

About you

Before I make any recommendations, I need to consider your current financial situation and what you would like to achieve now and in the future. This questionnaire will help me do this.

Your details	
Your name(s)	
Planner name	
Date	

Please answer the questions as openly as honestly as you can as it will allow me to better understand what you need and what your concerns are. This will then allow me to make sure that any recommendations I make are appropriate for you.

If you do not have all the details of your situation refer to things such as last year's tax return, superannuation member statements, bank statements, credit card statements and so on.

Any financial advice I give you will be based on the answers you provided me with, further discussions we have, statements you provide me with or I obtain from the relevant third parties and investigations I make into your situation.

If you need any information at any time, would like to discuss your details further or provide me with updated information, please contact me.

My contact details

Practice name: Cornerstone Financial Group
Phone: 1300 730 588
Fax: 1300 730 580
Email: info@cornerstonefg.com.au
Website: www.cornerstonefg.com.au

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Your personal details

This section captures information about your personal details, such as your current contact details and how you would like to be contacted by us.

Individual details

	Client 1	Client 2
Title		
Surname		
Given name		
Preferred name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Date of birth		
Tax resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of residence	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
Country of citizenship	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:

Contact details

	Client 1	Client 2
Home address		
Work address		
Other address		
Mailing address	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Home phone		
Work phone		
Mobile phone		
Fax		
Email		
Contact me by		

About your family

This section captures information about your family, including your children and other family members that are dependant on you. This helps me consider both you and your family when I make my recommendations.

Dependants/Children

You have no children/dependants at this time

You choose not to provide these details now.

	1	2	3	4
Surname				
Given names				
Date of birth				
Sex	<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
Is he/she financially dependent on you?	<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
– If yes, until when?				
Do any of your children have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any other financial dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there other family matters I should know?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes				

About your health

This section captures information on your current state of health and issues I may need to know about as this may impact any advice I provide you, particularly personal insurance.

	Client 1	Client 2
How would you rate your current health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Do you currently have any personal health, lifestyle or occupation issues that may affect you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed
– If yes, please detail		
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 private health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– If yes, what type of cover?		
Who is your health insurance provider?		
Notes		

About your employment

This section captures information about your current employment situation. This helps me to understand any issues needing consideration when providing you with advice, for example, for advice on insurance, your daily duties may affect your premiums if you work in a high risk industry.

	Client 1	Client 2
Occupation type	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired from ill health <input type="checkbox"/> Sole trader <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired from ill health <input type="checkbox"/> Sole trader <input type="checkbox"/> Unemployed
Employment type	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Contact	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Contact
Employer name		
Number of hours a week		
Occupation		
Industry		
Main duties		
Qualifications		
Do you currently have a salary package in place? – If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes		

Superannuation assets

You do not have any superannuation assets.

You choose not to provide these details now.

Superannuation fund	Owner		Account number	Balance \$	Statement attached
	1	2			
	<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"/>
	<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"/>

What's important to you?

This table lists some of the reasons why people seek financial advice. To complete this section:

- Read each reason and tick the ones that are important to you.
- Include any other reasons why you have come to see me in the blank rows.
- Rank each reason in order of priority. 1 = high, 2 = medium, 3 = low.
- Select your preferred timeframe. Short = within a year, medium = 1- 5 years, long = more than 5 years.

Superannuation planning

	Timeframe	Priority	Amount
I'd like to align the way my super assets are invested with my attitude to risk.	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Superannuation planning considerations

This section captures information about any concerns you have with your superannuation planning and any specific issues you would like to address.

You have no super planning needs now.

You choose not to provide these details now.

	Client 1	Client 2
Have you made a personal contribution in the last 3 years? – If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Amount: Tax deductions claimed: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Amount: Tax deductions claimed: \$
Does your employer allow you to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you previously received the	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

low rate cap on lump sum super withdrawals? – If yes, give details	Date: Amount \$	Date: Amount \$
Do you have lost super funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you want a lost super search conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received an Employment Termination Payment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

* Attach a copy of your statement or *complete Payments on termination of employment in the Appendix.*

Which product features interest you?

	Client 1	Client 2
Being able to keep the super fund when changing employers.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to pay for advice fees through the super fund.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to access a wide range of investment options	<input type="checkbox"/>	<input type="checkbox"/>
Specific investment preferences. <i>eg ethical, environmental</i>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to make binding death benefit nominations.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to take out extensive insurance cover within the fund.	<input type="checkbox"/>	<input type="checkbox"/>
A fund that is offered by a large established financial institution.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to access details online.	<input type="checkbox"/>	<input type="checkbox"/>
Notes		

Risk profile

Your risk profile looks at investment risk and your attitude to it. By asking you more detailed questions we can determine the most appropriate investment strategies to match your investment risk profile. Once all the sections are complete, we will discuss your scores and whether or not you are comfortable with the outcome. Where you hold assets jointly, you and your partner need to agree on a combined score.

