**Client Fact Find**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planner : David Leese CFP

Financial Services Guide Version : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date FSG Provided: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why Have You Come to See Me Today?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Briefly outline your reasons for seeking financial advice.

1.

2.

3.

4.

Are there any specific issues that are of particular importance to you?

1.

2.

3.

4.

Briefly detail your past experiences with Investments (eg Bank Products / Property / Managed Funds / Shares) and Insurances.

Briefly detail your past experiences with Financial Planning.

What are your expectations of our services?

**Scope of Advice (office use only)**

□ Full Advice

□ Limited Scope

□ Retirement Planning (Pre Retirement / Post Retirement)

□ Wealth Creation

□ Gearing

□ Self Managed Superannuation (SMSF)

□ Superannuation

□ Personal Protection

□ Estate Planning

□ Business Planning

My advice does not include the following areas:

□ Retirement Planning (Pre Retirement / Post Retirement)

□ Wealth Creation

□ Gearing

□ Self Managed Superannuation (SMSF)

□ Superannuation

□ Personal Protection

□ Estate Planning

□ Business Planning

For the following reasons:

|  |
| --- |
|  |
|  |
|  |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |

Your Lifestyle Goals and Objectives

**What’s important to you?**

**Your short term objectives (within the next 2 years)**

What plans or goals would you like to achieve during the next 2 years? (eg a Holiday, purchase of a motor vehicle, purchase a house, renovations, repay mortgage faster, asset protection, start a savings plan, travel, start a family, change jobs, etc.)

If possible, please list in order of priority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goals | Duration | End Date | Estimated Costs | Priority |
| eg Pay off personal Loan | *2 years* | *Feb 2011* | *$20,000* |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

**Your medium term objectives (2 to 5 years away)**

What are your medium term plans or goals? (eg Purchase a house, repay mortgage faster, asset protection, boost retirement savings, educate children, travel more often, spend time with the family, replace car, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goals | Start Date | End Date | Estimated Costs | Priority |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

**Your long term objectives (more than 5 years away)**

What are your long term plans or goals? (eg Purchase a business, purchase a holiday home, asset protection, boost retirement savings, be debt free, financial independence, retire, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goals | Start Date | End Date | Estimated Costs | Priority |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

Are there any other issues that we need to take into consideration that may affect you achieving your goals? (eg health, job security, aging parents, etc.)

Are there any environmental, social or ethical considerations that you would like me to consider whilst providing you with my recommendations? For example, these may include considerations related to gambling, tobacco, alcohol or mining.

**ADVISER ONLY – Agreed CLIENT Objectives**

Please INCLUDE information ON WHY any of the client objectives listed above are not being considered.

Personal Information

**Personal Details**

|  |  |  |
| --- | --- | --- |
|  | Client | Partner |
| Title |  |  |
| Surname |  |  |
| Given Names |  |  |
| Preferred Name |  |  |
| Date of Birth | / / | / / |
| Place of Birth |  |  |
| Sex | Male / Female | Male / Female |
| Marital Status/Relationship |  |  |
| Family/Personal Link |  |  |
| Referral Source |  |  |

**Contact Details**

|  |  |  |
| --- | --- | --- |
|  | Client | Partner |
| Residential Address |  |  |
|  |  |  |
| Postal Address (if applicable) |  |  |
|  |  |  |
| Business Address |  |  |
|  |  |  |
| Home Phone |  |  |
| Home Fax |  |  |
| Home E-mail |  |  |
| Mobile |  |  |
| Business Phone |  |  |
| Business Fax |  |  |
| Business E-mail |  |  |
| Preferred Contact | Home / Work / Mobile / E-mail | Home / Work / Mobile / E-mail |

**Dependants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Date of Birth | Financially Dependent? | Dependent Until Age |
|  |  | / / | Yes / No |  |
|  |  | / / | Yes / No |  |
|  |  | / / | Yes / No |  |
|  |  | / / | Yes / No |  |

Do any of your dependants suffer from a particular illness or have any disabilities? Yes / No

Do any of your dependants receive Youth Allowance? Yes / No

Are any of your dependants engaged in Full-Time Study? Yes / No

**Health**

|  |  |  |
| --- | --- | --- |
|  | Client | Partner |
| Current Health: |  |  |
| Private Health Fund: |  |  |
| Smoker Status: | Yes / No | Yes / No |
| Health Comments: |  |  |
|  |  |  |
|  |  |  |
| Medical History: |  |  |
|  |  |  |

