



MATRIX
PLANNING SOLUTIONS

Business Needs Analysis

Strictly Confidential

Matrix Planning Solutions Limited

ABN 45 087 470 200

AFS Licence No: 238256

Date

Director / Contact Name

Business Name

Adviser

Referred by

Important Notice regarding provision of personal information and privacy

In order for an Adviser to make a sound financial recommendation, the adviser must conduct an appropriate investigation of your particular needs and financial situation. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis. If you do not provide complete and accurate information as requested in this form, the adviser may not be able to give you an appropriate recommendation.

All Matrix Planning Solutions Advisers will adhere to the ten National Privacy Principles under the Privacy Act 1988 when collecting, using, storing and disclosing the information contained in this form and will not unlawfully disclose this information.

You are entitled to gain access to this information and should you wish to do so, you can contact us on (02) 8022 3500 or write to us at PO Box Q1493 QVB, NSW 2000 or Level 3, 31 Market Street, Sydney NSW 2000. Alternatively, you can contact your Matrix Planning Solutions Adviser.

Introduction

Effective financial management depends upon effective communication. The more I know about your business and its financial situation, plans, and opportunities, the better my advice will be.

Based on this overview of your business' current financial situation, I will make specific recommendations about personal, employee, continuation or succession planning to assist you in achieving your business goals.

Client Details

Title Mr Mrs Miss Ms Dr Other _____

Contact Name

Name of Business

ABN

ACN

Address

Suburb

State

Postcode

Business Phone
Number

Business
Facsimile

Mobile Number

Position in
Company

Email Address

Web
Address

Name of
Accountant

Phone
Number

Name of Solicitor

Phone
Number

What part has your accountant / solicitor played in the success of your business?

Have they discussed key personnel or succession planning with you?

EXPLORE: How would you describe your relationship with your accountant / solicitor?

Business Overview

What is the entity of the business?

Sole Proprietorship Partnership Private Company Public Company Discretionary Trust Unit

What are your objectives for the business?

Do you have a business plan? Yes No

Where would you like the business to be in 5 years from now?

What business needs do you consider need to be addressed?

Tax Planning Structuring Succession Planning Protection for loss of Key Personnel/Directors

Other _____

Notes

Your Business Structure

In the space below, draw a diagram of the structure of the business (including related entities and the flow of funds between each entity).

In what year was the business started? _____

Who are the interest holders (e.g. Shareholders, Directors, Partners) in the business?

Name	Age	Date acquired	% Interest	Structure / Entity of Holder	Shareholder Class (if different classes exist)	Hours worked per week on average	Total Gross Remuneration \$

List below any key employees of the business, other than those listed previously.

Name	Date of Birth	Title	Total Gross Remuneration

At what stage of the business life cycle is the business in?

- Introduction
 Expansion
 Maturity
 Disposition

Financial Overview

What do you perceive to be the level of business risk given environmental factors such as competition, industry and economy - for example:

- None
 Low
 Moderate
 High
 Venture
 Not Certain

What was your gross turnover for the last 3 years?

What is the profit?

What is your total leasing debt?

Does the business owe any money?

Do you have any loans or overdrafts? How much?

What is the lowest price you would accept to sell the business today?

What is the highest?

What do you believe is the best present fair value?

What insurance policies does the business currently have (e.g. workers compensation, professional indemnity)?

Current Insurance Policies

Please tick:

Not disclosed Nil

Insurance Company Name	Insured	Policy Owner	Type of Policy: Life, TPD, Trauma	Inside Super: Yes / No? Which Fund?	Sum Insured	Annual Premium	Purpose: Revenue Capital

Where you have indicated that you may consider replacing an above policy / policies we require further information such as costs associated with cancelling the policy etc.

Are you unhappy with any of your current insurance policies? If yes please explain:

Notes

Employee Benefits

What superannuation arrangements does the business provide?

Name of Fund	Level of Contribution (if over and above Superannuation Guarantee Level)

What salary packaging options does the business provide?

What levels of insurance cover does the business have for different employee bands (eg executives, management, line management)?

How does the business fund extended leave (e.g. long service leave, accumulated sick leave)?

What other employee benefits does the business currently provide?

- Bonus Scheme Disability Insurance Employee Share/Share Option Plan Group Term Life Insurance
 Private Health Insurance Profit Sharing Plan Salary Continuation
 Other Fringe Benefits Other

Notes

Business Continuation

EXPLORE: What would prevent the business from continuing in a normal manner?

