

CLIENT FACT FIND

Financial Planning

Client name(s)	
Financial Adviser	
Advice Practice	
Phone Number	
Email Address	
Licensee Name	
AFSL	
ABN	
Website	

Reasons for seeking advice

Initial reasons why seeking advice in client's own words

Goals

Goal	Owner	Time Frame	Amount	Priority	Current Status

Notes

Personal details

Your details

	Client 1	Client 2
Title		
Surname		
Given name(s)		
Preferred name		
Date of birth		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Marital status		
Australian resident	☐ Yes ☐ No	☐ Yes ☐ No
If no, country of residency		
Country of Citizenship		
Other Citizenships/Visa details		

Contact details

Residential address	Client 1	Client 2
Street		
Suburb		
State		
Postcode		
Postal address (please tick if same as above) ☐		
Street		
Suburb		
State		
Postcode		
Phone and email		
Home phone		
Business phone		
Mobile		
Email		
Preferred contact method		

Children and/or other dependants - current and expected

Are you planning on growing your family?	☐ Yes ☐ No
Do you have caring responsibilities for parents or other dependants	☐ Yes ☐ No

Full name	Date of birth	Gender	Relationship	Dependant	Dependant to
		☐ M ☐ F		☐ Yes ☐ No	
		☐ M ☐ F		☐ Yes ☐ No	
		☐ M ☐ F		☐ Yes ☐ No	
		☐ M ☐ F		☐ Yes ☐ No	

Associated entities

Do you have any of the following structures?	☐ Self-Managed Superannuation Fund (SMSF) ☐ Trust structure ☐ Company structure ☐ Partnership structure
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If **Yes**, to any of the above, further details can be collected via the **Other entities** or **SMSF** sections.

Employment details

	Client 1	Client 2
Occupation/Title		
Job description/duties		
Qualifications		
Employer name		
Employment start date		
Do you work overseas?		
If yes, list relevant countries		
Employment status		
If part-time how many hours worked?		
Sick leave entitlements (Approx days)		
Annual leave/ Long Service Leave (Approx days)		
If self-employed, what structure?	☐ Trust ☐ Company ☐ Sole Trader ☐ Partnership	☐ Trust ☐ Company ☐ Sole Trader ☐ Partnership

Notes

Income, expenses and taxation

Income type	Client 1 (or Joint)	Client 2
Total income	\$	\$
Expenses		
Total expenses	\$	\$
Gross annual surplus cash flow	\$	

Taxation

	Client 1	Client 2
Tax resident status		
Tax File Number (TFN)		
Tax Identification Number (TIN) and country (if applicable)		
Have you bought or sold any assets in the last 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any outstanding tax payments e.g. capital gains?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any tax losses that could be carried forward?	☐ Yes ☐ No	☐ Yes ☐ No

Income, expenses and taxation notes

Current position analysis

Lifestyle Assets	Description	Owner	Current value (\$)
Lifestyle Assets Total			\$

Investment Properties	Owner	Current value (\$)
Investment Properties Total		\$

Cash / Term Deposits	Owner	Current value (\$)
Cash / Term Deposits Total		\$

Other Assets	Owner	Current Value (\$)
Other Assets Total		\$

Investment Assets (excluding superannuation)	Owner	Current Value (\$)
Investment Assets (excluding superannuation) Total		\$

Liabilities	Description including loan details (e.g. interest rate, loan type, PI or IO, repayments)	Owner	Outstanding balance (\$)
Total liabilities			\$
Net worth (excluding superannuation)			\$

Assets and liabilities notes

Superannuation

Retirement planning details

	Client 1	Client 2
Current Phase	☐ Accumulation ☐ TTR ☐ Pension ☐ Post Retirement	☐ Accumulation ☐ TTR ☐ Pension ☐ Post Retirement
Estimated Retirement Age		
If you have made Personal Contributions (Post Tax) in the past 3 years, which year/s did you contribute? Provide details		
Employer Contributions e.g. SG and salary sacrifice if not listed below		

Superannuation accumulation funds

Please provide a copy of your most recent statement

Fund name	Owner	Contributions	Tax free	Has insurance	Fund balance (\$)
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		☐	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		☐	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		☐	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		☐	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		☐	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		☐	
Total					\$

Retirement income streams

Please provide a copy of your most recent statement

Pension details	Owner	Type	Income payment & frequency	Pension balance (\$)
Total				\$

Annuity details	Owner	Income payment & frequency	Current balance (\$)
Total			\$

Adviser use only	Client 1	Client 2
Do you know the balance of your transfer balance account? If Yes , provide details / transactions statements.	☐ Yes ☐ No	☐ Yes ☐ No
Have you continuously received Centrelink/DVA payments or have been a Commonwealth Seniors Health Card holder since 1 January 2015?	☐ Yes ☐ No	☐ Yes ☐ No
Are any of the pensions grandfathered for Centrelink purposes?	☐ Yes ☐ No	☐ Yes ☐ No

