwise in vulnerable circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Details:	_____		_____	

* PLEASE PROVIDE A COPY OF ALL WILLS AND POWERS OF ATTORNEY CURRENTLY IN PLACE.

Entities

Following information will provide us with a brief summary of your current entities.

Yes

No

Do you have a Self-Managed Super Fund?

Do you have a Private Company?

Yes

No

Do you have a Trust?

Yes

No

Do you have a Partnership?

Yes

No

To any of the above, please complete the Supplementary Form "Other Entities". Your Adviser can supply you this if required.

Professional Advisers

In order to prepare your Statement of Advice (including a Financial Plan) we may need to contact some of your existing advisers to obtain more information about your particular situation.

Existing Adviser	Name	Contact Number	Business Name
Accountant	_____	_____	_____
Solicitor	_____	_____	_____
Mortgage Broker	_____	_____	_____

Would you like me to work with these other advisers?

Information Release Form attached at the end of this questionnaire will need to be completed to enable us to gain access to your information, held by any of the above advisers. Please note that if there are any costs associated with obtaining information from any of the above advisers, we will pass these costs onto you as the client

Pension / Term Allocated Pensions

(Superannuation Pensions, Allocated Pensions, Term Allocated Pensions)

	Client 1	Client 2
Fund Name	_____	_____
Pension Type	<input type="checkbox"/> Pension <input type="checkbox"/> Allocated <input type="checkbox"/> Term Allocated	<input type="checkbox"/> Pension <input type="checkbox"/> Allocated <input type="checkbox"/> Term Allocated
Current Balance	\$ _____	\$ _____
Frequency of Payment	_____	_____
Gross Annual Income	\$ _____ per annum	\$ _____ per annum
Annual \$ Tax Free Amount	\$ _____ per annum	\$ _____ per annum
OR Annual % Tax Free Amount	_____ % per annum	_____ % per annum
Initial Investment	\$ _____	\$ _____
Commencement Date	_____ / ____ / ____	_____ / ____ / ____
Term (applicable for TAP's)	_____	_____

PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

Your current financial position

Non-Investment Assets

	Owner (Client 1, Client 2, Joint, Tenants in Common)	Estimated present market value	Purchase Date	Details	Is there a loan amount? (If yes, please complete the liabilities section)	
Principal Home	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Contents	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle 1	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle 2	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boat/Marine Equipment	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caravan	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-income producing Real Estate (Holiday Home, Vacant Land)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valuables (Collectables, Art, Antiques, Jewellery)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other assessable assets for Centrelink purposes (eg. Gifts)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Non-Investment Assets		\$ _____				

Additional Information

Investment Assets

Enter all existing investments including cash and bank accounts, managed funds, shares, etc. For Ownership, specify the manner of ownership (solely owned, joint tenants or tenant-in-common) and the name of the owner or owners. Do not include the principal home, superannuation or retirement income stream products.

Investment Description (Managed Funds*, Shares*, Direct Property^)	Owner (Client 1, Client 2, Joint, Tenants in Common)	Units/No. of Shares	Current Value	Purchase Price	Date Purchased	Is there a loan amount? (If yes, please complete the liabilities section)		Would you like to Redeem / Sell this Investment	
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<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"/> 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"/> 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"/> 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"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Please attach a copy of the most recent CHES holding statement, share records or other statements.

^Please complete the Investment Property Details in "Section 2e – Direct Property" of this document

Liabilities

Description	Outstanding Loan Amount	Lender Name	Owner (Client 1, Client 2, Joint)	Loan Type (P&I or I)	Interest Rate	Fixed (F) or Variable (V)	Repayments	Frequency	Tax Deductible
Principal Home	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Line of Credit	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you able to draw/redraw on any of the above loan facilities or do you currently have funds available to invest that are drawn from loan facilities?

