Fact Find

Private and confidential

Client 1

|  |  |  |  |
| --- | --- | --- | --- |
| Title(Dr/Mr/Mrs/Ms/Miss) |  | Surname |  |

|  |  |
| --- | --- |
| Given name(s) |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date completed |  |  | / |  |  | / |  |  |  |  |

Client 2

|  |  |  |  |
| --- | --- | --- | --- |
| Title(Dr/Mr/Mrs/Ms/Miss) |  | Surname |  |

|  |  |
| --- | --- |
| Given name(s) |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date completed |  |  | / |  |  | / |  |  |  |  |

Adviser details

|  |  |
| --- | --- |
| Adviser name |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adviser profileversion date |  |  | / |  |  | / |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FSG version date |  |  | / |  |  | / |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date FSG suppliedto client |  |  | / |  |  | / |  |  |  |  |

Important

The Corporations Act requires that a financial adviser making a recommendation must have reasonable grounds for making that recommendation. This means that we must conduct an appropriate assessment of your investment objectives, financial situation and particular needs.

The information requested in the pages that follow is necessary for the establishment of a reasonable basis upon which a recommendation can be made and it will be used solely for that purpose.

Any advice provided to you may be inappropriate if it is based on incomplete or inaccurate information. You should consider
the appropriateness of the advice if that is the case and consider your own circumstances before acting on any advice provided.

Instructions

This document is a summary of the information we hold in relation to your personal and financial position.

Please review this document carefully and confirm that the information contained within provides an adequate summary of your current circumstances and clearly reflects the needs, goals and objectives which you feel we should be aware of when forming our advice.

Where we hold inaccurate or outdated information in relation to any aspect of your personal and
financial position, we encourage you to contact us at your earliest convenience so that we may update
our records. We would also encourage you to contact our office if there are any other matters which you
would like to bring to our attention which are not specifically noted within this document.

Please contact our office if you should have any questions in relation to this document or any aspect
of your financial planning needs.

Personal information summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |
| Title(Dr/Mr/Mrs/Ms/Miss) |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Given name(s) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred name |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Resident status |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tax resident |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Marital status |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Retirement age |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age pension age |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Preservation age |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Health |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Smoker? |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tax file number\* |  |  |  | – |  |  |  | – |  |  |  |  |  |  |  |  |  |  | – |  |  |  | – |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TFN authority |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ABN (if applicable) |  |  | – |  |  |  | – |  |  |  | – |  |  |  |  |  |  | – |  |  |  | – |  |  |  | – |  |  |  |

Children/dependants

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | Date of birth | Age | Financially dependent | Support to age |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Professional advisers

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Company name | Contact name | Telephone |
| Accountant  |  |  |  |
| Solicitor |  |  |  |
| Insurance agent |  |  |  |
| Stockbroker |  |  |  |
| Other |  |  |  |

\* Please refer to the TFN Authority on page 17 of this Fact Find.

Contact details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Residential address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Suburb |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State and postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing address (if different from above) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Suburb |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State and postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone (work) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone (home) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone (mobile) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fax |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred method of contact |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a computer and internet access? | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| If ‘yes’, are you happy to receive information online? | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

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

Client notes

|  |
| --- |
|  |

Needs, goals and objectives

Short term

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Timeframe | Description | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Medium term

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Timeframe | Description | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Long term

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Timeframe | Description | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Income requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cash reserve required  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Income required – now  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Income required –retirement |  |  |  |

Planned major expenditure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Description | Timeframe | Frequency | Amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Future Changes to Your Situation

Are you aware of any future changes to your financial or personal situation that could potentially impact the advice we provide? Examples might include future study or a career change, financial assistance for children, parents that need help as they age, your own expected longevity or leaving a legacy to loved ones.

