



# Privacy Acknowledgment and Consent

## In this Document

'We', 'us' and 'our' refer to: Novatax Pty Limited Trading As Novatax Financial Planners and its Authorised Representatives.

'You' and 'your' refer to: The individual whose information we collect and hold for our purposes.

## Collection of personal information

We collect personal information (*including customers' full name, address and contact details*) so that we may administer our customer relationships and provide customers with the products and services they request.

Where it is necessary to do so, we also collect information on individuals such as company directors and officers (*where the company is our customer*), as well as customers' agents and persons dealing with us on a 'one-off' basis.

The law can also require us to collect personal information, eg. Commonwealth legislation requires us to identify persons who open or operate accounts.

## You must provide us with accurate and relevant information

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

## Other Disclosures

Personal information may be disclosed to:

- if you have life insurance arranged by us; the life insurance company and its officers who you are applying for cover with or already hold cover with.
- if you have superannuation or managed investments; external product providers into which you might direct some of your investment, other product providers to which your investment might be transferred.

In all circumstances where our advisers and staff may become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our advisers and staff for our purposes to do with servicing you.

We may be allowed or obliged to disclose information by law, eg. Under Court Orders or Statutory Notices pursuant to taxation or social security laws.

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PERSONAL DETAILS

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**CLIENT 1.**

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_  
GIVEN NAMES \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
CITY & COUNTRY OF ORIGIN \_\_\_\_\_  
HOME PHONE NO \_\_\_\_\_ MOBILE NO \_\_\_\_\_  
WORK PHONE NO \_\_\_\_\_  
WORK STATUS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ INDUSTRY \_\_\_\_\_  
PREFERRED EMAIL \_\_\_\_\_

**CLIENT 2.**

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_  
GIVEN NAMES \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
CITY & COUNTRY OF ORIGIN \_\_\_\_\_  
HOME PHONE NO \_\_\_\_\_ MOBILE NO \_\_\_\_\_  
WORK PHONE NO \_\_\_\_\_  
WORK STATUS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ INDUSTRY \_\_\_\_\_  
PREFERRED EMAIL \_\_\_\_\_

**CHILDREN/FAMILY MEMBERS**

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_

OTHER PROFESSIONALS

**ACCOUNTANT**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AUTHORITY TO CONTACT

YES

NO

*Do we have your authority to contact other advisers for any additional information necessary for the preparation of your Statement of Advice?*

DATE OF FIRST CONTACT \_\_\_\_/\_\_\_\_/\_\_\_\_

**SOLICITOR**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AUTHORITY TO CONTACT

YES

NO

*Do we have your authority to contact other advisers for any additional information necessary for the preparation of your Statement of Advice?*

DATE OF FIRST CONTACT \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO YOU HAVE:**

Client 1.

Client 2.

**UP TO DATE WILL**

YES

NO

YES

NO

**POWER OF ATTORNEY**

YES

NO

YES

NO

**ENDURING POWER OF ATTORNEY**

YES

NO

YES

NO

**INSURANCE BROKER**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AUTHORITY TO CONTACT

YES

NO

*Do we have your authority to contact other advisers for any additional information necessary for the preparation of your Statement of Advice?*

DATE OF FIRST CONTACT \_\_\_\_/\_\_\_\_/\_\_\_\_

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EMPLOYMENT DETAILS

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**CLIENT 1.**

POSITION TITLE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

RETIREMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

INCOME \_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_

**CLIENT 2.**

POSITION TITLE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

RETIREMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

INCOME \_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_

Do you intend to stay with your current employer or are you contemplating leaving?

\_\_\_\_\_

Do you foresee any substantial change to your income in the next two to five years?

\_\_\_\_\_

After retirement do you intend to work either again on a full time or part time basis?