Yes No

If yes, please provide details:

Section 2 Existing Superannuation

	Client 1		Client 2	
	Fund 1	Fund 2	Fund 1	Fund 2
Fund Name	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Fund Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit
Balance	\$ _____	\$ _____	\$ _____	\$ _____
Underlying Investment Options	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom
	Fund 3	Fund 4	Fund 3	Fund 4
	Fund Name	_____	_____	_____
Policy Number	_____	_____	_____	_____
Fund Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit
Balance	\$ _____	\$ _____	\$ _____	\$ _____
Underlying Investment Options	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom
Have you made any non-concessional contributions this Financial Year? If yes, how much?	\$ _____		\$ _____	
Have you made any non-concessional contributions in the Last Financial Year If yes, how much?	\$ _____		\$ _____	
Have you made any non-concessional contributions the Previous Financial Year? If yes, how much?	\$ _____		\$ _____	

* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

Self-Managed Superannuation Fund - SMSF

Fund Name _____

Tax File Number _____

If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide. (Tick if completed)

Trustee (Company or Individuals) _____

Corporate Trustee ABN (if applicable) _____

Registered Address _____

Establishment Date _____ / ____ / ____

Type of Fund

ATO SMSF

Small APRA Fund (SAF)

Non-complying S/F

SMSF Member Details

Member Name	Current Balance	Regular Contributions	Pension / Accumulation phase (P/A)	Tax free component
1.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
2.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
3.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
4.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
Reserve Account	\$ _____			
LESS loans borrowed by fund	\$ _____			
Total SMSF Funds	\$ _____			

Please attach the relevant financial statements (eg Profit and Loss statements, Balance Sheet, Investment Strategy, Member Insurance Needs and previous tax return and audit.

Notes:

Section 3 – Risk Management

Life/TPD

Do you have Life and TPD cover? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Commencement Date	_____	_____
Date debited	_____	_____
Total Premium	\$ _____ <i>per</i>	\$ _____ <i>per</i>
Sum Insured - Life	\$ _____	\$ _____
- TPD	\$ _____	\$ _____
Current Account Balance	\$ _____	\$ _____
Total Death Benefit	\$ _____	\$ _____
Nominated Beneficiaries	_____	_____
Own Occupation or Any	<input type="radio"/> Own <input type="radio"/> Any	<input type="radio"/> Own <input type="radio"/> Any
Loading/Exclusions	_____	_____

Income Protection

Do you have Income Protection? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Commencement Date	_____	_____
Total Premium	\$ _____ <i>per</i>	\$ _____ <i>per</i>
Date debited	_____	_____
Stepped/Level Premium Type	_____	_____
Monthly Benefit	\$ _____	\$ _____
Benefit Period	_____	_____
Waiting Period	_____	_____
Indexed to CPI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Super Guarantee Options	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Loading/Exclusions	_____	_____

Trauma Cover

Do you have Trauma Cover? Yes No

	Client 1	Client 2
Insurer	_____	_____
Policy Owner	_____	_____
Policy Type	_____	_____
Policy Number	_____	_____
Commencement Date	_____	_____
Total Premium	\$ _____ <i>per</i>	\$ _____ <i>per</i>
Date debited	_____	_____
Sum Insured	\$ _____	\$ _____
Loading/Exclusions	_____	_____

Details of Your Health

	Client 1	Client 2
Are you a smoker, or have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any health issues or currently receiving medical advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	_____	_____

Risk Management Requirements

	Client 1	Client 2
Do you rely on paid employment to cover your expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon whose income are you/your family dependent on to maintain your lifestyle needs? e.g. To cover the mortgage and day-to-day living expenses	<input type="checkbox"/> You solely <input type="checkbox"/> Your partner solely <input type="checkbox"/> Both	<input type="checkbox"/> You solely <input type="checkbox"/> Your partner solely <input type="checkbox"/> Both
How would your family's lifestyle needs be maintained, if you or your partner were temporarily unable to earn an income? For example, through sickness/ illness?	_____ _____	_____ _____

	Client 1	Client 2
Temporary Illness		
1) In the event of prolonged or serious illness or accident, where between 0% and 100% would you want your income to be replaced?	_____	_____
2) Would you want to provide a provision for medical costs and care? (yes/no)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- | | | | | | |
|----|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 3) | Would you want to access to a patient advocacy / second opinion medical service? (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) | Would you want the flexibility for your spouse to cease work for a period? (if applicable) (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Permanent Disability