Employment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment status |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job title |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment start date |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment end date |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Hours worked per week |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Next salary review date |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |

Package

|  |  |  |  |
| --- | --- | --- | --- |
| Salary (pa) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Super contribution rate |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary sacrifice (super) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary sacrifice (other) |  |  |  |

Duty split

|  |  |  |  |
| --- | --- | --- | --- |
| Administrative |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisory |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Travel |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Manual |  |  |  |

Retirement

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Retirement date |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Years until retirement |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age at retirement |  |  |  |

Employment notes

|  |
| --- |
|  |

Centrelink/DVA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Benefits received |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Seniors health card |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Centrelink relationship no. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| DVA file no. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Housing status |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age pension age |  |  |  |

Gifting

|  |  |  |  |
| --- | --- | --- | --- |
| To whom | Type of gift | When | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Centrelink/DVA notes

|  |
| --- |
|  |

Estate planning

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Will exists? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is Will current? |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Will |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Location of Will? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Executor(s) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Testamentary trust? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Power of attorney? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Enduring guardian appointed? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Funeral plan? |  |  |  |

Estate beneficiaries

|  |  |  |  |
| --- | --- | --- | --- |
| Benefactor | Beneficiary | Age of entitlement | Notes |
|  |  |  |  |

Death benefit nomination(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fund/Owner | Type of nomination | Beneficiary | Date signed | Date of expiry |
|  |  |  |  |  |

Expected inheritance(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expected inheritance? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated value |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of asset |  |  |  |

Estate planning notes

|  |
| --- |
|  |

Private health insurance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current health | [ ]  Fair [ ]  Good [ ]  Excellent  |  | [ ]  Fair [ ]  Good [ ]  Excellent |

|  |  |  |  |
| --- | --- | --- | --- |
| Cover under private policy |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cover under group policy |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Policy no. | Owner(s) | Details | Underwriter | Renewal date | Cover type | Premium (frequency) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Private health insurance notes

|  |
| --- |
|  |

General insurance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Policy no. | Owner(s) | Details | Underwriter | Renewal date | Cover type | Premium (frequency) |
| Motor vehicle |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Home and contents |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Other |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

General insurance notes

|  |
| --- |
|  |

Personal risk insurance

Cover summary

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Policy no. | Underwriter | Policy name | Life | TPD | Trauma | Income protection | Business expense |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Total** |  |  |  |  |  |

Policy specifications

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy no. | Life and amount | Type | Renewal date | Issue status | Stand alone? | Buy back? | Reinstate-ment? | Waiting period | Benefit period | Via super | Premium |
| Life |
|  |  |  |  |  | n/a | n/a | n/a | n/a | n/a |  |  |
|  |  |  |  |  | n/a | n/a | n/a | n/a | n/a |  |  |
|  |  |  |  |  | n/a | n/a | n/a | n/a | n/a |  |  |
| TPD |
|  |  |  |  |  |  |  | n/a |  | n/a |  |  |
|  |  |  |  |  |  |  | n/a |  | n/a |  |  |
|  |  |  |  |  |  |  | n/a |  | n/a |  |  |
| Trauma |
|  |  |  |  |  |  |  |  | n/a | n/a | n/a |  |
|  |  |  |  |  |  |  |  | n/a | n/a | n/a |  |
|  |  |  |  |  |  |  |  | n/a | n/a | n/a |  |
| Income protection |
|  |  |  |  |  | n/a | n/a | n/a |  |  |  |  |
|  |  |  |  |  | n/a | n/a | n/a |  |  |  |  |
|  |  |  |  |  | n/a | n/a | n/a |  |  |  |  |
| Business expense |
|  |  |  |  |  | n/a | n/a | n/a |  |  | n/a |  |
|  |  |  |  |  | n/a | n/a | n/a |  |  | n/a |  |
|  |  |  |  |  | n/a | n/a | n/a |  |  | n/a |  |

Risk insurance notes

|  |
| --- |
|  |

Cash flow position (source of funds)

Income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Description | Regular amount | Frequency | Annual amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total income:** | $ |

Expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Description | Regular amount | Frequency | Annual amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | **Total income:** | $ |

Cash flow summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Weekly | Fortnightly | Monthly | Annually |
| Income |  |  |  |  |
| Expenses |  |  |  |  |
| Surplus/Deficit |  |  |  |  |

Lifestyle assets

|  |  |  |  |
| --- | --- | --- | --- |
| Owner | Type | Description | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total lifestyle assets:** | $ |

