

**Authorised Representative Details:**  
 Con Mavridis CFP, Dip FP  
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 Scoresby Vic 3179

**Tel:** (03) 9753 2779  
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**Initial Interview Date**

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**Plan Presentation Date**

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**IMPORTANT NOTE TO CLIENTS**

Your advisor must have reasonable grounds for making financial recommendations.

Before making such a recommendation your advisor must ask you about your investment objectives, financial situation and your particular needs.

The information collected in this form will be used strictly for that purpose.

**WARNING**

Your advisor could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

Accordingly, we accept no liability for any advice given on incomplete or inaccurate information.

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# AGM Financial Services Pty Ltd

## Data Collection Form

AGM Financial Services Pty Ltd (ABN: 69 105 837 910)  
 Australian Financial Services License No: 246857  
 2 Darryl Street Scoresby Vic 3179 Tel: (03) 9753 2779

**Strictly Private & Confidential**

**1. PERSONAL DETAILS**

	Client	Partner
Title:		
Given Name(s):		
Surname		
Preferred Name:		
DOB:		
Gender		
Tax File Number:		
Tax resident of another country	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Centrelink CRN:		
Marital Status		
Health Insurance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Health Insurer		
Place of Birth		
Residency Status	Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/>	Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/>
Retirement Age		

**2. CONTACT DETAILS**

	Client	Partner
Mobile		
Home Phone		
E-mail		
Address		
Other contact details		

### 3. CHILDREN / DEPENDANTS

Name	DOB	Dependent
		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: <input type="checkbox"/>

### 4. EMPLOYER & INCOME DETAILS *(If uncertain, provide copies of pay slips)*

	Client	Partner
Employment Type: <i>(tick as many as applicable)</i>	Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Casual: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Retired: <input type="checkbox"/> Home Duties: <input type="checkbox"/>	Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Casual: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Retired: <input type="checkbox"/> Home Duties: <input type="checkbox"/>
Occupation		
Employer Name:		
Salary <i>(after salary packaging)</i>	\$	\$
Salary Sacrifice Super	\$	\$
Package Item 1 – Specify	\$	\$
Package Item 2 – Specify	\$	\$
Centrelink Income – Specify	\$	\$
Business Income – Specify	\$	\$
Other Income – Specify	\$	\$

Provide details of any future employment or income plans:

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### 5. SUPERANNUATION CONTRIBUTION DETAILS

Do you or your partner receive or make any superannuation contributions?

No:  Yes:  If yes, please provide details:

Contribution Details	Client	Partner
Annual salary on which your employer super is calculated	\$	\$
Annual employer super contributions	\$	\$
Annual Salary Sacrifice contributions	\$	\$
Annual Personal deductible contributions	\$	\$
Annual Personal <u>non</u> -deductible contributions	\$	\$

## 6. REGULAR INCOME & EXPENSES

6.1. *Annual Income Required* – (income required to cover your living expenses. Couples can use the **Joint** column)

Annual Income Required	Client	Partner	Joint
Now	\$	\$	\$
<b>In Retirement</b> (the amount should reflect the cost in today's money)	\$	\$	\$

## 7. FUTURE CAPITAL INFOWS & EXPENSES

7.1. *Anticipated Capital Inflows and Expenses* (now or in retirement)

Description (e.g. Downsizing home, or expenses like a new car, renovations, etc.)	Owner (Client / Partner / Joint)	Estimated Date	Estimated Amount
			\$
			\$
			\$

7.2. *Expected Inheritances* – (only include actual inheritance that you are expecting to receive soon)

	Client	Partner
<b>Inheritance expected:</b>	\$	\$
<b>Date inheritance expected</b> (month and year)		

## 8. ASSETS & LIABILITIES

8.1. *Investments* – provide copies of your most statements. (do not include super and pensions in this section)

Description	Owner (Client, Partner, or Joint)	Date Acquired (approx)	Amount Paid	Current Value	Income Received per annum.
Bank A/C			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

8.2. *Superannuation and Pensions – provide copies of your most statements*

Account type	Owner	Fund Name	Account Number	Balance	Insurances held
Super <input type="checkbox"/> Pension <input type="checkbox"/>	Client <input type="checkbox"/> Partner <input type="checkbox"/>			\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Super <input type="checkbox"/> Pension <input type="checkbox"/>	Client <input type="checkbox"/> Partner <input type="checkbox"/>			\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Super <input type="checkbox"/> Pension <input type="checkbox"/>	Client <input type="checkbox"/> Partner <input type="checkbox"/>			\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Super <input type="checkbox"/> Pension <input type="checkbox"/>	Client <input type="checkbox"/> Partner <input type="checkbox"/>			\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

8.3. *Lifestyle Assets*

Description	Owner (Client/Partner/Joint)	Market Value
Home		\$
Home Contents		\$
Personal Effects		\$
Car(s)		\$
Other - Specify		\$
Other - Specify		\$

8.4. *Loans*

Do you or your partner have any outstanding loans or credit cards?