- | | | | | | |
|----|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1) | In the event of serious illness or accident resulting in permanent disablement, where between 0% and 100% would you want your income to be replaced? | | | | |
| 2) | Would you want to provide a provision for medical costs and care? (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) | Would you want the flexibility for your spouse/ family member to cease work, reduce their hours to provide ongoing care or would you seek external carer support? (if applicable) (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) | Would you want to be mortgage (non deductible debt) free? (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Unexpected Death

- | | | | | | | | |
|----|---|--------------------------------------|--|------------------------------------|--------------------------------------|--|------------------------------------|
| 1) | In the event that you or your spouse were to die unexpectedly, what standard of living would you like to leave for your family? (as well off/slightly better off/worse off) | <input type="checkbox"/> as well off | <input type="checkbox"/> slightly better off | <input type="checkbox"/> worse off | <input type="checkbox"/> as well off | <input type="checkbox"/> slightly better off | <input type="checkbox"/> worse off |
| 2) | In the event of premature death, where between 0% and 100% would you want your income to be replaced? | | | | | | |
| 3) | Would you want these funds paid to your family via a tax effective income stream if possible? (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 4) | Would you want to provide a provision for terminal illness care so that this does not reduce death provisions for income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 5) | Would you want to ensure your family is mortgage free? (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 6) | Would you want the flexibility for your spouse to cease work for a period? (if applicable) (yes/no) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

1. Client acknowledgement and declaration

You acknowledge that:

The information in this 'All About You Questionnaire' is, to the best of your knowledge, an accurate and complete record of the information sought.

Your adviser has explained the following to you:

- what services will be provided;
- the terms on which the services will be provided; and
- the records that will be made of the services, and the privacy and confidentiality arrangements that apply.

Your adviser has warned you that if incomplete or inaccurate information has been provided during the consultation process, there is a possibility that any recommendation given to you may not be appropriate for your circumstances.

Your adviser has made you aware that any tools, calculators or worksheets shown to you by your financial adviser, and any conversations you have with your adviser are for the primary purpose of assisting your adviser to better understand your needs and explore various strategies. You understand that representations made during these fact-finding sessions are not to be relied or acted upon and that when your personal advice is finalised and ready to be implemented it will be provided to you in a written Statement of Advice or Record of Advice.

You confirm that our Financial Services Guide (FSG) Part 1 Version ___ and Part 2 Version _____ has been shown and explained to you. In particular, your adviser has clarified:

- Who the Licensee is that is authorising your adviser's services;
- Details of your adviser's qualifications;
- The products and services your adviser is authorised to provide advice on;
- Your adviser's remuneration arrangements and other benefits received;
- Any associations and referral arrangements that may be in place;
- How personal information is maintained and how it is kept secure; and
- The complaints handling process.

Your adviser has asked you about any borrowed funds that you are seeking advice on. You understand that you will not be charged an asset-based fee on any borrowed funds that you seek advice on.

You have considered the points above before agreeing to proceed.

Client(s) to tick the relevant check boxes:

Your preference for being provided with a copy of FSG Part 1 and Part 2 both now and in the future is to receive it by: Hand – given at your meeting(s);

Mail – sent to you in hard

copy; Fax;

Email – sent to you as a PDF document; or

Website – you will follow the links you have provided to your website to obtain a copy(s).

You consent to receiving by online delivery certain advice or product documents. Online delivery may include text in an email or an attachment to an email, or an email with a hyperlink to the document or a written notice that may be paper or electronic with a reference to a website address where the document can be found.

Advice documents may include, but are not limited to, Statements of Advice, Records of Advice or Fee Disclosure Statements. Product documents generally include Product Disclosure Statements or other product materials. In some circumstances, you may also receive other communications by online delivery, such as confirmation of transactions, periodic statements or ongoing disclosures of significant information or material events

You consent to the use of electronic signatures where permitted and understand that applying your electronic signature to a document will be regarded as equivalent to applying your handwritten signature.

