



# CLIENT PROFILE

Private & Confidential

*Your Names:* \_\_\_\_\_

*Your Financial Adviser:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## **Financial Services Guide & Privacy Policy**

*Date Provided:* \_\_\_\_\_

*Version No:* \_\_\_\_\_

*Delivery Method:* \_\_\_\_\_

## Purpose of questionnaire

This confidential information questionnaire is an important document, because it helps your financial adviser gather information about you: your current situation, your current and future financial needs and what you ultimately hope to achieve in the future. Without this information, it will not be possible for your adviser to build a financial plan (called a statement of advice) that takes into account all of these factors. Not only is this good practice, it is also a legal requirement and we accept no liability for any advice given on the basis of inaccurate or incomplete information.

There is also legislation requiring your financial adviser to take your confidentiality seriously. However, we may disclose your personal information to fund managers, contractors or third party service providers to whom we may outsource services such as mailing functions and accounting. We may also gather health information about you and disclose it to insurers as necessary to organise insurance cover for you.

We may also use your personal information to tell you about other products and services available from other related companies. Please contact CMA Financial Services on 03 9836 1533 if you do not consent to us using or disclosing your personal information in these ways. It is important that you contact us because by appointing CMA Financial Services as your financial adviser, you will be taken to have consented to these uses and disclosures.

In most cases, you can gain access to the personal information that we hold about you. We aim to ensure that the personal information we retain about you is accurate, complete and up to date. To assist us with this, please contact us if any of your details change. If you have concerns about the completeness or accuracy of your information, we will take steps to correct it.

## Using this form

Please complete all sections of this questionnaire that are applicable to your circumstances. This questionnaire is important as it forms the basis of any advice provided to you. Please feel free to provide any additional information (i.e. investment or superannuation statements, budget details, etc.) which you feel will help us to better understand your situation.

**Please allow your adviser the time to work through this questionnaire and any relevant paperwork. Providing complete and accurate information is the first step to securing your financial future.**

*CMA Financial Services Pty Ltd ATF CMFS Unit Trust ABN 50 361 794 450 (CAR 432201) and Vaughan Franks (AR 231419) are Authorised Representatives of Boston Reed Pty Ltd AFSL 225738, ABN 89 091 004 885*

## Personal Details

	You	Your partner
Title		
Family Name		
Given Name		
Preferred Name		
Maiden name (if applicable)		
Date of Birth		
City/Town of birth		
Country of birth		
Nationality		
Tax residency		
Marital status		
How would you rate your health?	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Do you have any health concerns that you believe may impact your short, medium, or long term plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have private health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Health Insurance Provider?		
Level of Private Health Insurance Cover?		

## Children and dependents

Name	Date of Birth	Dependent
		No <input type="checkbox"/> Yes until age
		No <input type="checkbox"/> Yes until age
		No <input type="checkbox"/> Yes until age
		No <input type="checkbox"/> Yes until age

## Contact details

	You	Your partner
Home Address (Suburb and Postcode)		
Date moved in (if less than 3 years please provide Previous address and dates)		
Mailing address (if different to above)		
Home Phone		
Work Phone		
Mobile		
Email		
Preferred Contact	Work <input type="checkbox"/> Mobile <input type="checkbox"/>	Home <input type="checkbox"/> Email <input type="checkbox"/>

## Goals and Objectives

In this section, we ask you to tell us in your own words what you would like us to help you with. Why is money important to you? What are your goals and objectives (financial and/or lifestyle)?

To assist us in providing you with suitable and appropriate advice, please rate your goals and objectives in order of importance to you. The numbers represent:

1. Not important   2. Slightly important   3. Important   4. Very important   5. Most important

### Why is money important to you?

### Short term goals (less than 3 years)

Description	Amount (\$)	Timeframe	Level of importance				
			1	2	3	4	5
			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Medium term goals (3 to 5 years)

Description	Amount (\$)	Timeframe	Level of importance				
			1	2	3	4	5
			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Long term goals (more than five years)

Description	Amount (\$)	Timeframe	Level of importance				
			1	2	3	4	5
			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your main reason for seeking advice?

