



PrimeTime
Advisory

ABOUT YOU

CLIENT DATA FORM

PRIVATE & CONFIDENTIAL

Client Name/s: _____

Adviser: _____

Authorised Representative No: _____

Meeting Date: _____

Date Completed: _____

FSG Version: _____

Date FSG provided: _____

AML Completed: _____

FOR YOUR INFORMATION

Privacy Policy: At Prime Time Advisory we recognise that your privacy is very important. Our business is governed by legislation protecting your personal information, including the Privacy Act 1988 and National Privacy Principles established under the Privacy Amendment (Private Sector) Act 2000. We have adopted the Privacy Policy developed by Prime Time Advisory a copy of which is on our website or available upon request.

Important Notice to Clients: Corporations Law requires that in order to make an investment or insurance recommendation, the adviser must have reasonable grounds for making a recommendation. This means that the adviser must conduct an appropriate investigation as to the investment objectives, financial situation and particular needs of the person concerned. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose

YOUR REASONS FOR SEEKING FINANCIAL ADVICE

Briefly outline your reasons for seeking financial advice.

What outcomes are you hoping for from our advice?

Are there any specific concerns or requirements that have prompted you to seek advice?

Are there any issues that we should take into account that may affect you achieving your goals?

Have you seen a financial adviser previously? If so, what was your experience?

What does your future retirement look like to you?

Additional Comments

YOUR GOALS & OBJECTIVES

Your objectives should be:

S – Specific **M** – Measurable **A** – Attainable **R** – Realistic **T** – Time bound

Include as much information as you can to assist in developing a solution tailored to your specific objectives. Consider the priority and an estimated amount required to obtain the objective.

Priority	Objective	Details	Time frame	Amount required
How much money would you like to set aside to be readily available for emergencies & unplanned expenses?				
Comments				

Adviser Notes

ABOUT YOU

	Client 1					Client 2				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other: _____					<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other: _____				
First name										
Middle name										
Surname										
Preferred name										
Date of birth	/		/		/		/		/	
Country of birth										
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other: _____					<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other: _____				
Resident status										
Gender										
Current health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor					<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor				
Medical history / issues										
Health comments										
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If currently smoking, no. per day:			<input type="checkbox"/> Yes <input type="checkbox"/> No		If currently smoking, no. per day:		
Do you use nicotine containing products?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Private health cover	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name: _____				
How did you hear about us?										
If referred, please let us know who referred you										
Comments										

Contact Information

	Client 1	Client 2
Residential address		
Postal address if different from residential		
Preferred mail method	<input type="checkbox"/> Email <input type="checkbox"/> Post	
Document Delivery Format	<input type="checkbox"/> Hard Copy <input type="checkbox"/> CD /USB <input type="checkbox"/> Email	
Home phone	<input type="checkbox"/> preferred	<input type="checkbox"/> preferred
Work phone	<input type="checkbox"/> preferred	<input type="checkbox"/> preferred
Mobile phone	<input type="checkbox"/> preferred	<input type="checkbox"/> preferred
Work fax	<input type="checkbox"/> preferred	<input type="checkbox"/> preferred
Home email	<input type="checkbox"/> preferred	<input type="checkbox"/> preferred
Work email	<input type="checkbox"/> preferred	<input type="checkbox"/> preferred
Comments		

Dependants

Name	Relationship	DOB	Financially dependent?
		/ / (age:)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age:__
		/ / (age:)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age:__
		/ / (age:)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, until age:__
Do you expect to continue to financially assist your non-dependent children?	If yes, please provide details:		
Are you planning to grow your family?	If yes, please provide details:		
Do any of your dependants suffer from illness or disability?	If yes, please provide details:		
Do you have grandchildren?	If yes, please provide details (e.g. names, ages and estate planning requirements):		
Do any of your dependants receive youth allowance?	If yes, please provide details:		
Are any of your dependants engaged in full time study?	If yes, please provide details:		
Comments			