2. Scope

Agreed services

The advice we provide to you will cover the following:

The advice we provide to you will not cover the following:

Fees for our services

Our Financial Services Guide provides general information about our professional fees with regards to this engagement.

Our fee for the preparation of this advice will be \$_____ including GST.

Alternatively

Our fee for the preparation of an advice document and the services agreed upon within these Terms will be calculated on a time basis of \$___per hour.

We estimate that it may take up to____hours to provide the above services, resulting in an approximate cost of \$_____ including GST.

Where, due to unforeseen circumstances, the fee is, or is likely to be, greater than anticipated or expected, we will discuss the matter with you as soon as possible, but always prior to billing.

What to expect

The time it will take us to prepare this advice will vary depending on the complexity of advice however we will generally provide the advice to you within 30 days of receiving a signed copy of this document.

We may require further information or input from you as we formulate your advice. If this is the case, we will contact you via your preferred method of communication. We encourage you to respond as soon as possible to avoid any delays in finalising our advice.

When our advice is complete, we will contact you to make another appointment to present and explain our advice and provide you with a Statement of Advice (SOA) or Record of Advice (ROA). We will take steps to ensure you fully understand and are comfortable with any recommendations we make. The SOA/ROA will record your objectives financial situation and needs which are relevant to the advice, as well as the recommendations we are making and how they are likely to place you in a better position. We can then assist you to implement our advice.

If you request us to vary our advice, we will first consider if we believe this is in your best interests. Depending on the nature and significance of your request a new SOA/ROA may be required which may incur additional fees. We will discuss this with you prior to proceeding.

Ongoing Service

We will discuss with you the services that we can provide on an ongoing basis and whether they are appropriate for you.

Our SOA may recommend ongoing services where it is necessary to ensure you remain on track to achieve your objectives. An ongoing service predominantly consists of an annual review to ensure you remain on track to meet your goals and objectives.

Our Financial Services Guide provides general information about our ongoing service fees and we will discuss how these costs might apply to you.

Should you agree to receive ongoing services from us, we will provide you with an Ongoing Service Agreement once we have provided you with our initial advice.

Our commitment to you

As an authorised representative of Count Financial Limited, your adviser is required by law to always act in your best interests with respect to the advice they provide to you. This means that during the process of collecting

information from you, conducting research, and formulating recommendations, they must always prioritise your interests ahead of their own (or any other party) and must ensure they do not fail to take any step which would reasonably be regarded as being in your best interests.

If you wish to make a complaint at any time you may follow the steps outlined in Part 1 of the FSG.

Privacy policy

We have explained to you that as a subsidiary of CountPlus Limited ABN 111 26 990 832, Count Financial Limited has adopted the principles set out in the Privacy Act as part of their continuing commitment to client service and the maintenance of client confidentiality.

If you require further details you have elected to receive a copy of [CountPlus Limited's Privacy](#)

[Policy](#) from us by: Hand – given at our meeting;

Mail – sent to me/us in hard copy;

Fax;

Email – sent to me/us as a PDF document; or

Website – I am/We are aware that we can obtain the Privacy Policy from CountPlus Limited's Privacy Policy page of their website - <https://www.countplus.com.au/privacy-policy/>

Collection of personal information

We collect personal information about you when you complete the All About You Questionnaire, request or use our products or services, phone us or visit our websites. We also collect information about you from others, such as service providers, agents, advisers, brokers, employers, family members and accountants. We collect sensitive information, such as health and lifestyle information, usually for insurance purposes. If we need to obtain this sensitive information from you, we will ask for your consent.

Use of personal information

We collect, use and exchange your information so that we can:

- Establish your identity and assess applications for products and services;
- Price, design and administer our services;
- Manage our relationship with you;
- Manage our risks, and help identify and investigate illegal activity;
- Contact you if we need to;
- Comply with our legal obligations and assist government and law enforcement agencies; and
- Identify and tell you about other products and or services that may be of interest to you.