Should your adviser take into account any ethical, socially responsible or sustainable preferences when providing a recommendation?  Yes  No

If yes, please specify your preferences:

Environmental issues  Social issues  Corporate Governance issues

Further Details:

Planned Capital Expenditure

E.g. Holiday, new car, renovations, saving for children’s education.

Description	Estimate Amount	Timeframe

Retirement Planning considerations

	You	Your partner
When do you expect to retire? (Age or year)		
What amount of after tax income do you want in retirement? <i>Please include frequency e.g. per week, per month, per annum.</i>	\$	
Have you been receiving a Centrelink or Veterans Affairs benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How important to you is receiving Centrelink benefits in retirement?	<input type="checkbox"/> Important <input type="checkbox"/> Not Important	<input type="checkbox"/> Important <input type="checkbox"/> Not Important
Have you gifted any money within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

## Employment Details

	You	Your partner
Occupation		
Qualifications		
Employment status (fulltime, self-employed)		
If Self Employed (partnership, company)		
Employer		
Date joined the employer		
Prior employment if less than 3 months (dates, employer, role, income)		
Do you have a HECS Debt?		
Will you leave your employment soon?		
If yes, when will you finish?		
What is the reason you are leaving? (resignation, etc.)		
Will you receive a redundancy payment or termination payment?		
Do you intend to return to employment? If so, when?		

## Income Details

**Save time: Provide copies of your latest pay slip or tax return instead of filling in the below information**

	You	Your partner
What is your Tax File Number?		
What is your Annual Salary/Employment Income?		
Do you receive any bonuses/commissions? Provide details		
Do you participate in any salary packaging arrangements? i.e. motor vehicle leasing, share schemes, salary packaging card? Provide details		
Investment Income:		
• Interest		
• Dividends/Distributions		
• Rental income		
Retirement Income Streams:		
• Allocated Pension		
• Allocated Pension		
Income Support:		
• Centrelink:		
<b>TOTAL Income</b>	<b>\$</b>	<b>\$</b>

## Expenses

*Save time: provide a copy of your own budget spreadsheet or request a copy of our expenses schedule.*

	Weekly	Fortnightly	Monthly	Quarterly	Yearly
Health Care					
Entertainment					
Personal Care					
Children					
Insurance					
Food					
Housing					
General					
Employment-related					
Motor vehicle / Transport					
Utilities					
Taxes					
Debt – Short Term					
Debt – Long Term					
Other					
<b>Total expenses</b>	<b>X52</b>	<b>X26</b>	<b>X12</b>	<b>X4</b>	<b>X1</b>
				<b>Total per annum</b>	

## What you own

### Personal Assets

Description	Owner	Market Value
Principal residence (home)		
Household contents		
Car 1		
Car 2		
Other (Boat, caravan, antiques, etc.)		

**Save time: Provide copies of your latest Savings/Investments/Superannuation/Loan/Mortgage/Credit Card Statements instead of filling in the below information**

### Savings – Cash / Term Deposits

Description	Provider	Owner	Current Value

### Investments – Managed Funds / Direct Shares

Description	Provider	Owner	Current Value

### Superannuation – Accumulation / Pension / Self Managed Super Fund

Description	Provider	Owner	Current Value

### Superannuation contributions

	You		Your partner	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ or %	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ or %
Superannuation Guarantee (SG)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Salary sacrifice	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal deductible	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Non-concessional (After tax)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	



### Self-Managed Superannuation Fund (Details)

Name	
Trustees	
Date of Trust Deed	
Members	
TFN and ABN	

### Investment Property

Description	Date acquired	Owner	Original purchase price	Market Value	Annual Rent (Gross)	Annual Expenses

### What you owe

E.g. Personal loans, HECS, loans to family members, business loans.

Description	Lender	Owner	Amount owing	Interest rate	P&I or Interest?	Payment amount	Frequency (monthly)

### Notes:

## Wealth Protection

Is wealth protection (personal risk insurance) to be considered at this time?

- Yes  
 No

*Adviser note: If yes, complete wealth protection questionnaire with clients.*

## Personal Insurances

Please provide us with details of your existing Life, Total and Permanent Disability, Trauma, and Income Protection cover.

