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Your personal details this section captures information about your personal details.

Mr Mrs Ms Dr Miss Male Female

Full Given Names

Surname

Date of Birth (DD/MM/YYYY)

Email Address

Mobile Number

Home Phone Number

Residential Address

Town or Suburb

State

Postcode

Postal Address (if different to above)

Town or Suburb

State

Postcode

Country of Birth

City of Birth

Aus. Citizen Permanent Res.
 Temporary Res. Other

Tax File Number

Your TFN is confidential and before you decide to provide it, we are required to tell you the following things:

- > We can collect your TFN under the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988.
- > If you provide your TFN to us, we will use it only for legal purposes. This includes finding and identifying your superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment you may be entitled to, and providing information to the Commissioner of Taxation (amongst other things to enable the Commissioner of Taxation to assess any surcharge payable on superannuation contributions made by or for you). These purposes may change in the future.
- > If you provide your TFN to us, we may provide it to the trustee of any other superannuation fund or to a RSA provider where the RSA provider or trustee is to receive your transferred benefits in the future. We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on. Otherwise we will treat it as confidential.
- > It is not an offence if you choose not to quote your TFN. But, if you do not tell us your TFN, you may pay more tax.

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Employment this section captures information about your current employment situation.

Employee Self-Employed Retired Unemployed

Occupation

Employer Name

Average Annual Income

Current Employment Start Date

Hours Worked Per Week

Highest Level of Qualification

Employment Type

Full Time Part Time Casual Contract

Do You Perform Tasks of Manual Labor?

Yes No

Place of Work

Office Home Work Site Underground Other

Sec. 3 About Your Family this section captures information about your children and other family members that are dependent on you.

| | | | | | |
|---|--|---------------------------------|---------------------------------------|-------------------------------|---------------------------------|
| 1 | Full Given Names <input type="text"/> | Surname <input type="text"/> | Date of Birth <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 2 | Full Given Names <input type="text"/> | Surname <input type="text"/> | Date of Birth <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 3 | Full Given Names <input type="text"/> | Surname <input type="text"/> | Date of Birth <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 4 | Full Given Names <input type="text"/> | Surname <input type="text"/> | Date of Birth <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Sec. 4 Beneficiaries who would you like to nominate to receive your Superannuation if you were to pass away?

You are able to nominate who you wish your benefits to be paid to in the event of your death. You can nominate a dependent or legal personal representative.

A 'Dependant' for Superannuation Law purposes may include your spouse, defacto spouse, same-sex spouse, children (of any age), a person with whom you have an interdependency relationship and any person who is financially dependent upon you at the date of death.

To find out more about Binding and Non-Binding Nominations, call us on 1300 043 529 or email info@hejazfs.com.au

Please Note: the % of benefit MUST add up to 100% in total between beneficiaries.

| | Full Given Names | Surname | Date of Birth | Relationship | % of Benefit |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

100%

Sec. 5 Health & Lifestyle this section captures information on your current state of health.

Do you currently have any personal health, lifestyle or occupation issues that may affect you? Yes No *If yes, please complete in appendix*

Have you smoked in the last 12 months? Yes No

| | | |
|--|--|--|
| Last Medical Clinic You Attended <input type="text"/> | Date of Last Visit <input type="text"/> | How Long Have You Visited This Clinic? <input type="text"/> |
|--|--|--|

| | |
|--------------------------------|--------------------------------|
| Height <input type="text"/> | Weight <input type="text"/> |
|--------------------------------|--------------------------------|

Do you intend to travel overseas in the next 12 months? Yes. Where? No

Assets & Liabilities this section captures information about your current financial situations - what you currently own and owe

Principal Residence

| | | |
|---------------------------|----------------------|----------------------|
| Estimated Market Value \$ | Debt on Asset \$ | Loan Provider |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Investment Property

| | | |
|---------------------------|----------------------|----------------------|
| Estimated Market Value \$ | Debt on Asset \$ | Loan Provider |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Motor Vehicle

| | | |
|---------------------------|----------------------|----------------------|
| Estimated Market Value \$ | Debt on Asset \$ | Loan Provider |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Motor Vehicle 2

| | | |
|---------------------------|----------------------|----------------------|
| Estimated Market Value \$ | Debt on Asset \$ | Loan Provider |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Cash Savings

| |
|---------------------------|
| Estimated Market Value \$ |
| <input type="text"/> |

Home Contents

| |
|---------------------------|
| Estimated Market Value \$ |
| <input type="text"/> |

Superannuation Assets this section captures information about your superannuation accounts you already have

Account Statement

Once your account has been established with Hejaz Financial Services, we will issue you a statement confirming your account details, including your investment options, your insurance cover and your beneficiaries (if applicable).

Online Access to your account

All clients receive a PIN Code and Username to have online access and track all their investments and transactions involved on their account. This will provide all clients with a peace of mind. Your login details will be sent to you soon after joining, or you can request them by calling 1300 043 529.

| | | |
|----------------------|----------------------|----------------------|
| Superannuation Fund | Account Number | Balance \$ |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Superannuation Fund | Account Number | Balance \$ |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Superannuation Fund | Account Number | Balance \$ |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Superannuation Fund | Account Number | Balance \$ |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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Cash Investment

Would you like to opt for Cash Investments? Yes No. Please proceed to **Sec. 9**

Investment Amount \$

Investment Date

Investment Period

On-going Contribution

Amount \$

Monthly Quarterly Bi-Annually Annually

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Nominated Bank Details if you have opted for Cash Investments, please provide the following

Account Name

BSB Number

Account Number

Note: The nominated bank account must be held in your name, or if it's a joint bank account, you are one of the account holders.

