

Member Planning Profile

Member number

	Client 1	Client 2
Member number/AGS		
Date:		

Important notice

To enable TelstraSuper Financial Planning (TSFP) to provide you with financial advice that is appropriate and in your best interests it is important that we understand your goals, objectives and financial situation.

The Member Planning Profile is designed to prompt you to think about the reasons why you are seeking financial advice and the goals and objectives you would like to achieve. Your answers will enable us to have a more productive and valuable discussion with you at our upcoming meeting.

How to complete this form

Please complete all questions as fully and comprehensively as you can.

Please complete all relevant rows or sections that are shaded **blue**.

Rows or sections shaded **yellow** may be completed if you are able to provide this information before our meeting.

Rows or sections shaded **pink** will be completed with you during our meeting.

Throughout this document we will also provide prompts to attach documents such as recent payslip(s), your income tax return for the last financial year, the most recent benefit statement from your other super fund(s), bank statements, credit card and loan statements, personal insurance statements and any other relevant documents.

Why are you seeking financial advice? *This section must be completed*

In your own words, detail the reasons why you are seeking financial advice from us and how you would like us to assist you.

What are your goals and objectives? This section must be completed

In your own words, please detail the goals and objectives you are looking to achieve. What are they? What is your time frame?

Please rank the following areas where you are seeking financial advice in order of priority to you

Are you changing employment arrangements?

Reducing or changing working hours, changing employer etc.

yes no

If yes, please provide details.

Insert priority level below: High = 1-2 years, Medium = 3-5 years, Low = >5 years, N/A (if not relevant)

Build long term wealth through super

Plan now to help you meet your long-term retirement saving needs. Includes setting up effective investment and contribution strategies.

Get ready for retirement

Ways to maximise your super balance as you approach retirement.

Plan and manage your retirement income

Strategies to ensure your money works hard for you in retirement, including making the most of social security benefits, tailored investment portfolios, and planning a secure income.

Own your own home sooner

Help you with simple strategies so you can own your own home sooner, through careful budgeting and cash flow management.

Protect your family and finances

Put the right insurance in place to protect you and your family in times of financial need. Covers insurance inside and outside of TelstraSuper.

Build wealth outside super

Help you understand your options for investing outside super such as through managed funds and investment bonds.

Budget, cashflow and tax

Tailor your wealth and investment strategies to cater for your budget, cash flow needs and personal tax position.

Estate planning

Help ensure you leave your assets to the right people, at the right time and in the most tax-effective way (no matter your age).

Are there any other areas that you are seeking financial advice on? Please detail:

Personal details

Detail	Client 1	Client 2
Title		
Surname		
Given name(s)		
Preferred name		
Marital status		
Gender		
Date of birth		
Home address		
Postal address		
Home phone no.		
Work phone no.		
Mobile phone no.		
Email		

Family details

Child/Dependant name	Financial dependent	Date of birth (only complete if financial dependent)
	<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 have special needs?	<input type="checkbox"/> yes <input type="checkbox"/> no	<i>If yes, please explain below in additional notes.</i>
Do you have grandchildren?	<input type="checkbox"/> yes <input type="checkbox"/> no	<i>If yes, how many?</i>
Are your parents still alive?	<input type="checkbox"/> yes <input type="checkbox"/> no	<i>If yes, are they in good health?</i> <input type="checkbox"/> yes <input type="checkbox"/> no
Additional notes: Are there other family matters we should know about?		

Employment details

Detail	Client 1	Client 2
Status (Employee, retired, self-employed etc)		
Employer		
Role		
Type (Full time, part time, casual etc.)		
Planned retirement age		
Is your role being made redundant? <i>If yes, please attach redundancy estimate</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Income details

Detail	Client 1	Client 2
Do you currently receive employment income <i>If yes, please attach a recent payslip</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Base salary (excluding SGC)	\$ p.a.	\$ p.a.
+ Employer super (SGC)	\$ p.a.	\$ p.a.
= Total Salary	\$ p.a.	\$ p.a.
+ Bonus (if known/applicable)	\$ %	\$ %
= Total Employment Package	\$ p.a.	\$ p.a.
Less pre-tax packaged items		
Superannuation (voluntary)	\$ p.a.	\$ p.a.
Car	\$ p.a.	\$ p.a.
Less post-tax packaged items		
Superannuation (voluntary)		
Car	\$ p.a.	\$ p.a.
Additional notes:		
Do you currently receive benefits from CSS/PSS? <i>If yes, please attach a statement</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Gross indexed pension	\$	\$
Gross non-indexed pension	\$	\$
Lump sum (applies to deferred members that haven't triggered commencement of a benefit yet)	\$	\$

Do you currently receive Centrelink/DVA benefits? <i>If yes, please attach a current benefit statement</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Benefit type Options: • Age pension • Disability support pension • Newstart allowance • Carer payment • Carer allowance • Other (provide details in additional notes)				
Benefit amount	\$		\$	
Concession card				
Additional notes:				
Do you have any other sources of income (excluding investment income) not already covered above?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Annuity/Defined benefit pension(s)	\$		\$	
Overseas pension (Government and personal overseas pensions)	\$		\$	
Trust income	\$		\$	
Additional notes: e.g. Child support, department of child services				

Expense details

Living expenses

Current estimated living costs (excluding loan repayments)	\$	p.a.
Retirement estimated living costs (if different)	\$	p.a.