Are there any service agreements in place between the business and any key individuals?

In the event of default on a loan, who is responsible (i.e. are there personal guarantees in place)?

Are these debts with related parties, such as directors' loans? Yes No

Are these debts interest bearing? Yes No

Would the reserves of the business be adequate to meet your current levels of debt? Yes No

In the event of the retirement, illness or death of a key individual, on a scale of 1-4, with 1 being the lowest, rate the potential impact each of the following would have on the business:

Loss of Key Staff

Loss of market opportunities

Loss of sales revenue or other revenue

Loss of profit

Loss of resources

Loss of credit standing

Would the business be disadvantaged by the loss of a key individual? Yes No

For each key individual, what would the nature of the loss be?

Name	Nature of Loss

Business Continuation

What would be the impact on the business of the loss of a key individual?

Name	Years to protect	Profit % contributed	Hiring costs	Inducement costs	Training costs	Opportunity Costs

Can the key individuals be valued in some other way (e.g. goodwill, intellectual property)?

Name	Value

Notes

Business Succession

EXPLORE: Do you have a succession plan for the business?

EXPLORE: What would you like to see happen?

In the event of retirement, illness or death of one of the business owners, would the business interest be?

Retained (see section below) Sold (go to page 11) Liquidated (go to page 12)

Business to be Retained

Q1) Who will run the business in the event of your:

Retirement	<input type="text"/>
Illness	<input type="text"/>
Death	<input type="text"/>

Q2) Will the business also be expected to provide income to your family in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q3) Will business debts need to be extinguished in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q4) Will personal guarantees be called upon in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q5) Are provisions available for the business to cover these costs in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q6) Have these provisions been funded in the event of your

Retirement Yes No Death Yes No Illness Yes No

Business to be Retained Continued

Q7) Who will your share of the business be distributed to in the event of your

Retirement	<input type="text"/>
Illness	<input type="text"/>
Death	<input type="text"/>

Q8) Has the intention to retain your share of the business interest been documented in the event of your

Retirement Yes No Death Yes No Illness Yes No

Business to be Sold

Q1) To whom would you want your interest in the business sold in the event of your

Retirement	<input type="text"/>
Illness	<input type="text"/>
Death	<input type="text"/>

Q2) Would the proceeds of sale be expected to provide income for your family in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q3) Are there adequate funds available to purchase your interest in the business in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q4) Have the transfer and funding strategies been documented and funded in the event of your

Retirement Yes No Death Yes No Illness Yes No

Q5) When was the last time you revised your transfer and funding strategies in the event of your

Retirement	Date: <input type="text"/>
Illness	Date: <input type="text"/>
Death	Date: <input type="text"/>

Q6) If no transfer or funding strategies were in place, would the business suffer from decreased profits until a buyer was found?

Retirement Yes No Death Yes No Illness Yes No

Q7) If no transfer or funding strategies were in place, would the business need to repay debts before a buyer was found?

Retirement Yes No Death Yes No Illness Yes No

Business to be Sold Continued

Q8) What are the levels and source of capital available until a buyer is found in the event of your

Retirement	<input type="text"/>
Illness	<input type="text"/>
Death	<input type="text"/>

Business to be Liquidated

Q1) As a result of a forced liquidation, what percentage of the value of the business would be likely to be achieved?

Retirement	<input type="text"/>
Illness	<input type="text"/>
Death	<input type="text"/>

Document Checklist

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Transfer Documents | <input type="checkbox"/> Business Succession | |
| <input type="checkbox"/> Business Valuation | <input type="checkbox"/> Business Plan | |
| <input type="checkbox"/> Fringe Benefits Tax returns | <input type="checkbox"/> Remuneration / Salary Packaging Policies | |
| <input type="checkbox"/> Loan Documentation | <input type="checkbox"/> Financials (Balance Sheet, P&L) | |
| <input type="checkbox"/> Other Investments | <input type="checkbox"/> Personal Income Tax Return/s | <input type="checkbox"/> Income Tax Return(s) – Business |
| <input type="checkbox"/> Insurance (e.g. Life, Group Life, Disability, General and other Similar Insurance) | | |
| <input type="checkbox"/> Key Employee Details | <input type="checkbox"/> Key Employee – Sales Agreements | |
| <input type="checkbox"/> Superannuation | <input type="checkbox"/> Details of Superannuation (inc. DIY funds) | |
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Employee Shares and Options Acquisition Schemes | |
| <input type="checkbox"/> Legal Structures (e.g. Trust Deeds, Constitution of Company, Articles, Partnership Agreements) | | |
| <input type="checkbox"/> Wills and Powers of Attorney | <input type="checkbox"/> Other | |

NOTE: Be aware that there may be information or other documentation you need to produce.