\_\_\_\_\_

**REGULAR EXPENSES**

What is your current yearly expenditure? \$ \_\_\_\_\_ (If unsure use table below as a guide)

	WEEKLY \$	MONTHLY \$	YEARLY \$
<b>HOUSING</b>			
Rent			
Home Mortgage Repayments			
Council Rates			
Water Rates			
Electricity			
Gas / Oil			
Telephone / Internet / Pay TV (Foxtel)			
House & Contents Insurance			
Household Repairs / Maintenance			
Furnishings			
<b>TRANSPORT</b>			
Running Costs / Petrol / Fuel			
Registration & Third Party			
Comprehensive Insurance			
Maintenance / Services / Repairs			
Licence Fees / Fines / Parking / Tolls			
Public Transport / Taxi Fares			
Loan / Leave Repayments			
<b>FOOD</b>			
Groceries / Meat / Fruit & Vegetables			
Lunches			
Alcohol / Cigarettes			
<b>HEALTH</b>			
Health Benefits / Insurance			
Gym Membership			
Chemist / Medical / Dental / Optical			
<b>EDUCATION</b>			
School Fees / Excursions / Other			
Child Care			
Other			
<b>PERSONAL</b>			
Clothing / Footwear			
Sport / Recreation / Hobbies			
Gifts / Presents / Christmas			
Holidays			
Books / Magazines / Newspapers			
Subscriptions / Fees			
Life / Disability / Income Protection Insurances			
<b>OTHER</b>			
Child Support / Maintenance			
Pets / Vet Fees			
Charities / Donations			
Miscellaneous			
<b>TOTAL</b>			

Do you expect any major **one-off expenses** in the next:

12 months

3 years

5 years

ASSET DETAILS

	CLIENT 1.	CLIENT 2.
PRINCIPLE RESIDENCE	\$	\$
INVESTMENT PROPERTY	\$	\$
HOLIDAY HOUSE	\$	\$
PROPERTY TRUSTS	\$	\$
BANK / BUILDING SOCIETY / CREDIT UNION / CASH	\$	\$
AT CALL	\$	\$
FIXED TERM	\$	\$
INSURANCE / FRIENDLY SOCIETY BONDS	\$	\$
SHARES / SHARE TRUSTS	\$	\$
DEBENTURES / CONVERTIBLE NOTES	\$	\$
MORTGAGE / LOANS MADE	\$	\$
SUPERANNUATION	\$	\$
INSURANCE POLICIES ( <i>surrender value</i> )	\$	\$
ANNUITIES ( <i>residual value</i> )	\$	\$
DEFERRED ANUITIES	\$	\$
APPROVED DEPOSIT FUNDS	\$	\$
INTERNATIONAL INVESTMENT	\$	\$
COMPANY INVESTMENTS	\$	\$
PARTNERSHIPS	\$	\$
JOINT VENTURES	\$	\$
OTHER	\$	\$
CAR	\$	\$
CARAVAN	\$	\$
BOAT	\$	\$
HOME CONTENTS	\$	\$
ANTIQUES / ART	\$	\$
OTHER	\$	\$
PROVISIONAL TAX CREDIT	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

LIABILITY DETAILS

**CLIENT 1.**

HOME MORTGAGE	\$
INVESTMENT PROPERTY	\$
OTHER PROPERTY	\$
PERSONAL LOANS – FAMILY	\$
PERSONAL LOANS – OTHER	\$
INVESTMENT LOANS	\$
CREDIT CARDS / CREDIT FACILITY	\$
TAX LIABILITIES	\$
OTHER	\$
<b>TOTAL</b>	\$

**CLIENT 2.**

HOME MORTGAGE	\$
INVESTMENT PROPERTY	\$
OTHER PROPERTY	\$
PERSONAL LOANS – FAMILY	\$
PERSONAL LOANS – OTHER	\$
INVESTMENT LOANS	\$
CREDIT CARDS / CREDIT FACILITY	\$
TAX LIABILITIES	\$
OTHER	\$
<b>TOTAL</b>	\$