**Centrelink**

|  |  |  |
| --- | --- | --- |
|  | Client | Partner |
| Centrelink Benefit: |  |  |
| Customer Reference Number (CRN): |  |  |
| Type of Benefit: |  |  |
| Amount Received: |  |  |

**Employment**

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Partner** |
| Tax File Number: |  |  |
| Employment Status: |  |  |
| Industry: |  |  |
| Employer Name: |  |  |
| Job Title: |  |  |
| Employment Start Date: |  |  |
| Duties: |  |  |
| Salary: |  |  |
| Qualifications: |  |  |
|  |  |  |
|  |  |  |
| Expected Retirement Date: |  |  |
| Expected Retirement Age: |  |  |

**Income & Expenditure**

|  |  |  |
| --- | --- | --- |
| **Item** | **Owner** | **Value$** |
| Income |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Income |  |  |
| Expenditure |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Expenditure |  |  |
| Net Cashflow |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entities and Structures**

Self Managed Superannuation Fund

|  |  |
| --- | --- |
| **Name** |  |
| **Purpose** |  |
| **Trustee/s** |  |
| **Member/s** |  |

Company

|  |  |
| --- | --- |
| **Name** |  |
| **Purpose** |  |
| **Director/s** |  |
| **Shareholder/s** |  |

Discretionary Trust

|  |  |
| --- | --- |
| **Name** |  |
| **Purpose** |  |
| **Trustee/s** |  |
| **Beneficiaries** |  |

Accountant’s Details

|  |  |
| --- | --- |
|  | **Client / Partner** |
| Name: |  |
| Firm: |  |
| Phone: |  |
| Address: |  |
| Authority to contact: |  Yes  No |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estate Planning**

Wills

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Partner** |
| Will Exists? |  |  |
| Date of Will: |  |  |
| Is it Current?  Does it meet your requirements? |  |  |
| Provision for testamentary trust: |  |  |

Power of Attorney

|  |  |
| --- | --- |
|  | **Client** |
| Attorney Type |  |
| Date: |  |
| Attorney’s Name: |  |
| Relationship: |  |
|  | **Partner** |
| Attorney Type |  |
| Date: |  |
| Attorney’s Name: |  |
| Relationship: |  |

Funeral Bond

|  |  |  |
| --- | --- | --- |
| Funeral Bond | Name of Provider | Amount of Bond |
| Client |  |  |
| Partner |  |  |

Solicitor’s Details

|  |  |
| --- | --- |
|  | **Client / Partner** |
| Name: |  |
| Firm: |  |
| Phone: |  |
| Address: |  |
| Authority to contact: |  Yes  No |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assets & Liabilities**

Personal Lifestyle Assets

| **Item** | **Owner** | **Market**  **Value $** | **Centrelink Value $** | **Insurance Details** | **Purchase Date** | **Linked to Debt Y/N** |
| --- | --- | --- | --- | --- | --- | --- |
| Real Estate - Primary Residence |  |  |  |  |  |  |
| Real Estate – Non Income Producing |  |  |  |  |  |  |
| Household Contents |  |  |  |  |  |  |
| Motor Vehicle |  |  |  |  |  |  |
| Motor Vehicle |  |  |  |  |  |  |
| Other – |  |  |  |  |  |  |
| Other – |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Lifestyle Assets |  |  |  |  |  |  |

Business Assets

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Address** | **Owner** | **Purchase Date** | **Purchase Price** | **Current Value** | **Linked to Debt Y/N** | **Rental Income** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Investment Assets

Direct Property

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Address** | **Owner** | **Purchase Date** | **Purchase Price** | **Current Value** | **Linked to Debt Y/N** | **Rental Income** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Portfolio Investments

| **Item** | **Owner** | **Market**  **Value $** | **Purchase Date** | **Linked to Debt Y/N** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Portfolio Assets |  |  |  |  |

Liabilities

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Loan Type** | Principal Residence | Invest Loan | Car Loan | Personal Loan | Credit Card | Other Loan | Other Loan |
| **Loan Amount** |  |  |  |  |  |  |  |
| **Lender** |  |  |  |  |  |  |  |
| **Owner** |  |  |  |  |  |  |  |
| **P&I or Int. Only** |  |  |  |  |  |  |  |
| **Fixed or Variable** |  |  |  |  |  |  |  |
| **Interest Rate** |  |  |  |  |  |  |  |
| **Term** |  |  |  |  |  |  |  |
| **Frequency** |  |  |  |  |  |  |  |
| **Amount** |  |  |  |  |  |  |  |
| **Start Date** |  |  |  |  |  |  |  |
| **Deductible** |  |  |  |  |  |  |  |