No:  Yes:  If yes, please provide details below:

*Do not include Credit Card if the balance is paid in full by the due date.*

Lender & Type of Loan	Purpose of Loan	Owner (Client / Partner / Joint)	Amount Owing	Interest Rate	Monthly Repayment
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$

## 9. HEALTH & RISK MANAGEMENT

### 9.1. Current Health

Health Questions	Client	Partner
Rate your health	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 <input type="checkbox"/>
Do you smoke	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any health condition, which may impact investment decisions or time frames.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes – provide details		

### 9.2. Life, Disability & Income Protection Insurances

Do you or your partner hold any Life, Disability, Trauma or Income Protection insurances?

Yes:  No: . If you answered NO, skip this question.

Provide copies of your most recent renewal notices

	Policy No: 1	Policy No: 2	Policy No: 3
Life Insured			
Policy Owner			
Insurance Type			
Company Name			
Product Name (if known)			
Policy Number			
Sums Insured			
- Death	\$	\$	\$
- TPD	\$	\$	\$
- Trauma	\$	\$	\$
- Income Protection	\$	\$	\$
Annual Premium	\$	\$	\$
Additional Notes			

**10. ESTATE PLANNING**

*10.1. Estate Planning Considerations*

	<b>Client</b>	<b>Partner</b>
Do you have a Will?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Date Will last reviewed ( <i>month &amp; year</i> )		
Name of Executor		
Do you have a Power of Attorney (PoA)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is it an Enduring PoA?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name of Attorney		
Funeral plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Previously Married?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If previously married, provide any details you think are important to your estate planning considerations.

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**11. GENERAL QUESTIONS**

*11.1. Personal Guarantees*

Do you or your partner have any personal guarantees?

No:  Yes:  If yes, please provide details: -----

*11.2. Employer Termination Payment (ETP)*

Have you or your partner ever received an Employer Termination Payment (ETP).

No:  Yes:  If yes, please provide details: -----

*11.3. Other entities*

Are you or your partner involved in any business, company, trust, etc.?

No:  Yes:  If yes, please provide details: -----

*11.4. Professional Advises*

	<i>Accountant</i>	<i>Solicitor</i>	<i>Other (specify)</i>
Name:			
Address:			
Email:			
Telephone:			

## 12. FINANCIAL & INVESTMENT OBJECTIVE

Immediate Priorities - Reason you are seeking financial advice at this time.

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Short-term objectives – What you want to achieve in the next few years.

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Long-term objectives - What you want to achieve in the later years.

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Do you have any specific financial questions or concerns?

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If you have a preferred asset allocation, please provide the details below.

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**COMMENTS / STRATEGY / SPECIAL INSTRUCTIONS:**

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**Client Acknowledgment**

It is hereby noted and agreed that:

1. The information provided in this form is true and accurate to the best of my/our knowledge.
2. I/We are not aware of any other information that should be disclosed in this form that would be relevant in making an appropriate recommendation.
3. I/We understand that any investment made or policy purchased as a result of partial or inaccurate completion of this form, may not be appropriate to my/our needs. I/We will consider the appropriateness of the advice before acting on it.
4. I/We understand that an investment made or policy purchased which differs from that recommended by the intermediary may not be appropriate to my/our needs.
5. I/We also acknowledge that if my/our personal circumstances change, I/we will advise you immediately.
6. I/We have received, read and understood the above document and understand that you may, from time to time, provide me with material and information that may be of assistance to me.

I/We received a Financial Services Guide:                      Yes:       No:

**Client Signature**      -----

**Partner Signature**      -----

**Dated**      -----

**Dated**      -----

**Disclosure and Disclaimer**

Any recommendations and advice are based on the information provided by you. We act on this information in good faith. All recommendations and advice are based on current economic and legislative environments, and our interpretation of these conditions. No guarantees can be given or implied, and any recommendation advice may need to be altered due to unforeseen changes to economic and legislative conditions. The recommendations and advice will be given solely for your use and therefore should not be taken as a guide for other people.

Adviser Signature: -----

Dated: -----

Adviser Name: Con Mavridis