1. What is your major investment objective?		Score	1	2	Joint
Avoid any fluctuation in the value of my investments.		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain the security of my investments with regular income to live on.		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain regular income with some exposure to capital growth.		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximise the growth of my investments.		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you react if your investments were to decline in value by 20% in one year?		Score	1	2	Joint
Withdraw all my funds immediately and move them to bank deposits.		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw part of my money and move it to an alternative strategy.		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait until I recovered the 20% loss and then consider alternative strategies.		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remain invested and follow the recommended strategy.		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the amount investment if possible because the market has become cheaper.		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An investment portfolio with high exposure to growth assets tends to generate higher returns, albeit with some volatility. To what extent are you willing to experience volatility to generate higher returns?		Score	1	2	Joint
I'm very comfortable. I understand that to generate higher returns there is risk of fluctuation of my investments in the short term. However, over the long term, there is a low risk of capital loss.		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm somewhat comfortable, assuming there is a limit to the volatility.		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm a little uncomfortable seeing my investments fluctuate.		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm much more comfortable with investments that have minimal volatility.		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Which of the following best describes your attitude towards investment losses?		Score	1	2	Joint
I would check the value of my investments several times a month and feel very uneasy if I began to lose money.		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily losses make me uncomfortable, but are not cause for alarm. I would, however, start to feel very uneasy if I made a loss on my investments over a 12-month period.		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take substantial day-to-day changes in my stride. However I would start to feel very uneasy if I didn't recover any significant losses within a 1 to 2 year time frame.		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my investment suffered significant losses over a 2 year period and I still believed in my long-term strategy, I would remain fully confident of a recovery in performance.		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What is your preferred strategy for managing investment risk?			1	2	Joint
To have a diversified investment portfolio across a range of asset classes to minimise risk		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to reduce it as investment risk leads to higher returns over the long-term.		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To invest mainly in capital stable investments.		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't understand the definition of 'investment risk'. I rely on my financial planner to achieve this.		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In the past, how would you describe your overall investment decisions?	Score	1	2	Joint
Not applicable. I'm a first time investor or have only ever invested via my superannuation fund	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good, I have stuck to stable and safe investments.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good, I have been rewarded for making investments that can fluctuate in value.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair, however I would like to improve my returns.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had some losses, but am willing to give it another go.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had some losses and am reluctant to invest in anything that fluctuates in value.	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Which of the following best describes your understanding of the investment market?	Score	1	2	Joint
I am an experienced investor and constantly keep up to date with the investment market. I've had exposure to various asset classes and am fully aware of the risks involved to gain high returns.	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My awareness of the financial market is limited to information passed on by my broker or financial planner. I rely on the professionals to keep me up to date.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have little awareness of the investment market. However, I have a desire to build my knowledge and understanding.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not familiar with investments or financial markets.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. What is your willingness to risk shorter term losses for the prospect of higher longer term returns?	Score	1	2	Joint
High	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever borrowed money to make an investment other than your own home eg investment property, holiday home, share portfolio, margin loan etc?	Score	1	2	Joint
No	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, but I'm willing to consider it now	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I'm not prepared to borrow at the moment to invest	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total score	Client 1	Client 2	Joint	
Add up the scores for each question and record the totals.				
According to the information below, what is your risk profile?				
If you don't agree with above, what is your preferred risk profile?				

Risk benchmarks

Score	Investment risk profile	Score	Investment risk profile
N/A	Short duration (100% cash)	161 - 210	Moderately conservative (55% growth)
		211 – 260	Balanced (70% growth)
50 - 110	Conservative (25% growth)	261 – 310	Moderately aggressive (85% growth)
111 – 160	Cautious (40% growth)	311 – 350	Aggressive (100% growth)

Go to *Appendix – Investor risk profile summary* for an explanation of your risk profile.

Investor risk profile summary

Your attitude to investment risk is a crucial factor in determining an appropriate investment strategy to meet your needs. Investing is considered risky because there is uncertainty about how the investment will perform over the short and long term. Different types of investments experience different levels of volatility. Negative returns can happen at any time, so during periods of poor performance, remaining invested for the minimum investment term will provide an opportunity for your portfolio to recover.

Here are the main approaches to investing, otherwise known as investment risk profiles.

Score	Risk profile	Description
N/A	Short duration (100% cash)	Protection of capital or certainty of income is your only objective. You do not wish to attain higher returns if your capital is at risk
50 – 110	Conservative (25% growth)	You are a defensive investor. You are willing to consider less risky assets; mainly cash only and some fixed interest investments. You are prepared to accept lower returns to protect the value of your capital. The recommended minimum investment term is 2 years.
111 – 160	Cautious (40% growth)	You are a cautious investor seeking a combination of income and growth, but risk must continue to be low. Therefore, you will maintain a greater weighting to defensive assets within your portfolio, but, will consider including some of the less aggressive growth investments. Generally you are willing to chase improved short-term returns while accepting some, limited short-term volatility. The recommended minimum investment term is 3 years.
161 – 210	Moderately conservative (55% growth)	You are an investor seeking a combination of income and growth from your investment portfolio. Generally, you are willing to chase medium to long-term goals while accepting the risk of short to medium-term negative returns. Your investment mix is likely to include an equal mix of the defensive assets and growth assets such as equities and property. The recommended minimum investment term is 4 years.
211 – 260	Balanced (70% growth)	You are a growth investor. You are willing to consider assets with higher volatility in the short-term (such as equities and property) to achieve capital growth over the medium to longer term. Your investment mix will comprise a greater share of growth assets. The recommended minimum investment term is 5 years.
261 – 310	Moderately aggressive (85% growth)	You are a growth investor. Prepared to accept higher volatility in the short to medium term, your primary concern is to accumulate growth assets over the long term. Your investment mix will spread across all asset sectors but will mainly consist of more aggressive investments. The minimum investment term is 7 years.
311 – 350	Aggressive (100% growth)	Your primary objective is capital growth. You are an aggressive growth investor and are prepared to compromise your portfolio balance to pursue greater long-term returns. You are willing to accept higher levels of risk. Fluctuation in capital is acceptable in the short-medium term for the greater potential for wealth accumulation. With the exception of a minimal level of cash for liquidity purposes, your investment mix will only consist of growth assets such as international and domestic equities. The minimum investment term is 7 years.