**Superannuation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **1** | **2** | **3** | **4** |
| Owner |  |  |  |  |
| Investment name |  |  |  |  |
| Reference number |  |  |  |  |
| Market value ($) |  |  |  |  |
| As at date |  |  |  |  |
| Contributions – personal ($ pa) |  |  |  |  |
| Contributions – employer/SG ($ pa) |  |  |  |  |
| Contributions – salary sacrifice ($ pa) |  |  |  |  |
| Death benefit ($) |  |  |  |  |
| TPD benefit ($) |  |  |  |  |
| Salary continuance ($ per month) |  |  |  |  |
| Waiting period |  |  |  |  |
| Benefit period |  |  |  |  |
| Premium ($ pa) |  |  |  |  |
| Name of nominated beneficiaries |  |  |  |  |
| Is nomination binding? | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No |
| Choice? |  |  |  |  |

**Income Steams**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **1** | **2** | **3** | **4** |
| Owner |  |  |  |  |
| Investment name |  |  |  |  |
| Reference number |  |  |  |  |
| Amount invested ($) |  |  |  |  |
| Date purchased |  |  |  |  |
| Market value ($) |  |  |  |  |
| As at date |  |  |  |  |
| Source |  |  |  |  |
| Commutable | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No |
| Reversionary | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No | **🞎** Yes **🞎** No |
| Payment frequency |  |  |  |  |
| Annual income ($) |  |  |  |  |

**Insurance: Personal Cover**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insurance policies** | **1** | **2** | **3** | **4** |
| Policy owner |  |  |  |  |
| Life insured |  |  |  |  |
| Insurance company |  |  |  |  |
| Policy number |  |  |  |  |
| Life cover ($) |  |  |  |  |
| TPD cover ($) |  |  |  |  |
| Crisis cover ($) |  |  |  |  |
| Income protection monthly  benefit ($) |  |  |  |  |
| Waiting period |  |  |  |  |
| Benefit period |  |  |  |  |
| Premium ($) |  |  |  |  |
| Premium type | **🞎** Level **🞎** Stepped | **🞎** Level **🞎** Stepped | **🞎** Level **🞎** Stepped | **🞎** Level **🞎** Stepped |
| Payment frequency |  |  |  |  |
| Plan value ($) |  |  |  |  |
| Renewal date |  |  |  |  |

**Insurance: General incl. Health (i.e. Home, Car)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurer/Product** | **Policy number** | **Policy Owner** | **Insured** | **Cover** | | **Premium** |
| **Type** | **Level** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Planning Issues**

|  |  |  |
| --- | --- | --- |
| **Planning Issue** | **Importance\*** | **Comments** |
| Access to funds |  |  |
| Consistency of income |  |  |
| Flexibility |  |  |
| Children’s Education expenses/other |  |  |
| Estate Planning |  |  |
| Health Rating |  |  |
| Income splitting |  |  |
| Extinguish Debt |  |  |
| Tax efficiency |  |  |
| Consolidation of super |  |  |
| Control/Active Mgt |  |  |
| Simplified Admin |  |  |
| Cost effectiveness |  |  |
| Transparency of fees |  |  |
| Access to wide range of investment options |  |  |
| Capital Growth |  |  |
| Capital Protection |  |  |
| Wealth Accumulation |  |  |
| Personal Protection/Insurance |  |  |

**\*** Rank low, medium or high with low being not important and high being very important

|  |
| --- |
| **Notes:** |
|  |
|  |
|  |
|  |
|  |

**Client Attitude and Investment Experience**

This is a **Qualitative Test** – record results of discussions on each of the 8 issues including emotive responses/opinions of both clients (where applicable).

|  |  |
| --- | --- |
| **Issue** | **Notes** |
| Investment Experience |  |
|  |
|  |
| Investment & Market Knowledge |  |
|  |
|  |
| Motivation for Investing |  |
|  |
|  |
| Expectation of Returns |  |
|  |
|  |
| Objection to any Investments |  |
|  |
|  |
| Investment Preferences |  |
|  |
|  |
| Tolerance for Poor Returns  Risk Profile = |  |
|  |
|  |
| Access to Funds Contemplated |  |
|  |
|  |

|  |
| --- |
| **Notes:** |
|  |
|  |
|  |
|  |
|  |

**Insurance – Needs Analysis**

Your most important financial asset is you and your ability to earn income. As part of your financial plan you should consider whether you have sufficient resources to cover the possibility of loss of income. Our analysis of your risk needs depends upon the answers you provide to us for the following questions. To evaluate your level of risk, we must estimate some of the lump sum needs that would exist at the time of your death.