Your Employment

None Not disclosed Not in scope See attached statements

	Client 1	Client 2
Occupation		
Are you degree qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualifications		
Have you been recently retrenched?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is salary sacrifice available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned changes to employment or income in the next 12 months?	If yes, please provide details:	
Have you worked outside of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country: From: / / to / /	Country: From: / / to / /
Comments (e.g. do you expect to continue with your current occupation?)		
Do you have a second occupation? If so, please provide details.		
Do you have any leave entitlements? If so, please provide details.	Sick Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Days _____ Hours	Sick Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Days _____ Hours
	Annual Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Days _____ Hours	Annual Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Days _____ Hours
	Long Service Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Days _____ Hours	Long Service Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Days _____ Hours

Social Security

None Not disclosed Not in scope See attached statements

	Client 1	Client 2
Are you currently receiving Centrelink benefits?	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Overseas pension benefits <input type="checkbox"/> N/A	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Overseas pension benefits <input type="checkbox"/> N/A
Customer Reference Number (CRN)		
Type of Income Support Payment		
Payment amount (fortnightly)		
Are you claiming the Family Tax Benefit?	<input type="checkbox"/> Part A <input type="checkbox"/> Part B	<input type="checkbox"/> Part A <input type="checkbox"/> Part B
Amount Received (per annum)		
Are you a Commonwealth Seniors Health Card (CSHC) holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a DVA health card holder	<input type="checkbox"/> DVA Gold Card <input type="checkbox"/> DVA Orange Card <input type="checkbox"/> DVA White Card	<input type="checkbox"/> DVA Gold Card <input type="checkbox"/> DVA Orange Card <input type="checkbox"/> DVA White Card
Do you hold any other concession or health card cards	<input type="checkbox"/> Ex-Carer Allowance (Child) Health Care Card <input type="checkbox"/> Foster Child Health Care Card <input type="checkbox"/> Low Income Health Care Card <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Other	<input type="checkbox"/> Ex-Carer Allowance (Child) Health Care Card <input type="checkbox"/> Foster Child Health Care Card <input type="checkbox"/> Low Income Health Care Card <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Other
Details of other entitlements received or cards held:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you gifted any assets in the last five years?	\$ Date: / / \$ Date: / /	\$ Date: / / \$ Date: / /
Comments		

Tax

None Not disclosed Not in scope See attached statements

	Client 1	Client 2
Tax file number		
Are you an Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have HECS/HELP debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming the Family Tax Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any overseas tax issues?	If yes, please provide details:	If yes, please provide details:
Are you receiving any overseas income?	If yes, Please provide details:	If yes, Please provide details:
Comments		

ESTATE PLANNING

None Not disclosed Not in scope See attached statements

WILL	Client 1	Client 2
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /
Date last reviewed	/ /	/ /
Location of the Will		
Solicitors Name		
Executors Name		
Do you need to review executors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your will reflect your current wishes and beneficiaries?		
Will your estate have sufficient liquidity to cover debts and expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is there sufficient cash to cover the cost of your funeral		
Have you invested in Funeral Bonds or any other pre-paid arrangement?	<input type="checkbox"/> Funeral plan <input type="checkbox"/> Funeral bond <input type="checkbox"/> No Details:	<input type="checkbox"/> Funeral plan <input type="checkbox"/> Funeral bond <input type="checkbox"/> No Details:
Have you considered all of your assets/liabilities in your Estate Planning arrangements (e.g. shares in businesses, super, debts)?		
Do you have provisions for testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to gift a part of your estate to charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		

Client 1 Beneficiaries		Client 2 Beneficiaries	
Name	Relationship	Name	Relationship

POWER of ATTORNEY		Client 1	Client 2
Do you have a Power of Attorney?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Power of Attorney			
Name of Solicitor			
Type of Power of Attorney (tick all applicable)	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Limited <input type="checkbox"/> Advanced Care Directive <input type="checkbox"/> Other:	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Limited <input type="checkbox"/> Advanced Care Directive <input type="checkbox"/> Other:	
Date last reviewed	/ /	/ /	/ /
Who is your Power Attorney?	Name: Relationship:	Name: Relationship:	
Who is your alternative Power Attorney?	Name: Relationship:	Name: Relationship:	
Comments			