CLIENT	Amount of Cover	Provider	Policy Number	Annual Premium
Life via Super				
Life outside of Super				
Total and permanent disability				
Trauma				
Income Protection				
Business overheads				

PARTNER	Amount of Cover	Provider	Policy Number	Annual Premium
Life via Super				
Life outside of Super				
Total and permanent disability				
Trauma				
Income Protection				
Business overheads				

## Notes:

# Estate Planning

	You	Your Partner
Do you have a current Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your Will reflect your current wishes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When was it last reviewed?		
Have your circumstances changed since it was last reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is your Will located?		
Who is/are your Executor(s)?		
Do you have a testamentary trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an Enduring Power of Attorney (Financial)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Attorney/s?		
Relationship to you		
Do you have an Appointment of Medical Treatment Decision Maker/Enduring Power of Attorney (Medical)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Attorney/s?		
Relationship to you		
Do you have an Appointment of Enduring Guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Guardian/s?		
Relationship to you		
Do you have an Advanced Health Directive?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you nominated a beneficiary for your superannuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of nomination	Non-binding <input type="checkbox"/> Binding <input type="checkbox"/> Non-lapsing <input type="checkbox"/> Reversionary <input type="checkbox"/>	Non-binding <input type="checkbox"/> Binding <input type="checkbox"/> Non-lapsing <input type="checkbox"/> Reversionary <input type="checkbox"/>
What is the date this nomination was established?		
Provide details of the nominated beneficiary(ies)		

Are there any special estate planning issues or requirements such as special bequests, testamentary trusts or substantial inheritances that your financial adviser should be aware of? If yes, please detail:

## Entities

Are you involved in any company, trust, private business, etc.?

Yes

No

*If yes, please provide the details below.*

### Company

Name	
Directors	
Secretary	
Shareholders	
Date of Registration	
TFN	
ACN / ABN	

### Trust

Name	
Trustee/s	
Directors	
Shareholders	
Date of Trust Deed	
Beneficiaries	
TFN	
ACN / ABN	

### Other

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# Risk Profile Discussion

## Understanding Risk and Return

Most people understand that to achieve higher returns they need to take on higher levels of risk. They also understand that a 'High Growth' portfolio has a higher level of risk than a 'Conservative' portfolio. What is less clear is the difference in returns and risks of the different portfolios.

This information sheet provides historical returns for different benchmark portfolios over the last 15 years. It has two important aims:

- Assist you in understanding the risk/return trade-off across different portfolios. For example, how much higher are the returns and risks for a portfolio with a greater exposure to growth assets.
- Assist you in understanding the level of risk in each portfolio and the potential size of annual gains and losses.

In using the information sheet you should recognise that it is simply based on historical performance and that future performance may be different. Unfortunately, there are no guarantees with future performance and what you experience may be significantly different to what is shown on the table below. For example, the lowest annual return is the lowest return in the last 15 years and it is possible that a lower return could occur in the next 15 years. The below information is provided by Lonsec, a research house that produce reports on market performance.

### Worst, Best and Average 12-month return based on a 15-year rolling performance\*:

	Secure 100% Defensive	Defensive 80% Defensive 20% Growth	Conservative 60% Defensive 40% Growth	Balanced 40% Defensive 60% Growth	Growth 20% Defensive 80% Growth	High Growth 100% Growth
<b>Worst annual return</b>	0.0%	-6.4%	-11.1%	-19.4%	-27.5%	-34.7%
<b>Best annual return</b>	7.8%	10.4%	16.0%	20.9%	26.3%	31.4%
<b>Average annual return</b>	2.8%	4.5%	5.5%	6.1%	6.7%	7.4%

Reference: Lonsec Research - June quarter 2023

### Worst, Best and Average 3-year return based on a 15-year rolling performance\*:

	Secure 100% Defensive	Defensive 80% Defensive 20% Growth	Conservative 60% Defensive 40% Growth	Balanced 40% Defensive 60% Growth	Growth 20% Defensive 80% Growth	High Growth 100% Growth
<b>Worst annual return</b>	0.3%	-0.2%	-0.3%	-3.4%	-6.4%	-9.5%
<b>Best annual return</b>	6.8%	8.5%	12.0%	14.9%	18.1%	21.3%
<b>Average annual return</b>	3.1%	5.0%	5.8%	6.3%	6.8%	7.1%

Reference: Lonsec Research - June quarter 2023

\* Please note that past performance is not a reliable indicator of future performance. These returns are before fees, taxes and transaction costs. Actual returns will depend on the actual investments used and your personal circumstances. These returns are based on index returns for each asset class. Index returns are a good approximation of actual returns however, the actual returns will depend on the actual investments used and your personal circumstances.