Privacy Acknowledgment and Consent

In this Document 'We', 'Us' and 'Our' refer to: Matrix Planning Solutions Limited ("Matrix"), and its representatives. Matrix can be contacted by writing to Level 3, 31 Market Street, Sydney NSW 2000 or by telephone on (02) 8022 3500.

'You' and 'Your' refer to: the person whose information we collect and hold in order to give advice about financial products and services.

Collection of Personal Information

We collect personal information about you so we can advise you about financial products and services, administer our relationship with you and to provide you with information on other services we provide. The personal information we collect from you will depend on the advice involved, but includes your name, address, contact details, business details, financial information, and in the case of an application for life insurance, medical and lifestyle information.

The law can also require us to collect personal information, e.g. Commonwealth legislation requires us to identify persons who open or operate accounts, or we may be required to collect your tax file number.

Other Members of Matrix Planning Solutions

We are permitted by the Privacy Act to disclose personal information (other than sensitive information) to our related body corporates. This enables Matrix to have an integrated view of its customers. Any related body corporate of ours to which personal information is properly disclosed, will also be bound by the Privacy Act, in relation to the use and disclosure of such information.

Other Disclosures

Personal information may be disclosed to:

- If you have life insurance: the insurer, claims investigators, medical practitioners, reinsurers, and insurance reference agencies. If sensitive information about you (including health information) is collected for the purpose of an application for life insurance, that sensitive information will only be used for that purpose or with your consent;
- 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, fund administrators and fund trustees;
- Austrack the government agency who oversees Anti Money Laundering and Counter Terrorism: we are required to provide details of certain transactions and entities where we hold reasonable suspicion of suspect nature.

In all circumstances where we contract with others to provide services to us, and these contractors have access to your personal information, confidentiality agreements will apply. Personal information may only be used by our contractors for our purposes.

We may be allowed or obliged to disclose information by law. e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws.

You Need to Provide us with Accurate and Relevant Information

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

Sending of Personal Information Overseas

We may send information overseas if we outsource functions using overseas agents or contractors.

Access

You may (subject to permitted exceptions) access your information by contacting the Compliance Manager in writing: Matrix Planning Solutions Limited, Level 3, 31 Market Street, Sydney NSW 2000. We may charge you for providing this service.

More Information

For more information about our policies on privacy, please read our Privacy Statement, which can be obtained upon request or located on our website: www.matrixplan.com.au > About Us > Privacy Policy.

Client Acknowledgement and Consent

Privacy and Consent

I/We acknowledge and consent to the use, storage and disclosure of your personal information as indicated above.

Limited Personal Information Warning

If you have chosen not to provide all information requested by the Financial Planner, you must understand that appropriate advice may not be able to be given and you risk making a financial commitment to a life product or investment product that may not be appropriate for your needs.

Acknowledgement

I/We confirm that the details recorded in this Financial Needs Analysis are correct and reflect the true financial position of the Company. Please prepare a financial plan for my/our consideration.

Electronic Receipt of Information

I/ We confirm that we have access to a computer and the internet and would like to receive material in an electronic format.

Tax File Number Consent (TFN): Business / Trust

Business TFN

Trust TFN

You are not obligated to provide your tax file number. However, if you do not provide your TFN, your superannuation contributions and any investment income and dividend distributions may be taxed at the highest marginal tax rate plus medicare levy. For more information about the use of TFNs, please contact the ATO.

I/ We give permission to retain my Tax File Number for financial planning purposes

I/We agree to a plan fee of

Including GST.

Signature:

Date

Signature:

Date

Power of Attorney (if applicable)

Date

Adviser Signature:

Date

Adviser Name:



Matrix Planning Solutions Limited, ABN 45 087 470 200, is a holder of an Australian Financial Services Licence No. 238256 and is responsible for the services and advice given to you by your adviser.

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