OTHER PROFESSIONAL ADVISERS

None Not disclosed Not in scope See attached statements

	Client 1	Client 2
Solicitor's details		
Name		
Company		
Phone number		
Email		
Address		
Authority to contact	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Relationship	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Comments		
Accountant's details		
Name		
Company		
Phone number		
Email		
Address		
Authority to contact	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Relationship	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Comments		
Other professional advisers (e.g. insurance advisers, brokers, other financial advisers)		
Type		
Name and contact details		
Type		
Name and contact details		
Type		
Name and contact details		
Comments		

STRUCTURES & ENTITIES

None Not disclosed Not in scope See attached statements

Self-Managed Superannuation Fund

Name	
Trustees	
TFN	
Members	
Date of establishment	/ /
Comments	

Company

Name	
Purpose	
ABN	
Date of incorporation	
Director/s	
Shareholder/s	
Comments	

Trust

Name	
Purpose	
Trustee Type	<input type="checkbox"/> Corporate <input type="checkbox"/> Individual
Trustee/s	
Beneficiaries	
Comments	

Partnership

Name	
Purpose	
Partners	
Comments	

CASH FLOW

None Not disclosed Not in scope See attached statements

Income Summary						
Source of Income	Client 1 (\$ before tax & excluding super)		Client 2 (\$ before tax & excluding super)		Joint (\$ before tax & excluding super)	
Total	\$		\$		\$	
Expenses	Client 1	Tick if tax deductible	Client 2	Tick if tax deductible	Joint	Tick if tax deductible
Total	\$		\$		\$	
Expenditure details						
What is your annual cost of living?	\$					
Do you have a cashflow surplus? If so, approximately how much per month?	\$					
If you have a cashflow surplus, how is this allocated or spent? Please provide details.						
If you have a cashflow deficit, how is this being funded? Please provide details.						

Planned future significant expenditure (e.g. new car, renovations, overseas trips, etc.)

What	Amount	When

	Client 1	Client 2
Do you anticipate any significant changes to your income or expenses in the next 12 months?	If yes, please provide details:	If yes, please provide details:
Are you expecting to receive any lump-sum payments in the next 12 months (e.g. inheritance, sale of assets, etc.)?	If yes, please provide details:	If yes, please provide details:
How much money would you like to set aside in a readily accessible investment or cash to meet emergencies and unplanned expenses?		
Comments		

ABOUT YOUR FINANCIAL POSITION

	Client 1	Client 2
At what age would you like to retire?		
What is your desired retirement income (p.a.)?		
What are your past experiences with investing, if any?		
Are there any types of investments you would like to include or avoid in your portfolio (e.g. for ethical reasons)?		
How long before you think you will need to access your investments?	<input type="checkbox"/> Less than two years <input type="checkbox"/> Between two and five years <input type="checkbox"/> Between five and seven years <input type="checkbox"/> Greater than seven years	<input type="checkbox"/> Less than two years <input type="checkbox"/> Between two and five years <input type="checkbox"/> Between five and seven years <input type="checkbox"/> Greater than seven years
When selecting a platform, what is more important to you, cost or features?	<input type="checkbox"/> Cost <input type="checkbox"/> Quality of features	<input type="checkbox"/> Cost <input type="checkbox"/> Quality of features
How do you intend to fund your retirement?		
What measures are you prepared to take in the event you fall short of your retirement goals?		

ASSETS & LIABILITIES

Lifestyle Assets

None Not disclosed Not in scope See attached statements

Description	Owner	Split %	Current Vale	Purchase Price	Purchase Date	Linked to loan
Primary Residence				/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
House Contents				/ /	/ /	
Car				/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

Investment Assets (Non-Super)

Portfolio investments			
Description	Units	Total cost	Market Value
Grand Total			

Superannuation Details

Client 1	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit			
If defined benefit:				
Super salary				
Multiple				
Retirement age				
Balance Taxed:	\$	\$	\$	\$
Untaxed:	\$	\$	\$	\$
Tax free:	\$	\$	\$	\$
Date of balance	/ /	/ /	/ /	/ /
Date fund commenced	/ /	/ /	/ /	/ /
Eligible service date	/ /	/ /	/ /	/ /
Death nomination in place	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None			
Super Contribution Guarantee amount				
Other concessional contributions				
Non-concessional contributions				
Insurance cover				
Life:	\$	\$	\$	\$
TPD	\$	\$	\$	\$
IP	\$	\$	\$	\$
Insurance premiums:				
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$
Client 2	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined benefit			
If defined benefit:				
Super salary				
Multiple				
Retirement age				
Balance Taxed:	\$	\$	\$	\$
Untaxed:	\$	\$	\$	\$
Tax free:	\$	\$	\$	\$
Date of balance	/ /	/ /	/ /	/ /