|  |  |  |
| --- | --- | --- |
| Life Cover Needs | Client | Partner |
| Liabilities to be paid out (eg mortgage, personal loans $) |  |  |
| Emergency fund ($) |  |  |
| Funeral expenses ($) |  |  |
| Income to be replaced ($pa) |  |  |
| For how long would you want your income to be replaced? |  |  |
| Children’s education expenses ($pa) |  |  |
| Other expenses ($) |  |  |
| TOTAL |  |  |

|  |  |  |
| --- | --- | --- |
| TPD Needs | Client | Partner |
| Liabilities to be paid out (eg mortgage, personal loans $) |  |  |
| Emergency fund ($) |  |  |
| Income to be replaced ($pa) |  |  |
| For how long would you want your income to be replaced? |  |  |
| Children’s education expenses ($pa) |  |  |
| Other expenses ($) eg home modifications, car modifications |  |  |
| TOTAL |  |  |

|  |  |  |
| --- | --- | --- |
| Trauma/Crisis Cover Needs | Client | Partner |
| Liabilities to be paid out (eg mortgage, personal loans $) |  |  |
| Emergency fund ($) |  |  |
| Income to be replaced ($pa) |  |  |
| For how long would you want your income to be replaced? |  |  |
| Children’s education expenses ($pa) |  |  |
| Other expenses ($) |  |  |
| TOTAL |  |  |

|  |  |  |
| --- | --- | --- |
| Income Protection Needs | Client | Partner |
| Amount of Income to be covered ($) |  |  |
| Waiting period | 30 / 60 / 90 / 180/ 365 days / 2 years | 30 / 60 / 90 / 180/ 365 days / 2 years |
| Benefit Period | 2yrs/5yrs/age 60/age 65 | 2yrs/5yrs/age 60/age 65 |
| Other (eg Super contribution option) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What is your Accumulated Leave | Annual Leave | Sick Leave | Long Service Leave |
| Client |  |  |  |
| Partner |  |  |  |

Health and Lifestyle Pursuits

|  |  |  |
| --- | --- | --- |
|  | Client | Partner |
| Medications:  (eg: Diabetes medication, Blood Pressure tablets etc) |  |  |
| Lifestyle Activities (eg: Diving, Pilot, Sports) |  |  |
| How Often (Frequency) |  |  |
| Duration |  |  |
| Activity Detail |  |  |
| Any Accidents, Incidents or Restrictions |  |  |

Details of Medical History

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Partner** |
| Type of Injury/Illness: |  |  |
| Date of onset of Injury/Illness: |  |  |
| Treatment: |  |  |
| Medication Type & Dosage (Ongoing?) |  |  |
| Is the Injury/Illness reoccurring? |  |  |
| Any other relevant info? |  |  |

Employment Activities

|  |  |  |
| --- | --- | --- |
|  | Client | Partner |
| Duties in current role |  |  |
| Frequency (eg: 2 times per week) |  |  |
| Duration (2 hours) |  |  |
| Split of duties between office vs Site vs Manual % |  |  |

**Your Budget Planner - Estimated Expenses**

Determining your regular expenses is an important step in identifying the level of income you need to support day to day living expenses and the gaps or surpluses to be explored further with your financial planner. Please take the time to complete this as accurately as possible. If you already have a budget in place or know your total annual expenses please go directly to the next page.