Lifestyle asset notes

|  |
| --- |
|  |

Liabilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Owner | Description | Deductible % | P & I/interest only | Interest rate | Repayment amount | Outstanding balance |
| Deductible |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total deductible:** | $ |
| Non-deductible |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total non-deductible:** | $ |

Liability notes

|  |
| --- |
|  |

Superannuation (source of wealth)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 |  |  | Client 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phase |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer contribution rate |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee contributions (pre-tax) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee contributions (post-tax) |  |  |  |

Accumulation/Defined benefit funds

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner | Description | Date of balance | Taxable component | Tax-free component | Total balance |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **Total:** |  |

Retirement income streams

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Owner | Description | Balance | Tax-free portion | Payment type | Payment amount | CentrelinkDeductible |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Total:** |  |  |  |  |  |

Superannuation notes

|  |
| --- |
|  |

Annuities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Owner | Description | Income amount | Term | Income escalation | Complying | RCV |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Total:** | $ |  |  |  |  |

Investment portfolio (source of wealth)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Investment name | Investment code | Units | Market value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | **Total:** |  |

Related self-managed superannuation fund

|  |  |
| --- | --- |
| Fund name |  |

|  |  |
| --- | --- |
| Investment assets |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tax file number\* |  |  |  | – |  |  |  | – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Trustee type |  |

Fund members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Date of birth | Phase | Fund balance |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

SMSF notes

|  |
| --- |
|  |

Related company

|  |  |
| --- | --- |
| Company name |  |

|  |  |
| --- | --- |
| Investment assets |  |

|  |  |
| --- | --- |
| Trading name |  |

|  |  |
| --- | --- |
| Company type |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ABN |  |  | – |  |  |  | – |  |  |  | – |  |  |  |  | TFN\* |  |  |  | – |  |  |  | – |  |  |  |

Directors

|  |  |  |
| --- | --- | --- |
|  | Name | Key person |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Company notes

|  |
| --- |
|  |

Please refer to the TFN Authority on page 17 of this Fact Find.

Related trust

|  |  |
| --- | --- |
| Trust name |  |

|  |  |
| --- | --- |
| Investment assets |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tax file number\* |  |  |  | – |  |  |  | – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Trustee type |  |

Trustees

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Type | TFN |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| Beneficial owner# |  |

# Beneficial owner is defined as an individual (a natural person or persons) who ultimately owns or controls (directly or indirectly) the customer.

 For the purposes of determining a beneficial owner, ownership means owning 25 per cent or more of the customer.

Trust notes

|  |
| --- |
|  |

Related partnership

|  |  |
| --- | --- |
| Partnership name |  |

|  |  |
| --- | --- |
| Investment assets |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tax file number\* |  |  |  | – |  |  |  | – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Partnership type |  |

Business partners

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Type |  Percentage |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

Partnership notes

|  |
| --- |
|  |

\* Please refer to the TFN Authority on page 17 of this Fact Find.

Your client profile

Politically exposed persons (PEP)

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Is the client a politically exposed person? | [ ]  No [ ]  Yes (provide details below) | [ ]  No [ ]  Yes (provide details below) |
| Date of PEP review |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |  |

 |
| PEP category | [ ]  Domestic PEP[ ]  Foreign PEP | [ ]  Domestic PEP[ ]  Foreign PEP |
| PEP type | [ ]  PEP[ ]  PEP associate[ ]  PEP close family[ ]  PEP related entity[ ]  Legal entity associated with PEP | [ ]  PEP[ ]  PEP associate[ ]  PEP close family[ ]  PEP related entity[ ]  Legal entity associated with PEP |

Additional information

Use this field to record details of your assessment of the client’s Politically Exposed status, or to capture any other relevant information.