Exchange of information

We exchange information with CountPlus Limited and CountPlus Limited can use that information in the same way as we can. We may disclose information to third parties as permitted by law or for the purposes mentioned above. Third parties include service providers, where we outsource activities (such as marketing and IT

support), persons acting on your behalf, other financial institutions (for example so that we can process a claim for mistaken payment), auditors, insurers, employers and government agencies.

You understand that our business also offers the following services and agree that in the event you require any of these additional services we may share your information with these other parts of our business:

- Accounting services Mortgage broking services
- Other _____

Sending information overseas

We may disclose your information overseas to service providers or other third parties who operate or hold data outside Australia, or when required for a particular transaction or by overseas law. Australian law may not apply to some of these overseas parties. Please see [CountPlus Limited's Privacy Policy](#) for information about the countries we may send information to.

We have advised you that we may be sending your personal information relevant to the advice process overseas to

_ for the purpose of _____

Access and making a complaint

You have the right to access your personal information which is stored by us. To access your personal information, please contact your adviser. If your personal information is incorrect, we can correct it. [CountPlus Limited's Privacy Policy](#) will assist you in ascertaining how to complain, how your complaint is dealt with and provide further information on our personal information handling practices.

You agree to your personal information being collected and used (including shared with related companies of Count Financial Limited) in accordance with CountPlus Limited's Privacy Policy Statement.

Beneficial owner

If you give us personal information about a Beneficial Owner, you are authorised to do so and will inform them of the contents of this document.

3. Tax File Number (TFN) storage consent

You permit Count Financial Limited (Count) and its Authorised Representative to retain your TFN on file, subject to the following conditions:

- Count agrees to only use the TFN for purposes approved by law. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any benefit you may be entitled to, for

superannuation surcharge purposes and providing information to the Commissioner of Taxation. Count is also permitted to retain your TFN to quote on applications for future investments that you may make. These purposes may change in the future.

- In addition to the Commissioner of Taxation, the TFN will only be disclosed to the Trustee and Fund Managers that act on your behalf, and any other Government authority that requires your TFN.
- You understand that you are under no obligation to provide your TFN and declining to quote your TFN is not an offence.
- If you do not provide your TFN:
 - You may pay more tax on your benefits, and you may also have to pay the superannuation surcharge.
 - It may be more difficult to administer your benefits if we do not have your current address, if you wish to amalgamate your superannuation accounts, or you have insufficient identification to claim or inquire about your benefits.
 - You may pay more tax on dividends and distributions from investments that you hold.
 These consequences may change in the future.
- Count will only collect and use your TFN in accordance with the CountPlus Privacy Policy. It will also comply with the conditions of the Tax Administration Act.
- Count agrees to implement the necessary security to ensure that your TFN is not disclosed to any party not noted above; or misused by anyone.
- Count agrees to remove and destroy all records of your TFN should you instruct them to.

	TFN
Client 1	
Client 2	
SMSF	
Company	
Trust	

This All About You Questionnaire was completed with information gathered during your meeting and from subsequent conversations.

Client here means in your capacity as:

- Individuals
- Member / trustee of SMSF
- Director
- Authorised signatory
- Trustees
- Beneficiaries of the Trust

4. Acceptance of Terms

Client acknowledgement

I confirm that I have read, understand and accept the terms and conditions as set out in this document and wish to proceed with the services as described.

Client 1 name

Client 2 name

Client 1 signature

Client 2 signature

_____/_____/_____
Date acknowledged

_____/_____/_____
Date acknowledged

Adviser acknowledgement

- I declare that this document is an accurate and complete record of the information provided to me by the client/s.
- I have advised my client(s) of the number of providers on the insurance Approved Product List (APL), and I will consider the APL, the client's existing products (if any) and any other product my client(s) request in recommendations that I make.

Yes

Yes
N/A

Adviser name

Adviser signature

_____/_____/_____
Date acknowledged

To whom it may concern,

Authority to Provide Information



Re: Policy Number _____

We/I, _____

of _____

D.O.B. _____

request that all relevant information on our/my investments, insurance's, superannuation to be released to Insurance Management Advice Pty Ltd on request.

