

A photograph of three people sitting at a wooden table in a cafe or office setting. A woman with glasses and a blue top is looking at a laptop. A man in a dark jacket is sitting with his back to the camera. Another man in a patterned shirt is smiling and looking towards the woman. Large windows in the background show a view of trees.

Getting to know you

Private and confidential

This fact find questionnaire is designed to gather your personal financial information and goals. We use this fact find questionnaire, along with our discussions, to help develop a financial strategy that is tailored to your needs.

Client name(s) _____

Date

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What is important to you?

Important information

The Corporations Act requires that a Financial Adviser making any 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.



About you

Personal details

	Client 1	Client 2
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Health status	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Private health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependants

Name	Date of birth	Relationship	Financial dependant	Support to age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Contact details

Please provide your contact details and tick your preferred communication channels.

Home address	<input type="checkbox"/>	<input type="text"/>
Postal address	<input type="checkbox"/>	<input type="text"/>
Home phone	<input type="checkbox"/>	<input type="text"/>
Work phone	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="checkbox"/>	<input type="text"/>
Email	<input type="checkbox"/>	<input type="text"/>

Additional details

	Client 1	Client 2
Receive documentation via email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other entities	<input type="checkbox"/> SMSF <input type="checkbox"/> Trust <input type="checkbox"/> Company	<input type="checkbox"/> SMSF <input type="checkbox"/> Trust <input type="checkbox"/> Company
Native language	<input type="text"/>	<input type="text"/>

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.



Your lifestyle and financial goals

Please use **C1 = Client 1, C2 = Client 2 or J = Joint to indicate owner**

Please include any lifestyle and financial goals that you want to work towards. For eg **Financial Goals** could be funding education expenses or retirement costs and **Lifestyle Goals** could be saving for a holiday, purchasing a new car or completing home renovations.

Description	Owner	Amount	Target date	Priority (1-9) 1 = high 9 = low

Please tick any priorities that are important to you and add any that do not appear on the list.

Description	C1	C2
To be able to fund my children’s education	<input type="checkbox"/>	<input type="checkbox"/>
To review my superannuation accounts and fees	<input type="checkbox"/>	<input type="checkbox"/>
To invest my inheritance	<input type="checkbox"/>	<input type="checkbox"/>
To repay my liabilities as soon as possible	<input type="checkbox"/>	<input type="checkbox"/>
To maximise my Centrelink or government benefits	<input type="checkbox"/>	<input type="checkbox"/>
To increase wealth accumulation outside super (ie gearing, investment account)	<input type="checkbox"/>	<input type="checkbox"/>
To minimise taxation (ie salary sacrifice)	<input type="checkbox"/>	<input type="checkbox"/>
To protect my family in the event of my death or serious injury/illness	<input type="checkbox"/>	<input type="checkbox"/>
To protect my income against sickness or trauma	<input type="checkbox"/>	<input type="checkbox"/>
To be able to cover my medicals costs in the event of a serious illness or trauma	<input type="checkbox"/>	<input type="checkbox"/>
I want to be able to invest in direct equities	<input type="checkbox"/>	<input type="checkbox"/>
I want to be able to invest in term deposits	<input type="checkbox"/>	<input type="checkbox"/>
I want access to a wide range of investments	<input type="checkbox"/>	<input type="checkbox"/>
I want a cash account to manage fees, investment distributions and withdrawals/payments	<input type="checkbox"/>	<input type="checkbox"/>
I want to invest in socially and/or ethically responsible investments	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



Employment and social security

Employment

	Client 1	Client 2
Occupation	<input type="text"/>	<input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Part time <input type="checkbox"/> Casual	<input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Part time <input type="checkbox"/> Casual
Retirement age or date	<input type="text"/>	<input type="text"/>

Notes

Social security

Tick if not applicable

	Client 1		Client 2	
Benefit name	<input type="text"/>		<input type="text"/>	
Centrelink ref number	<input type="text"/>		<input type="text"/>	
	Amount gifted	Date gifted	Amount gifted	Date gifted
Centrelink gifting	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Centrelink gifting	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Centrelink gifting	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Notes



