

Client names

Fact Find

Section 1: Client details

This document captures information about your personal details and financial situation. Please answer the questions as openly and honestly as you can. The information you provide us allows us to better understand you, and helps us to formulate a strategy that is tailored to your personal needs. Ensure to also provide us with financial statements for each of your products.

*denotes a mandatory field

Protecting your privacy

Information you provide us in this form will be handled in accordance with our privacy statement in the Client Acknowledgement Form, our Financial Services and Credit Guide (FSCG), and our Privacy Policy. Please contact us if you require a copy of these documents.

1.1 Why have you sought advice?*

Take some time to think about and note down what you want to achieve.

1.2 Personal details

Client 1

Title* Given name*

Middle name* Surname*

Preferred name* Gender*

Date of birth* Marital status*

Home address*

Suburb* State* Postcode*

Postal address Same as above

Suburb State Postcode

Contact phone number* Preferred

Mobile number Preferred

Email address*

Tax residency* (please specify if not Australia)
 Australia Other:

Country of residence* (please specify if not Australia)
 Australia Other:

Client 2

Title* Given name*

Middle name* Surname*

Preferred name* Gender*

Date of birth* Marital status*

Home address* Same as client 1

Suburb* State* Postcode*

Postal address Same as above

Suburb State Postcode

Contact phone number* Preferred

Mobile number Preferred

Email address*

Tax residency* (please specify if not Australia)
 Australia Other:

Country of residence* (please specify if not Australia)
 Australia Other:

Children or dependants

Full name*	Relationship	Gender	Date of birth*	Dependant until age*
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

1.2 Personal details (continued)

Health details

Client 1

How would you rate your current health? *

Excellent Good Average Poor

Do you smoke?

No

Yes – Daily average:

Do you drink?

No

Yes – Daily average:

Do you have private health insurance?

No

Yes – Provider:

Type of cover: Comprehensive Basic

Client 2

How would you rate your current health? *

Excellent Good Average Poor

Do you smoke?

No

Yes – Daily average:

Do you drink?

No

Yes – Daily average:

Do you have private health insurance?

No

Yes – Provider:

Type of cover: Comprehensive Basic

Estate planning

Do you have a Will?

No

Yes – Date of last review:

Do you have a Power of Attorney?

No

Yes – Type:

Date of last review:

Name of attorney:

Are there any limitations on the attorney?

Yes No

Copy of Power of Attorney attached?

Yes No

Do you have a funeral plan?

No

Yes – Value:

Purchase date:

Product provider:

Account number:

Do you have a Will?

No

Yes – Date of last review:

Do you have a Power of Attorney?

No

Yes – Type:

Date of last review:

Name of attorney:

Are there any limitations on the attorney?

Yes No

Copy of Power of Attorney attached?

Yes No

Do you have a funeral plan?

No

Yes – Value:

Purchase date:

Product provider:

Account number:

Notes

1.3 Employment, income and expenses

Employment

Client 1

Occupation type*

Employee Self-employed Retired

Home duties Unemployed

Other

Employment type*

Full-time Part-time Casual

Fixed term Contractor

Contract end date:

Occupation / Position*

Employment hours (per week)

Employer*

Years with employer

Is salary sacrifice available? Yes No

Do you have a HECS/HELP debt? Yes No

Current leave balance (in days)

Annual leave

Sick leave

Other leave

Client 2

Occupation type*

Employee Self-employed Retired

Home duties Unemployed

Other

Employment type*

Full-time Part-time Casual

Fixed term Contractor

Contract end date:

Occupation / Position*

Employment hours (per week)

Employer*

Years with employer

Is salary sacrifice available? Yes No

Do you have a HECS/HELP debt? Yes No

Current leave balance (in days)

Annual leave

Sick leave

Other leave

Retirement planning

Income required at retirement*

Income required at retirement*

Intended retirement age

Intended retirement age

Notes

1.3 Employment, income and expenses (continued)

Income and expenses

Client 1

Income (\$ per annum)

Gross income

Base salary or wage*	<input type="text"/>
Bonus/allowance	<input type="text"/>
Rental income	<input type="text"/>
Centrelink / DVA payments	<input type="text"/>
Retirement income stream	<input type="text"/>

Other income (please specify type & amount)

a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>

Non-taxable income

a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>

Total annual income*

Expenses (\$ per annum)

Essential expenses #	<input type="text"/>
Lifestyle expenses #	<input type="text"/>
Loan repayment(s)	<input type="text"/>
Total annual expenses*	<input type="text"/>