## Asset Allocation

The asset allocations for each benchmark portfolio determined are based on a standard risk-return basis as per Lonsec research, they will vary over time depending on market sentiment for each asset class and future returns possibility. You may have your own views or have your own preferences on how to invest your funds. For this reason, we also provide the indicative asset allocations for each portfolio.

	<b>Secure</b> Secure 100% Defensive	<b>Defensive</b> 80% Defensive 20% Growth	<b>Conservative</b> 60% Defensive 40% Growth	<b>Balanced</b> 40% Defensive 60% Growth	<b>Growth</b> 20% Defensive 80% Growth	<b>High Growth</b> 100% Growth
<b>CASH:</b>	<b>100%</b> [100%]	<b>25%</b> [15%-35%]	<b>10%</b> [0%-20%]	<b>5%</b> [0%-15%]	<b>2%</b> [0%-10%]	<b>0%</b> [0%]

<b>BONDS:</b>	<b>0%</b> [0%]	<b>55%</b> [45%-65%]	<b>50%</b> [40%-60%]	<b>35%</b> [25%-45%]	<b>18%</b> [12%-24%]	<b>0%</b> [0%]
Australian Fixed Interest	nil	<b>29%</b> [15%-45%]	<b>26%</b> [13%-40%]	<b>18%</b> [12%-27%]	<b>10%</b> [6%-17%]	nil
Global Fixed Interest	nil	<b>26%</b> [14%-42%]	<b>24%</b> [12%-39%]	<b>17%</b> [9%-26%]	<b>8%</b> [4%-16%]	nil

<b>EQUITIES:</b>	<b>0%</b> [0%]	<b>16%</b> [11%-21%]	<b>32%</b> [24%-44%]	<b>49%</b> [39%-59%]	<b>68%</b> [58%-78%]	<b>88%</b> [78%-92%]
Australian Equities	nil	<b>8%</b> [6%-12%]	<b>16%</b> [12%-22%]	<b>23%</b> [16%-30%]	<b>32%</b> [22%-42%]	<b>41%</b> [31%-51%]
Global Equities	nil	<b>8%</b> [6%-12%]	<b>16%</b> [12%-22%]	<b>26%</b> [16%-38%]	<b>36%</b> [22%-50%]	<b>47%</b> [33%-61%]

<b>PROPERTY &amp; INFRASTRUCTURE:</b>	<b>0%</b> [0%]	<b>4%</b> [1%-7%]	<b>8%</b> [3%-9%]	<b>11%</b> [8%-14%]	<b>12%</b> [8%-16%]	<b>12%</b> [8%-16%]
Australian Listed Property	nil	<b>2%</b> [0%-5%]	<b>3%</b> [0%-6%]	<b>3%</b> [0%-6%]	<b>3%</b> [1%-7%]	<b>3%</b> [1%-7%]
Global Listed Property	nil	Nil	<b>2%</b> [0%-5%]	<b>2%</b> [0%-6%]	<b>3%</b> [0%-6%]	<b>3%</b> [0%-6%]
Global Listed Infrastructure	nil	<b>2%</b> [0%-6%]	<b>3%</b> [0%-9%]	<b>6%</b> [0%-10%]	<b>6%</b> [0%-10%]	<b>6%</b> [0%-10%]

Reference: Lonsec Research - June quarter 2023

## Investment Profile Form

The investment profile questionnaire is used to help gain an understanding of your previous investment experience and your attitude to risk. It is completed through discussion with you and with reference to the "Understanding Risk and Return" section above.

There are no right or wrong answers - what is important is that we have a clear understanding of your investment experience and feelings towards risk so that we can make recommendations which are appropriate for you.