Mohammed Abou-Eid
Insurance Management Advice Pty Ltd
83 Sydney Rd
Coburg, VIC. 3058

Authorised Representatives of:
Count Financial Limited ABN 19 001 974 625
Australian Financial Services Licensee (AFSL number 227232)
Life Insurance Broker
Level 8, 1 Chifley Square, Sydney 2000

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Insurance Management Advice Pty Ltd

Yours faithfully

Signature

Please print name

Date: _____

To whom it may concern,

Authority to Provide Information



THE LIFE OFFICE
SECURING YOUR FUTURE

Re: Policy Number _____

We/I, _____

of _____

D.O.B. _____

request that all relevant information on our/my investments, insurance's, superannuation to be released to Insurance Management Advice Pty Ltd on request.

Mohammed Abou-Eid

Insurance Management Advice Pty Ltd
83 Sydney Rd
Coburg, VIC. 3058

Authorised Representatives of:

Count Financial Limited ABN 19 001 974 625

Australian Financial Services Licensee (AFSL number 227232)

Life Insurance Broker

Level 8, 1 Chifley Square, Sydney 2000

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Insurance Management Advice Pty Ltd

Yours faithfully

Signature

Please print name

Date: _____

Notes

Please tell us about any other changes that may be important for us to consider in reviewing the appropriateness of your current strategy

Notes

Please tell us about any other changes that may be important for us to consider in reviewing the appropriateness of your current strategy

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Best Interest Obligations

Act in the client's best interests

- Identify the objectives, financial situation and needs of the client;

- Identify the subject matter of the advice sought and circumstances relevant to that type of advice;

- Make reasonable inquiries where information appears incomplete or inaccurate;

- Only provide advice on areas where the adviser has the required expertise;

- Where reasonable to recommend a financial product, conduct a reasonable investigation into financial products that might achieve the needs and objectives of the client and assess the information gathered;

- Base all judgements in advising the client on the client's relevant circumstances;

- Take any other step that might reasonably be regarded as being in the client's best interests.

IMPORTANT

As advisers work through the processes required by the Best Interest Obligations they must keep the following critical tests front of mind:

- When replacing a product there needs to be a clear benefit to the client in making the switch; that is, it must be likely that it will leave them in a better position.
- When required, detailed comparisons of alternative products must be recorded on file, and the product recommended by the adviser must be likely to deliver benefits to the client that are at least comparable, on balance, with the alternative(s).

The Cover You Need

Income Protection (Short to Long Term Accident/Illness)

Income protection insurance (also known as salary continuance) is designed to provide a regular income in the event that you are unable to work due to sickness or injury. Generally, income protection insurance provides a regular income during a period of disablement for up to a pre-determined and agreed benefit period. Generally, the benefit amount payable is up to 75% of your income.

Factors to be aware of

- *Most income protection policies offer a range of waiting periods before you start receiving your insurance benefit (with options normally between 14 days and two years). The shorter the waiting period, the more the insurance will cost.*
- *You can also choose from a range of benefit payment periods, with maximum cover generally available up to age 65. The longer the benefit period, the more the insurance will cost.*
- *Income protection insurance is important when borrowing, as it can help meet interest payments if you are unable to work due to illness or injury.*
- *You should ensure your insurance cover is adequate for your needs. Under-insurance can present a serious problem.*

	Client 1	Client 2
In the event of accident or illness what percentage of your income would you like to receive?		
How many days Sick, Annual & Long Service leave do you have accrued?		



Monthly Sum Insured = _____
 Waiting Period = _____
 Benefit Period = _____
 Benefit Style = Agreed Value / Indemnity
 Indexation = Yes / No
 Claims Indexation = Yes / No

Notes

Life Insurance

Life insurance can be critical for a secure financial future. In simple terms, you insure yourself for a particular amount, and in the unfortunate event that you die, the insurer pays that amount.