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INCOME DETAILS

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**CLIENT 1.**

GROSS SALARY / WAGES	\$
OTHER OCCUPATIONAL INCOME	\$
COMPENSATION / HONORARIES / ROYALTIES	\$
SOCIAL SECURITY / VETERAN BENEFITS	\$
GROSS INTEREST / DIVIDENDS FROM INVESTMENTS	\$
FRANKING CREDITS	\$
OTHER INCOME	\$
<b>TOTAL</b>	\$

**CLIENT 2.**

GROSS SALARY / WAGES	\$
OTHER OCCUPATIONAL INCOME	\$
COMPENSATION / HONORARIES / ROYALTIES	\$
SOCIAL SECURITY / VETERAN BENEFITS	\$
GROSS INTEREST / DIVIDENDS FROM INVESTMENTS	\$
FRANKING CREDITS	\$
OTHER INCOME	\$
<b>TOTAL</b>	\$

PLEASE BRING CURRENT STATEMENTS WITH YOU TO SAVE COMPLETING THIS PAGE

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SUPERANNUATION DETAILS

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**CLIENT 1.**

FUND NAME \_\_\_\_\_

CURRENT VALUE \$ \_\_\_\_\_

COMPONENTS \_\_\_\_\_

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FUND NAME \_\_\_\_\_

CURRENT VALUE \$ \_\_\_\_\_

COMPONENTS \_\_\_\_\_

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**CLIENT 2.**

FUND NAME \_\_\_\_\_

CURRENT VALUE \$ \_\_\_\_\_

COMPONENTS \_\_\_\_\_

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FUND NAME \_\_\_\_\_

CURRENT VALUE \$ \_\_\_\_\_

COMPONENTS \_\_\_\_\_

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INSURANCE DETAILS

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**CLIENT 1.**

	AMOUNT OF COVER	PREMIUM
DEATH	\$ _____	\$ _____
DEATH & TPD	\$ _____	\$ _____
TRAUMA	\$ _____	\$ _____
INCOME PROTECTION	\$ _____	\$ _____
HEALTH	\$ _____	\$ _____

**CLIENT 2.**

	AMOUNT OF COVER	PREMIUM
DEATH	\$ _____	\$ _____
DEATH & TPD	\$ _____	\$ _____
TRAUMA	\$ _____	\$ _____
INCOME PROTECTION	\$ _____	\$ _____
HEALTH	\$ _____	\$ _____

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HEALTH DETAILS

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**CLIENT 1.**

SMOKER

YES

NO

ANY HEALTH PROBLEMS

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NOTES

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**CLIENT 2.**

SMOKER

YES

NO

ANY HEALTH PROBLEMS

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**CHILDREN / DEPENDENTS**

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## FINANCIAL CONCERNS

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How concerned are you about the following?

Degree of Concern	1 Not Concerned	2 Slightly Concerned	3 Concerned	4 Very Concerned	5 Extremely Concerned
Inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety/Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CODES

#### **Inflation**

How concerned are you about having your portfolio keep pace with inflation? Are you comfortable drawing on capital to supplement income as a strategy or are you more concerned with maintaining the real value of your capital?

#### **Tax Advantage**

To what extent are you concerned about getting tax relief, which is legal, logical and suitable?

#### **Safety/Security**

To what extent are you concerned about preservation of your capital? Do you wish to preserve the dollar value of your capital at all costs?

#### **Liquidity/Flexibility**

How concerned are you that cash be available to meet emergencies or investment opportunities?

#### **Current Income**

How concerned are you regarding generating maximum income to meet living expenses from your portfolio as opposed to achieving capital growth?

#### **Ease of Management**

To what extent are you concerned that your investment portfolio be not difficult for yourself or your family to manage?

#### **Estate**

To what extent are you concerned about maximising the value of your estate and ensuring the most tax effective distribution of your estate upon your death?