- Some people are comfortable investing solely in shares even though they understand the value of shares can rise and fall sharply in a matter of days. During the GFC, Australian shares fell by over 50% in an 18 month period. Clients investing solely in shares are doing so on the basis that shares have historically provided the highest returns over the long term despite these periods of significant losses.
- Some people are not as comfortable with investing in shares. They prefer to invest in term deposits, safe in the knowledge that their savings' capital value won't go backwards. In return for this security, they are prepared to accept that their returns will be less than those for share investments.
- Most people fall somewhere in between. They have some investments in the higher risk / higher return assets such as shares and property and some in the lower risks / lower return assets such as cash and fixed interest. The task for most investors and their financial adviser is finding the right balance.

## INDICATIVE RISK PROFILE

**Secure**

**Defensive**

**Conservative**

**Balanced**

**Growth**

**High Growth**

Instructions - please indicate where you fall on the line by entering an X and moving it into the correct position with your space bar.

### 1. Which of the following do you feel best describes your attitude toward investing?

Low risk taker not prepared to take on risk

Average risk taker and comfortable in taking a calculated risk with investments

High risk taker prepared to take on greater risks for greater returns

Client 1



Client 2



### 2. Which of the following statements best describes your experience and knowledge of investing?

I have taken very little interest in investing and know very little about the markets

I have some experience with investing and some understanding of the markets

I have taken an interest in my investments and have a good understanding of the markets

I have significant investment experience and have a strong understanding of the markets

Client 1



Client 2



### 3. Which of the following statements describes your feelings towards an investment?

I want my money to be totally secure at all times and I accept that lower returns come with more secure investments

I want my money to grow by more than the rate of inflation and will accept a small level of risk

I want my money to produce solid returns and I accept that requires a moderate level of risk with volatility and short term losses

I want my money to produce a higher return and I accept that it will involve higher levels of risk with volatility and medium term losses

Client 1



Client 2



### 4. If your investments went down in value by 25%, what do you expect you would do?

I would withdraw all my funds and move them back to term deposits

I would withdraw some of my funds and move them back to term deposits

I would discuss the investment with my financial adviser and ask for guidance

I would understand that investments can fluctuate and would do nothing

Client 1

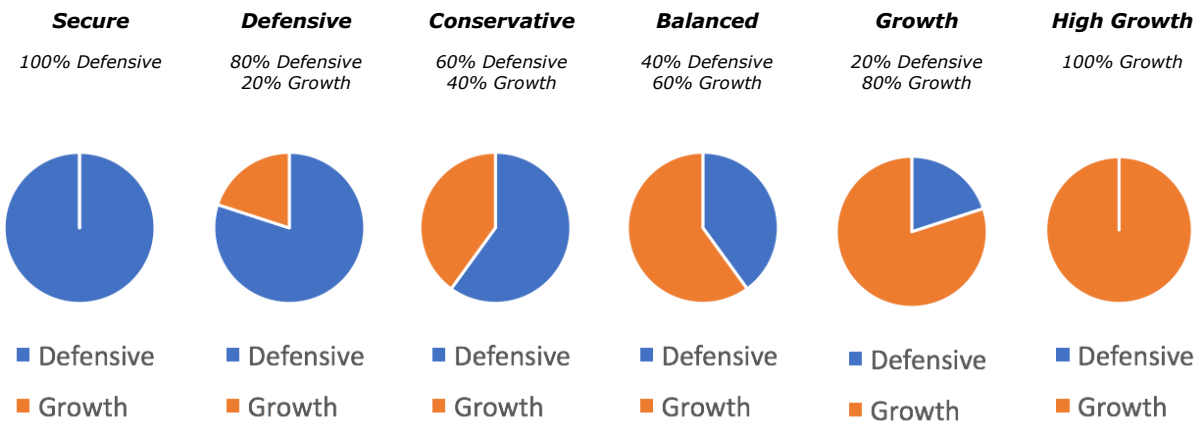


Client 2





**5. Using the Portfolio Information Sheet & your answers from the questions considered above, which Portfolio do you feel is most appropriate for you given your attitude to risk?**



Client 1



Client 2



**6. Would you like to make any changes to the asset allocation of the suggested model portfolio?  
For example, reducing or increasing the allocation to any of the asset classes?**

No

Our preferred asset allocation is;

- % Cash
- % Bonds
- % Property & Infrastructure
- % Equities
- % Other

**File note – Risk Profiling Discussion (Adviser Use Only)**

## Next Steps

Your attitude to risk is just one factor to consider in determining the financial strategies and products which are most appropriate for you. We will also consider other factors such as your investment time frame, whether you require income from your investments and how different investments fit with your tax planning.