|  |  |
| --- | --- |
| Client 1 | Client 2 |
|  |  |

Client acknowledgement and declarations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client declarationBy completing and signing the declaration on the following page, I declare the followingI/We declare that the information provided in this fact find 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 fact find, that any recommendation or advice given by my/our Lonsdale Authorised Representative may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs I/we have identified. I/We also understand that if I/we do not provide all the requested information, my/our Lonsdale Authorised Representative may not be able to provide me/us with financial advice or other requested services or products.If a Statement of Advice is prepared for my/our consideration, I/We acknowledge that it will be subject to the payment model outlined in the Adviser Profile provided by my/our Lonsdale Authorised Representative.PrivacyI/We understand that Lonsdale and my/our Lonsdale Authorised Representative may be required to collect my/our personal information under the Corporations Act 2001 and the Anti- Money Laundering and Counter-Terrorism Financing Act 2006.I/We acknowledge that I/we have received and read the Lonsdale Financial Services Guide (FSG) and Adviser Profile and the contents have been explained to me/us. I/We understand that my/our personal information will be used for the purpose of providing me/us with financial advice and for other purposes detailed in the FSG and Adviser Profile.I/We am aware that my/our personal information will handled in accordance with the Lonsdale Privacy Policy, which contains information about how I/we may access or correct my/our personal information and how I/we may complain about a breach of my privacy. I/We understand that I/we may obtain a copy of the Lonsdale Privacy Policy by contacting Lonsdale on 1300 566 732 or visiting their website at www.lonsdale.com.au/privacy I/We understand that, in connection with providing services to me/us, my/our personal information (such as, name, contact details and account information) may be disclosed to Lonsdale’s related bodies corporate, to a person with whom I/we receive joint financial services, my/our financial and professional advisers, businesses that may have referred me/us to Lonsdale, service providers, credit unions, building societies, banks and other financial institutions . I/We understand that my/our personal information (including sensitive health information) may be disclosed to life companies to establish and maintain requested insurance. |  | I/We understand that if I/we have provided the personal information of other persons, it is my/our responsibility to inform those persons and to refer them to Lonsdale’s Privacy Policy.No call/no contact

|  |  |
| --- | --- |
| [ ]  | I/We wish to be placed on a ‘No Call/No Contact Register’ which entitles me/us not to be contacted regarding any financial products without my/our express consent, unless otherwise directed. |

Tick the box above if you DO NOT want us to contact you without your expressed consent.Electronic communication acceptanceUnless stated otherwise on page 3, I/we understand that Lonsdale and my/our Lonsdale Authorised Representative is required by law to provide me/us with Advice Documents and Product Disclosure Statements for each product and investment option that they recommend.I/We confirm my/our acceptance that I/we am/are willing and able to receive and access these documents in electronic format. I/We understand that I/we can keep a copy of these documents so that I/we may access them in the future. I/we understand that paper documents can be provided free of charge on request.Disclaimer: Lonsdale and/or your Lonsdale Authorised Representative will not be held accountable if the email address provided can be viewed and/or manipulated by multiple users. If at any time you believe your email address is insecure, please notify your financial adviser in either person or over the telephone. Tax file number authorityI agree to the collection and retention of my Tax File Number (TFN) by my Lonsdale Authorised Representative and Lonsdale.I understand that my TFN will be used in connection with providing me with financial product and strategy recommendations and only in accordance with legislative requirements (e.g., relevant taxation and superannuation laws).I understand that my TFN may be provided to financial institutions (e.g. life insurance companies or fund managers) or Government bodies (e.g. the Australian Taxation Office or Centrelink) if required and authorised by law. I understand that it is not an offence if I choose not to provide my TFN but providing it has advantages, including that, other than the tax that may ordinarily apply, I will not pay more tax than I need to. I understand my TFN will be stored and treated as confidential and that reasonable steps will be taken to prevent the loss, disclosure and/or misuse of my TFN by third parties. I understand that reasonable steps will be taken to destroy or permanently de-identify my TFN when it is no longer needed for an authorised purpose. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client 1 signature | Date |  |  | / |  |  | / |  |  |  |  |

|  |  |
| --- | --- |
| Partnership type |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client 2 signature | Date |  |  | / |  |  | / |  |  |  |  |

|  |  |
| --- | --- |
| Partnership type |  |

Notes

|  |
| --- |
|  |

Office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Implementation fee | $ | OR | % |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser service fee | $ | OR | % |

|  |  |
| --- | --- |
| Service agreement |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tax file number |  |  |  | – |  |  |  | – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Electronic communication authority |  |

|  |  |
| --- | --- |
| FSG provided | [ ]  Yes [ ]  No |

ADVISER USE ONLY

Your client profile

Scope of advice

**Adviser:** Please ensure all sections of the fact find are completed. Do not leave any sections blank. If a question is not answered because the topic is not in scope, indicate as such on that page. If a question is relevant to the scope, and information has not been provided, explain why on the following pages. For all advice areas that are relevant and in scope, please ensure the sub-advice areas are completed on the following pages.