Beneficiaries

Owner	Product	Name	Type	Proportion of fund (%)
			☐ Nominated beneficiary ☐ Binding death nomination ☐ Non-lapsing binding ☐ Reversionary	
			☐ Nominated beneficiary ☐ Binding death nomination ☐ Non-lapsing binding ☐ Reversionary	

Your net position

Type	Value (\$)
Lifestyle Assets	
Investments (including superannuation)	
(Less) Liabilities	
Net Position	\$

Superannuation and retirement notes

Estate planning

	Client 1	Client 2
Is there a Will in place?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, location held?		
Date executed?		
Who is the Executor of the Will and what are their contact details?		
Has a Guardian(s) been appointed for your children?	☐ Yes ☐ No	☐ Yes ☐ No
Is there a Power of Attorney (PoA) in place?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, what type?	☐ Enduring ☐ Medical ☐ General ☐ Other ☐ Advance Care Directive ☐ Enduring Guardianship	☐ Enduring ☐ Medical ☐ General ☐ Other ☐ Advance Care Directive ☐ Enduring Guardianship
Who has been granted the PoA and what are their contact details?		
Have you been married before?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have children from previous marriages / relationships?	☐ Yes ☐ No	☐ Yes ☐ No
Are there any other special estate planning issues? (e.g. other beneficiaries, charities)		
Funeral		
Funeral arrangements	☐ Pre-paid Funeral ☐ Funeral Insurance ☐ Funeral Bond	☐ Pre-paid Funeral ☐ Funeral Insurance ☐ Funeral Bond

Estate planning notes

Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Policy number					
Insurer					
Plan name					
Premium amount					
Premium type					
Start date					
Policy owner					
Insured name					
Benefit amounts					
Life insurance					
TPD insurance					
Trauma insurance					
Severity based					
Income protection					
Waiting period (if applicable)					
Benefit period (if applicable)					
Business Expenses					
Waiting period (if applicable)					
Benefit period (if applicable)					
Options/Benefits					
Loading/Exclusions					
In super					

Notes

General health details

	Client 1	Client 2
What is your current health status?	☐ Poor ☐ Fair ☐ Very good ☐ Good ☐ Excellent	☐ Poor ☐ Fair ☐ Very good ☐ Good ☐ Excellent
Private Health Care		
What is your height?		
What is your weight?		
Have you smoked cigarettes in the last twelve months?	☐ Yes ☐ No	☐ Yes ☐ No
Do you drink alcohol?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, how many standard drinks per week		
Are you presently or do you intend to receive medical treatment for any medical issue?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please provide details		
Have you been diagnosed with any significant illness/illnesses in the last five years?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please provide details		
Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.?	☐ Yes ☐ No	☐ Yes ☐ No

Additional details:

Health and insurance notes

Insurance needs

Client 1

	Death	TPD	Trauma
In the event of death, TPD or a medical event, would you like cover for:	☐ Yes	☐ Yes	☐ Yes
<i>If so, what are the amounts that you would require?</i>			
Liabilities to clear	\$	\$	\$
Future expenditure required	\$	\$	\$
Future education expenses (present value)	\$	\$	\$
Medical costs/recovery income	\$	\$	\$
Provision for tax	\$	\$	\$
Other	\$	\$	\$
Total Capital Required	\$	\$	\$
Capital Provisions	\$	\$	\$
Disposable assets	\$	\$	\$
Continuing income (present value)	\$	\$	\$
Total Capital Available	\$	\$	\$
Insurance Needs			
Total Cover Required	\$	\$	\$
Existing cover	\$	\$	\$
Surplus/Shortfall	\$	\$	\$

Income protection needs

[illegible]

Client 2

	Death	TPD	Trauma
In the event of death, TPD or a medical event, would you like cover for:	☐ Yes	☐ Yes	☐ Yes
<i>If so, what are the amounts that you would require?</i>			
Liabilities to clear	\$	\$	\$
Future expenditure required	\$	\$	\$
Future education expenses (present value)	\$	\$	\$
Medical costs/recovery income	\$	\$	\$
Provision for tax	\$	\$	\$
Other	\$	\$	\$
Total Capital Required	\$	\$	\$
Capital Provisions	\$	\$	\$
Disposable assets	\$	\$	\$
Continuing income (present value)	\$	\$	\$
Total Capital Available	\$	\$	\$
Insurance Needs			
Total Cover Required	\$	\$	\$
Existing cover	\$	\$	\$
Surplus/Shortfall	\$	\$	\$

Income protection needs

	Client 2	
In the event of temporary or permanent loss of income, would you like to replace your income?	☐ Yes	☐ No
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)?	\$	%
Additional details:		

Centrelink/Department of Veterans' Affairs (DVA)/Family Assistance

[illegible]

Investment considerations

Client 1	Client 2	
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Do you have a preference to access specific investments?