### Determining Your Investor Risk Profile

1. In the light of current interest rates, what return do you reasonably expect to achieve from your investments?

- a) 3-5% pa.
- b) 6-8% pa.
- c) 9-11% pa.
- d) 12% pa. or more
- e) No idea

2. If you didn't need your capital for more than 10 years, for how long would you be prepared to see your investment performing poorly before you cashed it in?

- a) You would cash in if there was any loss in value.
- b) Up to 3 months.
- c) Up to 6 months.
- d) Up to 1 year.
- e) Up to 2 years.
- f) More than 2 years.

3. How familiar are you with investment markets?

- a) Very little understanding or interest.
- b) Not very familiar.
- c) Have enough experience to understand the importance of diversification.
- d) Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics.
- e) Experienced with all investment sectors and understand the various factors which may influence performance.

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RISK TOLERANCE CONT'D

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**4. The greatest tax savings are generally obtained from more volatile investments. Which balance do you feel most comfortable with?**

- a) Preferably guaranteed returns, before tax savings.
- b) Stable, reliable returns, minimal tax savings.
- c) Some variability in returns, some tax savings.
- d) Moderate variability in returns, reasonable tax savings.
- e) Unstable, but potentially higher returns, maximising tax savings.

**5. What would your reaction be if in 6 months after placing your investments you discover that, in line with what is happening in the financial markets generally, your portfolio has decreased in value by 20%?**

- a) Horror. Security of your capital is critical and you did not intend to take risks.
- b) You would cut your losses and transfer your money into more secure investment sectors.
- c) You would be concerned, but would wait to see if the investments improve.
- d) This was a calculated risk and you would leave the investments in place, expecting performance to improve.
- e) You would invest more funds to lower your average investment price, expecting future growth.

**6. For how long would you expect most of your money to be invested before you would need to access it? (Assuming you and/or your financial adviser has made plans to meet short term financial goals and to handle emergencies?)**

- a) Less than 2 years.
- b) Between 2 and 3 years.
- c) Between 3 and 5 years.
- d) Between 5 and 7 years.
- e) Longer than 7 years.

**7. Do you have any preferences for a particular type of investment?**

**Why?**

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**8. Do you have any prejudices for a particular type of investment?**

**Why?**

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## FINANCIAL OBJECTIVES

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Do you have any comments to make concerning your financial objectives? You should consider your short, medium and long term needs.

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## LIFESTYLE CONCERNS

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GENERAL NOTES

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TAX FILE NUMBER AUTHORISATION FOR CLIENT FILE

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**AUTHORISATION**

I/We give permission for my/our tax file number(s), as provided, to be retained in my/our file for use in relation to providing me/us with assistance in relation to the transacting of my/our investment or superannuation affairs.

**EXPLANATION**

When completing paperwork to assist you in dealing with the providers of investment and superannuation products we will record the said tax file number(s) where appropriate subject to your approval (signature on the relevant documents in most cases).

Note, it is not an offence if you choose not to provide your tax file number to organisations who you have or plan to have money invested with, but if you don't then they will be required to deduct tax from payments to you of income, capital gains or superannuation at the highest marginal tax rate applicable at the time.

**Client 1:**

Tax File Number: \_\_\_\_\_

**Client 2:**

Tax File Number: \_\_\_\_\_

**Company / Family/Testamentary Trust:**

Tax File Number: \_\_\_\_\_

**Superannuation Fund:**

Tax File Number: \_\_\_\_\_

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CLIENT STATEMENT/AUTHORISATION

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I/We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge. I/We are not aware of any other information not disclosed to the person to whom this form is given and any other information which would be relevant to the making of a recommendation by a financial service provider. I/We give permission for this information to be used for the preparation of my/our Statement of Advice and I/We understand that the investment recommendations will be based solely on the information supplied in this form. Finally, I/We declare that I/We have read and acknowledged Novatax Pty Limited's Privacy Policy, Tax File Number authorisation form and have received a copy of Robert Purcell's Financial Services Guide.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client 1  
(Print Name) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client 2  
(Print Name) \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Authorised Signature on behalf of Novatax Pty Ltd