|  | **Amount** | **Frequency (Wk, Mth, Qtr)** | **Yearly Total** | **Is this expense tax deductible?** |
| --- | --- | --- | --- | --- |
| Living Expenses |  |  |  |  |
| Food | $ |  | $ |  |
| Clothing | $ |  | $ |  |
| Medical/Dental/Pharmacy | $ |  | $ |  |
| Alcohol/Cigarettes | $ |  | $ |  |
| Public Transport/Taxi Fares | $ |  | $ |  |
| Other Personal Spending | $ |  | $ |  |
| Total Living Expenses |  |  | $ |  |
| Entertainment Expenses |  |  |  |  |
| Travel and holidays | $ |  | $ |  |
| Dining Out | $ |  | $ |  |
| Sport/Recreation/Hobbies | $ |  | $ |  |
| Club memberships/Sporting fees etc | $ |  | $ |  |
| Books/Magazines/Newspapers | $ |  | $ |  |
| Other entertainment | $ |  | $ |  |
| Total Entertainment Expenses |  |  | $ |  |
| Housing Expenses |  |  |  |  |
| Mortgage/Rent | $ |  | $ |  |
| Council/Shire/Body Corporate/ Water Rates | $ |  | $ |  |
| Electricity/Gas/Telephone etc | $ |  | $ |  |
| House and Contents Insurance | $ |  | $ |  |
| Home maintenance | $ |  | $ |  |
| Furnishings/Appliances | $ |  | $ |  |
| Total Housing Expenses |  |  | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount** | **Frequency (Wk, Mth, Qtr)** | **Yearly Total** | **Is this expense tax deductible?** |
| Motor Vehicle Expenses |  |  |  |  |
| Loan/Lease Repayments | $ |  | $ |  |
| Registration and Third party | $ |  | $ |  |
| Insurance | $ |  | $ |  |
| Petrol and other running costs | $ |  | $ |  |
| Maintenance/Service/Repairs | $ |  | $ |  |
| Licence fees/Fines/Parking/Road assistance | $ |  | $ |  |
| Total Motor Vehicle Expenses |  |  | $ |  |
| Insurances |  |  |  |  |
| Medical/Health | $ |  | $ |  |
| Life and TPD | $ |  | $ |  |
| Income Protection | $ |  | $ |  |
| Via superannuation contributions | $ |  | $ |  |
| Trauma Cover | $ |  | $ |  |
| Total Insurances |  |  | $ |  |
| Miscellaneous Expenses |  |  |  |  |
| Professional Services (eg Accountant fees) | $ |  | $ |  |
| Professional Memberships | $ |  | $ |  |
| Work Related Expenses (eg Uniforms, Travel) | $ |  | $ |  |
| Gifts and donations | $ |  | $ |  |
| Education expenses | $ |  | $ |  |
| Child care | $ |  | $ |  |
| Pet/Vet Fees | $ |  | $ |  |
| Savings Plans (Existing Investments) | $ |  | $ |  |
| Capital expenses to investment properties | $ |  | $ |  |
| Other vehicle expenses (boat, caravan etc) | $ |  | $ |  |
| Investment Loans | $ |  | $ |  |
| Credit Cards | $ |  | $ |  |
| Other Loans | $ |  | $ |  |
| Other | $ |  | $ |  |
| Other | $ |  | $ |  |
| Total Miscellaneous Expenses |  |  | $ |  |
| Total Expenses |  |  | $ |  |

**Our Acknowledgments**

**Information in this form**

The information provided in this form (Client Profile & Lifestyle Questionnaire Section A) is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Fact Find, any recommendation or advice given by the planner in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product investment policy that may be inappropriate for my/our needs identified.

**Financial Services Guide**

I/We have read and understood the Financial Services Guide and Adviser Profile prior to obtaining financial advisory services and/or recommendations.

**Information and Privacy Agreement**

I/We agree that:

1. Subject to the authorisation of the preparation of a Statement of Advice, I am/we are to receive the following advisory services from the planner named in this Client Fact Find [“planner”] and understand that my/our personal information is being collected primarily for these purposes:

* retirement planning
* estate planning
* superannuation
* investment planning
* budgeting
* managed investment schemes
* life, trauma insurance and income protection insurance
* gearing
* direct equities
* instalment warrants
* banking including credit and debit products
* arranging for the acquisition and disposal of all relevant products of the type described above; and
* an ongoing review service for my/our investment portfolio or life insurance program.

Your planner will only provide you with advice that they are authorised to provide.

2. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information) to organisations involved in providing my/our planner with marketing services and to their service providers, so that my/our planner may offer me/us products and services designed to meet my/our financial needs; and

3. my/our planner providing the services stated above.

4. If I/we have provided personal information about an individual (such as a partner, dependant, employer, or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the Privacy Statement that was provided to me/us with the Financial Services Guide.

*Delete any item or consent in paragraphs 1 to 4 above which you do not agree with.*

|  |  |  |
| --- | --- | --- |
| Client 1 Name |  |  |
| Client 1 Signature |  | Date / / |
| Client 2 Name |  |  |
| Client 2 Signature |  | Date / / |
| Planner Name |  |  |
| Planner Signature |  | Date / / |