The lump sum payment can be used to help with the repayment of debts, the covering of future needs (for example, the cost of children's education or long-term care), and providing funds for investment to generate an income, or to keep your business afloat.

Factors to be aware of

- *You should ensure your insurance cover is adequate for your needs. Under-insurance can present a serious problem.*
- *Changes in your personal circumstances (ie taking on additional debt, birth of a child) often necessitate higher insurance levels.*
- *Death benefits received via a superannuation policy may be taxed.*

	Client 1	Client 2
In the event of death, what percentage of debt would you like cleared?		
Would you like your surviving family members to receive the same income and maintain the same lifestyle as present?		



Debt	= _____
Gross Income less tax & debt repayments (x 20)	= _____
Funeral & other final expenses	= _____
Incidentals	= _____
Total	= _____
<i>Less Superannuation balance</i>	= _____
Nett	= _____

Notes

Total and Permanent Disability Insurance

Total and Permanent Disability (TPD) insurance provides a lump sum payment should you suffer an illness or injury which totally and permanently prevents you from working again.

There are broadly two main definitions of Total and Permanent Disability:

- Own Occupation** – The insured must show that they have a total and permanent disability that prevents them from working in their own occupation which they disclosed when applying for this cover. “Own Occupation” is a more liberal definition of disability, because even if you can work in another occupation, you may still be eligible to receive disability benefits. Because it is relatively easy to qualify for benefits under this definition of disability, insurance companies are limiting the availability of this type of coverage. Own occupation coverage is often more expensive, and may only be available to individuals who have a clean medical history and work in a relatively risk-free occupation.
- Any Occupation** – The insured must show that they are totally and permanently disabled and unable to work in their usual, or any other occupation for which they are reasonably suited by their education, training or experience. “Any Occupation” is often the cheaper option, however it can be more difficult to meet the requirements of this type of disability definition.

Some insurers have a third definition available to clients –a “homemaker” definition. Payment of benefits under this definition would be based on the proviso that the insured, through sickness or injury, is unable to do any normal physical domestic duties and will never be able to do so again.

Factors to be aware of

- You should ensure your insurance cover is adequate for your needs. Under-insurance can present a serious problem.*
- Changes in your personal circumstances (ie, taking on additional debt, birth of a child) often necessitate higher insurance levels.*
- There may be taxation consequences where a disability lump sum superannuation payout is made.*

	Client 1	Client 2
In the event of your disablement, what percentage of debt would you like cleared?		
Would you like your surviving family members to receive the same income and maintain the same lifestyle as present?		
In the event of your disablement who would care for you?		
In the event of disablement would \$200,000 be sufficient for home nursing care? (Assume 10 years of part-time care to relieve the person above at \$20,000 p.a.)		
In the event of disablement would \$50,000 be sufficient for out-of-pocket medical expenses? If not how much?		
In the event of disablement would \$150,000 be sufficient for home renovations and the purchase of any necessary vehicles / equipment?		



Total = _____

Critical Illness Insurance

Critical illness insurance (also known as trauma insurance) provides a lump sum benefit in the event that the life insured suffers a “critical condition” as defined by the insurance provider. Critical illness cover is designed to help you financially recover from a trauma or crisis, such as a heart attack, stroke, cancer or other life threatening conditions.

Factors to be aware of

- *You should ensure your insurance cover is adequate for your needs. Under-insurance can present a serious problem.*
- *Critical illness cover is generally not held within super. However, this insurance type may be connected with other insurances that are held in super, which can reduce the administration and costs of implementing the insurances via separate policies.*

3 possible scenarios if diagnosed with a Critical Illness: -

1. Die Quickly (Life Insurance then takes affect)

2. Die Slowly (Total & Permanent Disability Insurance then takes affect)

3. Recover / Live (Hence the need for Critical Illness)

	Client 1	Client 2
In the event of a critical illness would you prefer that all debt is cleared or would you like to insure 3 years of repayments?		
In the event of a critical illness would \$100,000 be sufficient for out of pocket medical illness?		



Total = _____