Capital/one-off expenses

Do you have any planned large expenses? yes no

Item	Amount	When/Frequency e.g. once in two years or ongoing every two years for 10 years	Source of funds
Holiday	\$		
Car	\$		
Caravan	\$		
Home repairs/renovations	\$		
Other	\$		

Lifestyle asset details

Asset	Value	Centrelink Value e.g. any assessed portion of principal residence, fire sale value for contents and cars etc.	Owner (Client 1, Client 2, Joint, Mixture)
Principal residence	\$	\$	\$
Home contents	\$	\$	\$
Motor vehicle(s)	\$	\$	\$
Caravan/boat/trailer	\$	\$	\$
Other (e.g. holiday home, tractor, art/jewellery/collectables)	\$	\$	\$
Are all assets above currently fully insured?		<input type="checkbox"/> yes	<input type="checkbox"/> no

Investment asset details

Cash and fixed interest

Term deposits and/or cash savings (total)	\$	Owner:
Desired cash reserves	\$	

Account details	Current value	Interest rate	Owner	Maturity date	Income reinvested?
	\$	%			<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

Shares and managed funds

Shares and/or managed funds (total)
If yes, please attach holding statements or spreadsheet

\$

Owner:

Product/Share

Either provide a total share portfolio value or list individual stocks. For managed funds enter the total and provide a statement as above unless the account is under our management.

Current value

No. of units

Owner

Income reinvested?

\$

#

yes no

\$

#

yes no

\$

#

yes no

\$

#

yes no

Property

Investment property/ies (total)

\$

Owner:

Property/Location details

Current value

Gross rental income

Expenses excl. loan costs

Owner

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Additional notes:

Are all properties above currently fully insured?

yes no

Do you plan to sell any properties in the short to medium term?

yes no

If yes, provide details of purchase date and cost base:

Superannuation details

Detail		Client 1		Client 2	
	Do you currently have TelstraSuper account(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Do you have super or account based income stream(s) with any other super fund(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>If yes, please complete Authority to Release Information form</i>					
If yes for other super funds:	Provide details:	Fund	\$	Fund	\$
		Fund	\$	Fund	\$
		Fund	\$	Fund	\$
	What was the balance as at 30 June?	Fund	\$	Fund	\$
		Fund	\$	Fund	\$
		Fund	\$	Fund	\$
	Have you made any contributions to super fund(s) in the last 3 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
		<i>If yes, provide details:</i>		<i>If yes, provide details:</i>	

Loan details

Loan type	Loan amount	Borrower	Interest rate	Repayment amount	Repayment type (P&I, Interest)
Home mortgage	\$		%	\$	
Personal loan	\$		%	\$	
Credit card	\$		%	\$	
Investment/Property loan(s)	\$		%	\$	
Other	\$		%	\$	
Additional notes:					

Do you expect any changes to your income, expenses, assets or liabilities including possible inheritances in the short to medium term?

Health details

Detail	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 have private health insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Additional notes:		

Insurance details

Detail	Client 1	Client 2
Do you have life insurance other than any cover through your TelstraSuper account? If yes please attach a statement	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is insurance advice required?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, complete Needs Analysis</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, complete Needs Analysis</i>

Cover details (if no statement/s)

Do you have life (death) cover?	Insurer Cover \$	Insurer Cover \$
Do you have Total and Permanent Disablement (TPD) cover?	Insurer Cover \$	Insurer Cover \$
Do you have income protection cover?	Insurer Cover \$ Waiting period Benefit period	Insurer Cover \$ Waiting period Benefit period
Do you have trauma/critical illness cover?	Insurer Cover \$	Insurer Cover \$
Do you have child trauma/critical illness cover for your children?	Insurer Cover \$	Insurer Cover \$

Other information

Have you smoked in the past 12 months?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever had an insurance application declined?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had any injuries or health issues that you feel may prevent you from obtaining personal insurance cover?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, include details below.</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, include details below.</i>
Additional notes:		

Estate planning details

Detail	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, when was it last updated:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, when was it last updated:</i>
Does your current Will accurately reflect your current wishes?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a testamentary trust provision?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a power of attorney?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, what type(s):</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, what type(s):</i>
Do you have a beneficiary nomination on your current super account(s)?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, what type(s):</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, what type(s):</i>
Do you have a funeral plan or a pre-paid funeral?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, provide details:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, provide details:</i>

Other information

Have you been partnered (i.e. married or de facto) previously?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there any children from a previous relationship?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Declarations

Client declares:	Client 1	Client 2
<p>Is the client a Politically Exposed Person (PEP)?</p> <p>Adviser to refer to PEP fact sheet for further details</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>If yes, tick what PEP category applies:</i></p> <p><input type="checkbox"/> (a) prominent public position or function in a government body or international organisation either within or outside Australia</p> <p><input type="checkbox"/> (b) immediate family member of a person referred to in (a)</p> <p><input type="checkbox"/> (c) close associate of person referred to in (a)</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>If yes, tick what PEP category applies:</i></p> <p><input type="checkbox"/> (a) prominent public position or function in a government body or international organisation either within or outside Australia</p> <p><input type="checkbox"/> (b) immediate family member of a person referred to in (a)</p> <p><input type="checkbox"/> (c) close associate of person referred to in (a)</p>