☐	☐	No particular preference
☐	☐	Shares and ETFs
☐	☐	Managed funds and managed accounts
☐	☐	Alternative investments
☐	☐	Term deposits
☐	☐	Ethical-socially responsible investments
☐	☐	Other:

Are the following important to you?

☐	☐	Low cost is primary goal
☐	☐	Holding accounts with one provider
☐	☐	Broad investment menu or choice
☐	☐	Investment transparency – ability to view the underlying investments
☐	☐	Ability to pay for advice via the fund/platform
☐	☐	Access to specific features

Which of the following have you previously invested in?

☐	☐	Term deposits/savings accounts
☐	☐	Managed funds and/or managed accounts
☐	☐	Shares or ETFs
☐	☐	Investment property
☐	☐	An investment you have borrowed for other than property

If your goals are unlikely to be met, please indicate which options you would consider:

☐	☐	Save more (spend less)
☐	☐	Downsize lifestyle assets
☐	☐	Increase your income resources – e.g. work longer
☐	☐	Increase your investment risk
☐	☐	Borrow to invest
☐	☐	Revise your goals

Additional details:

Advice planning scope

	Areas of advice	Included	Excluded	Additional Information
	Aged Care	☐	☐	
	Business Insurance	☐	☐	
	Cashflow Management	☐	☐	
	Debt Management	☐	☐	
	Estate Planning	☐	☐	
	Insurance	☐	☐	
	Investment	☐	☐	
	Retirement Planning and Income	☐	☐	
	Strategic Advice	☐	☐	
	Superannuation	☐	☐	
	Other	☐	☐	

Incomplete information:

Are there any areas where full and accurate information has not been provided?

Terms of engagement

- ☐ No fee applies to the preparation of written advice based on the agreed scope
- ☐ We will prepare a separate Terms of Engagement
- ☐ The preparation of an advice document is covered by your existing fee arrangement
- ☐ A fee applies to the preparation of written advice based on the agreed scope as detailed above.

Description	Fee (inclusive of GST)
	\$
Total	\$

Adviser declaration

Documentation checklist

How the FSG and Adviser Profile was provided:	☐ Website ☐ Email ☐ Hard copy
Date if provided to the client(s):	
The version number of the FSG was:	
The version number of the Adviser Profile was:	

Financial Adviser signature			
Signature			
Full name		Date	
Authorised Representative Number			

Client declaration

I hereby declare and acknowledge the following:

The information you provide

- I declare that the information provided in this Fact Find is complete and accurate to the best of my knowledge, except where I have indicated that we have chosen not to provide the information.
- I understand and acknowledge that by not fully or accurately completing the Fact Find any financial services provided may not be appropriate to my needs.

Your privacy and confidentiality

- I give permission for the information provided in this Fact Find and related documents to be disclosed to and used by those who will be involved in providing or implementing financial advice to me, including:
 - The Licensee,
 - Financial product providers that my financial adviser recommends to me,
 - Service providers engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software. This includes service providers located outside of Australia, including the Philippines, Vietnam, Malaysia, India and potentially other countries in Southeast Asia.
 - Companies involved in communicating the information in this Fact Find to any of the above parties, such as by electronicmail services, cloud storage services and/or document creation services.
 - My permission extends to electronic communication of the information provided in this Fact Find and for record keeping purposes.
- ☐ I give permission to receive marketing and advertising materials on products, services, events, promotions and offers from my adviser and their related parties.
- ☐ I give permission for the information provided in this Fact Find and related documents to also be disclosed to the following people/parties (e.g. name of my spouse/solicitor/accountant/offshore provider including country)

Tax file numbers

- I give permission for my tax file number (TFN) to be collected and retained by my adviser and the Licensee in order to provide me with financial services and/or for social security reasons.
- I understand that:
 - my TFN may need to be provided to authorised recipients of TFNs under the Superannuation Industry (Supervision) Act 1993, the Retirement Savings Accounts Act 1997 and/or under taxation legislation or social security laws, and
 - while it is not an offence to refuse to disclose my TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications.

Client 1 signature			
Signature			 Sign Here
Full name		Date	
Client 2 signature			
Signature			 Sign Here
Full name		Date	

Authorisation to collect information or transfer servicing rights of financial products

Client:	
Provider Name:	
Provider Address:	
Product:	
Account/Policy No:	

To whom it may concern,

- ☐ I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- ☐ I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new adviser.

Adviser Name:		Authorised Representative No. (if applicable):	
Advisory Team:			
Telephone:		Fax:	
Email:			
Business Name:			
Business Address:			
Licensee:			
AFSL Number:		ABN:	

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

Yours faithfully,

Signature		Date	
Name:		Date of Birth:	
Address:			