Where you have clear financial goals, we may also complete projections using your selected portfolio to assess whether you will reach your goals. In some cases, you may need to take on greater risk to reach your financial goals. Alternatively, you may need to lower your goals to something more attainable.

At this stage, we simply want to make sure you understand the level of risk in the portfolio selected above and that you are comfortable with the level of risk for the portfolio.

- I/we have read and understand the Risk Profile Discussion section, including the sub sections, Understanding Risk and Return, Asset Allocation and the Investment Profile Form questionnaire.
- I/we understand the concept of risk, return and asset allocation and acknowledge that the information provided is an adequate reflection of my/our attitude to investment risk and timeframe.

Name		
<b>Signature</b>		
Date		

Going forward, we will revisit your selected portfolio to ensure it continues to be appropriate for you. Where we recommend a significant change to your portfolio, we will ask you again to confirm that you are comfortable with the level of risk for the new portfolio.

## Other Advisers

Description	Name	Address	Telephone / Email
Accountant			
Solicitor			
Mortgage Broker			

May we contact your other Advisers to confirm details of your current situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Electronic Communication

It is a requirement that we provide you with disclosure documents, Statement of Advice (SoA), Record of Advice (ROA), and Product Disclosure Statements (PDS) for each product and investment option that we recommend. We also provide you with research reports and investment reports where applicable, which provide you with information on each investment option recommended.

We encourage you to receive these documents via secure ShareFile Portal, email or on a USB where appropriate, which may then be viewed on your home or work computer at any time. Paper copies of documents received via email or USB will be provided free of charge on request.

## Tax File Number

Boston Reed Pty Ltd is permitted by taxation and superannuation law to collect your tax file number. Declining to quote your tax file number is not an offence, but if you do not supply us with your tax file numbers:

- Tax will be deducted from income earned on your investment (i.e. non-superannuation) account(s) at the highest marginal tax rate plus Medicare Levy;
- Tax may be deducted from any payment to you from your superannuation account(s) at the highest marginal tax rate plus Medicare Levy;
- We may also be required to remit the maximum surcharge on your superannuation contributions to the Australian Taxation Office.

We assure you this information is kept confidential and is held securely. We will not pass any of your details to another party without your express permission to do so unless required by law. We will take all reasonable steps to protect personal and sensitive information from misuse, loss and unauthorised access.

## Client Acknowledgements

- I/We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge and may have been compiled on my/our behalf and may not be in my/our own handwriting. I/We have disclosed to CMA Financial Services all information that I am/we are aware of that would be relevant to the provision of advice / recommendations by CMA Financial Services.
- I/We have willingly provided the information contained in this Client Profile which accurately reflects my/our relevant personal circumstances and give consent to its use in the preparation of advice / recommendations by CMA Financial Services.
- I/We give permission for this information to be used in accordance with the purposes set out on page 2 of the questionnaire and I/we understand that all recommendations will be based solely on the information supplied in this form.
- I/We authorise CMA Financial Services to communicate with me/us electronically via email or via secure client portal. This includes documentation relating to advice, recommendations and related disclosure documents.
- I/We have been given a Financial Services Guide and Privacy Policy Version No.     by CMA Financial Services on
- I/We understood the Privacy Policy and consent to the collection, use and disclosure of my/our personal information in accordance with the procedures outlined in this policy.
- I/We understand that CMA Financial Services will provide me/us with a letter of engagement, which outlines the agreed advisory services and associated professional costs, which I/we will need to accept prior to CMA Financial Services commencing work or providing any advice and/or recommendations to me/us.
- I/We agree to the collection and retention of my/our Tax File Numbers (TFNs).

Name		
<b>Signature</b>		
Date		

## Adviser Declaration

- I have discussed with the client(s) the importance of obtaining personal and financial details in order to provide recommendations that are appropriate to their needs and circumstances.
- Where the client(s) have not provided all of the details, I have warned them of the consequences that the recommendations that I provide may not be appropriate to their needs and circumstances.

Adviser Name	
<b>Adviser Signature</b>	
Date	