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Record of Proof of Identity (ID)

Two of these primary ID's are sufficient. **Please attach a copy of your Identifications or email to info@hejazfs.com.au**

Driver License Passport Medicare Card Birth Certificate Pension Card

Scanned or clear camera photo

Declaration

Please complete section before sending the questionnaire to us.

The contents of this fact finder represents a true and accurate reflection of my financial circumstances.
I understand that this information will be used for the purpose of providing financial and investment advice/services to me.
My information will not be used for any other purpose unless directed to me.

I confirm that I have received a Financial Services Guide from Hejaz Financial Services.

Name

Date

Signature

Notes

Appendix

MEDICAL DETAILS - Do you currently suffer from any of the below conditions?

| | | |
|---|--|--|
| Asthma (except childhood) chronic bronchitis, emphysema, recurrent pneumonia or any other lung complaint <input type="checkbox"/> | Diabetes, gestational diabetes, insulin resistance or abnormal blood sugar <input type="checkbox"/> | Cysts, moles, sunspots, skin lesion or skin cancer <input type="checkbox"/> |
| Back, neck, shoulder, knee, elbow complaints, sciatica, disc or spine complaints, injury or disorder of the joints, bones or muscles. <input type="checkbox"/> | Depression or mental illness- including but not limited to stress, anxiety, panic attacks, behavioural disorders [attention deficit disorder, Asperger's syndrome], nervous disorders or schizophrenia/bipolar disorder <input type="checkbox"/> | High blood pressure, raised cholesterol <input type="checkbox"/> |
| Chest pain, heart complaint, cardiomyopathy, heart murmur, palpitations or rheumatic fever <input type="checkbox"/> | Stroke, paralysis, neurological disorder, multiple sclerosis, muscular dystrophy or blood vessel disorder <input type="checkbox"/> | Alzheimer's, Parkinson's, dementia or any other disorder of the brain <input type="checkbox"/> |
| Cancer, tumour or melanoma <input type="checkbox"/> | Thyroid, glandular, pituitary or pancreatic disorder <input type="checkbox"/> | Gastric or duodenal ulcer, persistent indigestion, gastro-oesophageal reflux disorder or Barrett's oesophagus <input type="checkbox"/> |
| Ulcerative colitis, Crohn's disease, colonic polyps, irritable bowel or any other bowel disorder <input type="checkbox"/> | Any disorder of the gall bladder or liver (including fatty liver/raised liver function tests) <input type="checkbox"/> | Varicose veins, haemorrhoids or hernia <input type="checkbox"/> |
| Disorder of the kidney, bladder, blood in urine, kidney stones or prostate (including raised prostate, specific antigen (PSA) <input type="checkbox"/> | Epilepsy, fits of any kind, fainting episodes, dizziness, vertigo, recurring headaches or migraines <input type="checkbox"/> | Lethargy, sleep apnoea or any sleeping disorder including insomnia <input type="checkbox"/> |
| Arthritis (including osteo, rheumatoid or psoriatic), gout or osteoporosis/osteopenia <input type="checkbox"/> | Chronic fatigue syndrome, ongoing tiredness, fibromyalgia, repetitive strain injury or any other chronic pain syndrome <input type="checkbox"/> | Psoriasis, eczema, dermatitis or any other skin disorder <input type="checkbox"/> |
| Anaemia, leukaemia, haemophilia, deep vein thrombosis, pulmonary embolus, hemochromatosis or any other blood disorder (e.g. Factor V Leiden) <input type="checkbox"/> | Any impairment of sight including blurred vision (other than short or long sightedness), hearing including tinnitus, deafness and high frequency hearing loss or speech <input type="checkbox"/> | Any sexually transmitted diseases <input type="checkbox"/> |

Family History details - first degree blood related family members (mother, father, sisters, brothers) - living or deceased)

| Condition | Age at diagnosis |
|---|------------------|
| Heart Problems, Cardiomyopathy, stroke, high blood pressure, diabetes | |
| Depression or any other mental illness or dementia/Alzheimer's | |
| Cancer or any type (specify type of cancer in table below e.g. breast or colon cancer) | |
| Huntington's disease, muscular dystrophy, multiple sclerosis, polycystic kidney disease, motor neurone disease, Parkinson's disease or any other hereditary disease | |

Pursuits - Do you currently engage or intend to engage in any of the following for occupation or activities?

| | | | |
|---|--|--|--|
| Flying E.g. fixed wing, helicopter or ballooning <input type="checkbox"/> | Underwater diving <input type="checkbox"/> | Football of any code <input type="checkbox"/> | Motorised sports E.g. motor cross, rally driving, motor bike racing <input type="checkbox"/> |
| Ocean racing, yachting, powerboat racing etc. <input type="checkbox"/> | Trail bike, quad bike or 3 wheeler (including off road and dirt bike) <input type="checkbox"/> | Any sport played in a professional manner <input type="checkbox"/> | Body contact sports <input type="checkbox"/> |
| Parachuting, hand gliding, abseiling <input type="checkbox"/> | Mountaineering, caving <input type="checkbox"/> | Competitive horse riding <input type="checkbox"/> | |