Superannuation (\$ per annum)

Salary sacrifice	<input type="text"/>
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Cashflow (\$ per annum)

Estimated surplus/deficit*	<input type="text"/>
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Client 2

Income (\$ per annum)

Gross income

Base salary or wage*	<input type="text"/>
Bonus/allowance	<input type="text"/>
Rental income	<input type="text"/>
Centrelink / DVA payments	<input type="text"/>
Retirement income stream	<input type="text"/>

Other income (please specify type & amount)

a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>

Non-taxable income

a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>

Total annual income*

Expenses (\$ per annum)

Essential expenses #	<input type="text"/>
Lifestyle expenses #	<input type="text"/>
Loan repayment(s)	<input type="text"/>
Total annual expenses*	<input type="text"/>

Superannuation (\$ per annum)

Salary sacrifice	<input type="text"/>
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Cashflow (\$ per annum)

Estimated surplus/deficit*	<input type="text"/>
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Notes

Detail the timeframe and amount of any substantial changes to your income or expenditure expected in the next 12 months, including employer termination payments.

Essential expenses include mortgage, rates, groceries. Lifestyle expenses include entertainment and memberships.

1.4 Insurances

Insurance type*

Policy details

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

- Life
- TPD
- Trauma
- Income Protection

Policy name*	Policy number*
Sum insured*	Policy owner*

1.5 Existing assets and liabilities

When completing your asset details, use the liabilities row to document any debt that may be linked to that particular asset. Where an asset does not have a debt attached, leave the liabilities row blank. Do the same for liabilities that have no asset attached.

Lifestyle assets

Please complete your details

Complete with your adviser

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Existing liabilities

Please complete your details

Complete with your adviser

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

Notes

1.5 Existing assets and liabilities (continued)

Lifestyle assets (continued)

Please complete your details

Complete with your adviser

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Description*

Current value*

Purchase amount* Purchase date*

Asset tested* Yes No Centrelink value*

Security for Loan* Yes No Owner* Client 1 Client 2 Joint

Existing liabilities (continued)

Please complete your details

Complete with your adviser

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

Description*

Lender*

Current debt*

Interest rate* Interest tax deductible* Yes No

Repayments and frequency* Repayments* P&I I only

Owner* Client 1 Client 2 Joint

1.5 Existing assets and liabilities (continued)

Financial assets – Cash / Fixed interest / Managed funds / Shares / Property

Please complete your details

Complete with your adviser

Description*

Current value*

Purchase amount*

Purchase date*

Income pa (\$/%)*

Current units*

Used as loan security*

 Yes No

Reinvest income*

 Yes No

Owner*

 Client 1 Client 2 Joint

Description*

Current value*

Purchase amount*

Purchase date*

Income pa (\$/%)*

Current units*

Used as loan security*

 Yes No

Reinvest income*

 Yes No

Owner*

 Client 1 Client 2 Joint

Description*

Current value*

Purchase amount*

Purchase date*

Income pa (\$/%)*

Current units*

Used as loan security*

 Yes No

Reinvest income*

 Yes No

Owner*

 Client 1 Client 2 Joint

Description*

Current value*

Purchase amount*

Purchase date*

Income pa (\$/%)*

Current units*

Used as loan security*

 Yes No

Reinvest income*

 Yes No

Owner*

 Client 1 Client 2 Joint

Existing liabilities

Please complete your details

Complete with your adviser

Description*

Lender*

Current debt*

Description*

Lender*

Current debt*

Description*

Lender*

Current debt*

Description*

Lender*

Current debt*

Interest rate*

Interest tax deductible*

 Yes No

Repayments and frequency*

Repayments*

 P&I I only

Owner*

 Client 1 Client 2 Joint

Interest rate*

Interest tax deductible*

 Yes No

Repayments and frequency*

Repayments*

 P&I I only

Owner*

 Client 1 Client 2 Joint

Interest rate*

Interest tax deductible*

 Yes No

Repayments and frequency*

Repayments*

 P&I I only

Owner*

 Client 1 Client 2 Joint

Interest rate*

Interest tax deductible*

 Yes No

Repayments and frequency*

Repayments*

 P&I I only

Owner*

 Client 1 Client 2 Joint

1.5 Existing assets and liabilities (continued)

Superannuation

Fund name	Member number	Current value	Owner
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

Retirement income stream

Fund name	Member number	Current value	Owner
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

Notes

1.6 Professional services details

Accountant details

Name:

Phone number:

Address:

Solicitor details

Name:

Phone number:

Address:

Notes