|  |  |  |
| --- | --- | --- |
| Advice area | Relevant / Scope | If relevant and not in scope, explain why: |
| Insurance (both inside and outside super – where applicable) | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Superannuation | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Retirement income | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Estate planning | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Investment | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Cash flow management | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Aged care | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Social Security | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |
| Debt management | [ ]  |  Relevant + In Scope |  |
| [ ]  |  Relevant + Not In Scope |
| [ ]  |  Not Relevant |

ADVISER USE ONLY

**Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Life | [ ]  | In | [ ]  | Out |  |
| TPD | [ ]  | In | [ ]  | Out |  |
| Income protection | [ ]  | In | [ ]  | Out |  |
| Trauma | [ ]  | In | [ ]  | Out |  |
| Business insurance | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Superannuation

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Contributions | [ ]  | In | [ ]  | Out |  |
| Platform review | [ ]  | In | [ ]  | Out |  |
| Portfolio review | [ ]  | In | [ ]  | Out |  |
| SMSF | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Retirement income

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Income streams  | [ ]  | In | [ ]  | Out |  |
| Existing platform review | [ ]  | In | [ ]  | Out |  |
| Existing portfolio review | [ ]  | In | [ ]  | Out |  |
| Withdrawals | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Estate planning

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Super death benefit nominations | [ ]  | In | [ ]  | Out |  |
| Insurance nominations | [ ]  | In | [ ]  | Out |  |
| Wills | [ ]  | In | [ ]  | Out |  |
| POA/EPOA | [ ]  | In | [ ]  | Out |  |
| Other structures (eg testamentary trust) | [ ]  | In | [ ]  | Out |  |
| Guardianship/health directives | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Investment

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Direct shares | [ ]  | In | [ ]  | Out |  |
| Platform review | [ ]  | In | [ ]  | Out |  |
| Portfolio review | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Cash flow management

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Budgeting | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Aged care

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Home care | [ ]  | In | [ ]  | Out |  |
| Residential aged care | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Social Security

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Income support payments (Centrelink/DVA) | [ ]  | In | [ ]  | Out |  |
| Concession cards | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

Debt management

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-advice area | In / Out | If in, explain if:- will be limited,- any products are excluded, or- any information is missing | If out, explain:- reason for scoping out |
| Deductible debt | [ ]  | In | [ ]  | Out |  |
| Non-deductible debt | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |
|  | [ ]  | In | [ ]  | Out |  |

ADVISER USE ONLY

Vulnerable clients

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Is the client vulnerable? | [ ]  No [ ]  Yes (provide details below)[ ]  Over age 85\*[ ]  Does not understand English [ ]  Exhibits a physical disability (eg blindness and/or hearigng impairment) [ ]  Exhibits a mental impairment (eg dementia) [ ]  Has someone acting as a Power of Attorney, trustee or guardian [ ]  Financial abuse[ ]  Financial abuse[ ]  Other (please specify):

|  |
| --- |
|  |

 | [ ]  No [ ]  Yes (provide details below)[ ]  Over age 85\*[ ]  Does not understand English [ ]  Exhibits a physical disability (eg blindness and/or hearigng impairment) [ ]  Exhibits a mental impairment (eg dementia) [ ]  Has someone acting as a Power of Attorney, trustee or guardian [ ]  Financial abuse[ ]  Financial abuse[ ]  Other (please specify):

|  |
| --- |
|  |

 |

\*Reaching age 85 does not automatically make a client vulnerable. Your reasoning for whether a person over age 86 is vulnerable or not needs to be outlined below.

Additional information

Use this field to record details of your assessment of the client’s vulnerability status, or to capture any other relevant information.

|  |  |
| --- | --- |
| Client 1 | Client 2 |
|  |  |