Date fund commenced	/ /	/ /	/ /	/ /
Eligible service date	/ /	/ /	/ /	/ /
Death nomination in place	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> None			
Super Contribution Guarantee amount	\$	\$	\$	\$
Other concessional contributions	\$	\$	\$	\$
Non-concessional contributions	\$	\$	\$	\$
Insurance cover				
Life:	\$	\$	\$	\$
TPD	\$	\$	\$	\$
IP	\$	\$	\$	\$
Insurance premiums:	\$	\$	\$	\$
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$

Pension Details

Client 1	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Owner				
Type	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR
Balance	\$	\$	\$	\$
Taxable	\$	\$	\$	\$
Tax-free	\$	\$	\$	\$
Income payment	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount
Payment frequency				
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$
Reversionary to Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Client 2	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Owner				
Type	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR	<input type="checkbox"/> Account based <input type="checkbox"/> Term allocated <input type="checkbox"/> TTR
Balance	\$	\$	\$	\$
Taxable	\$	\$	\$	\$
Tax-free	\$	\$	\$	\$
Income payment	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount	<input type="checkbox"/> Min <input type="checkbox"/> Max <input type="checkbox"/> Set amount
Payment frequency				
Fees payable:				
Management	\$	\$	\$	\$
Administration	\$	\$	\$	\$
Member fees	\$	\$	\$	\$
Reversionary to Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Liabilities

None Not disclosed Not in scope See attached statements

Liability	Borrower	Description	Establishment date	Outstanding Balance	Interest Rate(p.a.)	Fixed / variable	Repayments / Frequency	Repayment Type	Tax deductible Interest
			/ /	\$	%		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			/ /	\$	%		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
			/ /	\$	%		\$		<input type="checkbox"/> Y <input type="checkbox"/> N
Total				\$0			\$	p/	
Comments									

Net Worth

Total assets	\$
Plus, total retirement assets	\$
Less total liabilities	\$
Net worth	\$

YOUR PERSONAL INSURANCE

None Not disclosed Not in scope See attached statements

Life, TPD and Trauma								
Insurer and plan name	Policy number	Owner	Super/ non-super	Life insured	Type	Cover details	Benefit period	Premium
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
Income Protection								
Insurer and plan name	Policy number	Owner	Super/ non-super	Life insured	Type	Cover details	Benefit period	Premium
						\$	\$	
						\$	\$	
						\$	\$	
Have you had or do you understand what a term life insurance policy is?								

General Insurance

(E.g. home, car, health)

Insurer and plan name	Policy number	Owner	Cover Type	Level	Premium
					\$
					\$
					\$
					\$

Client Declaration

I/We, [Client 1] & [Client 2] of [Address] declare that I/we:

- Acknowledge that we have been given a Financial Services Guide and Adviser Profile by the adviser who will prepare our Statement of Advice.
- Hereby declare that the information contained in this form is true and correct to the best of our knowledge. My financial adviser has explained to me the information necessary to assess my circumstances and provide advice in respect to my objectives. We are not aware of any other information that we have failed to disclose to the person to whom this form has been given which would be relevant to the preparing of our Statement of Advice.
- Give our permission for this information to be used for the preparation of my financial plan and we understand that the investment recommendations will be based solely on the information supplied in this form and any supporting documents provided.
- Understand that if the information contained in this form relating to our relevant circumstances is, or becomes incomplete or inaccurate, then the advice contained in the Statement of Advice may not be appropriate for us, and that, before acting on the advice, we need to consider the appropriateness of the advice, taking into account our objectives, financial situation and needs.
- Understand that in the interest of efficient and accurate record keeping Prime Time Advisory may record our discussions from time to time and will retain any such recordings on file.
- Understand and permit Prime Time Advisory Pty Ltd and its Authorised Representatives to retain my/our Tax File Number (TFN), subject to the following conditions:
 1. Prime Time Advisory Pty. Ltd. agrees to only use the TFN for purposes approved by law. This includes finding or identifying my/our superannuation benefits where other information is insufficient; calculating tax on any benefit I/we may be entitled to; for superannuation surcharge purposes and providing information to the Commissioner of Taxation. You are also permitted to retain my/our TFN to quote on applications for future investments that I/we may make. These purposes may change in the future.
 2. In addition to the Commissioner of Taxation, the TFN will only be disclosed to the trustees and fund managers that act on my/our behalf, or any other government authority that requires my/our TFN.
 3. I/we am/are under no obligation to provide my/our TFN and declining to quote my/our TFN is not an offence.
 4. If I/we do not provide my/our TFN, I/we may pay more tax on my/our benefits, dividends and distributions from investments than I/we have to, and I/we also may have to pay the superannuation surcharge. It may also be more difficult to administer my/our benefits if you do not have my/our current address, if I/we wish to amalgamate my/our superannuation accounts, or if I/we have insufficient identification to claim or enquire about my/our benefits. These consequences may change in the future.
 5. You are authorised to collect my/our TFN and are governed by the Privacy Act.
 6. You agree to implement the necessary security to ensure that my/our TFN is not disclosed to any party not noted above; or, misused by anyone.

7. You agree to remove and destroy all records of my/our TFN should I/we instruct you to, and immediately upon my/our ceasing to be a client of Prime Time Advisory Pty. Ltd.

Client 1

Name	Signed	Date
------	--------	------

Client 2

Name	Signed	Date
------	--------	------

Adviser

Name	Signed	Date
------	--------	------

Adviser Appointment and Authority to Collect Information Form

____ / ____ / ____

To Whom It May Concern

I hereby appoint [AdviserName] , (Authorised Representative No.) of Prime Time Advisory Pty Ltd (AFS License No. 316972), as our financial adviser for the following policies/accounts:

Client name	Fund manager/insurer	Policy/account number

I authorise [AdviserName] , or the designated staff members (as listed below) of Prime Time Advisory, to request such information regarding our financial affairs as they believe necessary, including all entities in which I have an interest. Please provide such information upon request by them.

I give permission for Prime Time Advisory to hold whatever personal information they determine is needed for them to assist with my financial affairs.

From the date of this appointment, any remuneration payable to Prime Time Advisory in respect of our investments should be paid to Prime Time Advisory with our authority.

Please accept a photocopy or facsimile copy of this letter as evidence of this authority, as the original letter is to remain on our file at Prime Time Advisory.

This authority remains in force until withdrawn in writing by us.

Designated staff members	Email address

Client 1 _____ Client 2 _____

Signature: _____ Signature: _____

DOB: _____ DOB: _____

Address: _____

The Adviser accepts the appointment made, and authority given, under this letter

Adviser

Name: _____ Signature: _____ Date: ____ / ____ / ____

Professional Adviser Authority Form

To:

Provider name:

Client 1 name:

Date of birth:

Client 2 name:

Date of birth:

Address:

To whom it may concern, we authorise you to provide representatives of the business named below with any information and documentation they require regarding our financial affairs as they believe necessary, and for the business to hold whatever personal information they determine is needed for them to assist with our financial affairs. Likewise, we also authorise the representatives of the business below to provide you with any information they deem relevant and which may impact on any decisions you make regarding our financial affairs, including but not limited to, our insurance, superannuation and investments and tax affairs.

For the purposes of the Privacy Act 1988 (Cth), we consent to the disclosures contemplated in this letter.

This authority shall remain in force until such time as it is revoked by us.

We are aware of the provisions of the Privacy Act and release both you and the business below and each of your representatives from those provisions in respect of information provided and exchanged between you.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the address shown below.

Yours faithfully,

Name	Signature(s)	Date

Adviser name _____

Business name _____

Business address _____

Phone _____

Email _____