Income and expenses

Income

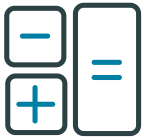
	Client 1	Client 2
Gross salary	\$	\$
Bonuses	\$	\$
Investment income	\$	\$
Gross rental income	\$	\$
Centrelink payments	\$	\$
Business income	\$	\$
Super pension income	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Notes

Expenses

	Owner	Value
Living expenses		\$
Mortgage repayment		\$
Credit card repayment		\$
Insurance premiums		\$
		\$
		\$
TOTAL		\$

Notes



Assets and liabilities

Lifestyle assets

	Owner	Value
Family home	<input type="text"/>	\$ <input type="text"/>
Home contents	<input type="text"/>	\$ <input type="text"/>
Car 1	<input type="text"/>	\$ <input type="text"/>
Car 2	<input type="text"/>	\$ <input type="text"/>
Boat/caravan	<input type="text"/>	\$ <input type="text"/>
Land/holiday home	<input type="text"/>	\$ <input type="text"/>
Art work/jewellery	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
TOTAL	<input type="text"/>	\$ <input type="text"/>

Notes

Financial assets

	Owner	Value
Cash	<input type="text"/>	\$ <input type="text"/>
Term deposits	<input type="text"/>	\$ <input type="text"/>
Share portfolio	<input type="text"/>	\$ <input type="text"/>
Managed funds	<input type="text"/>	\$ <input type="text"/>
Investment property 1	<input type="text"/>	\$ <input type="text"/>
Investment property 2	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
TOTAL	<input type="text"/>	\$ <input type="text"/>

Notes

Liabilities

Tick if not applicable

	Balance	Interest rate	Owner	Repayment amount	Repayment frequency
Mortgage	\$	%		\$	
Personal loan	\$	%		\$	
Credit card 1	\$	%		\$	
Credit card 2	\$	%		\$	
Investment loan	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
TOTAL	\$			\$	

Notes					



Super and pensions

Super

Tick if not applicable

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
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
Fund name					
Member #					
Value	\$	\$	\$	\$	\$
Beneficiary type					
Contains insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving SG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

Contribution history

	Client 1			Client 2		
	Employer superannuation guarantee	Salary sacrifice or personal deductible	Non-concessional contribution	Employer superannuation guarantee	Salary sacrifice or personal deductible	Non-concessional contribution
Financial year						
Fund name						
20____ / 20____	\$	\$	\$	\$	\$	\$
20____ / 20____	\$	\$	\$	\$	\$	\$
20____ / 20____	\$	\$	\$	\$	\$	\$
20____ / 20____	\$	\$	\$	\$	\$	\$

Pensions

Tick if not applicable

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
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
Fund name					
Member #					
Value	\$	\$	\$	\$	\$
Annual pension	\$	\$	\$	\$	\$
Beneficiary type					

Notes



Risk insurance

Tick if not applicable

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Policy owner	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super
Life insured					
Insurance provider					
Policy number					
Life cover	\$	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$	\$
Trauma cover	\$	\$	\$	\$	\$
Child trauma cover	\$	\$	\$	\$	\$
Income protection monthly benefit	\$	\$	\$	\$	\$
Waiting period					
Benefit period					
Annual premium	\$	\$	\$	\$	\$

Notes

Insurance objectives

Tick if not applicable

For each of the below objectives, please include a priority or time frame and a value in today's dollars.

Income: How much income would you require in the event of disability, trauma and extended illness? ie income of \$50,000 pa until retirement	Priority or time frame
Liquidity: How many months of living expenses do you need in the event of disability, trauma and extended illness?	Priority or time frame
Risk management: What requirements do you have (for yourself and your children/dependants) in the event of death, disability, trauma and extended illness?	Priority or time frame
Estate planning: How will you distribute your assets after your death? What is the maximum value you would want to leave to your estate?	Priority or time frame
Other:	Priority or time frame

Notes

Risk insurance needs analysis

This section has been left intentionally blank as it is not applicable

Life and/or TPD insurance

Immediate needs	Client 1	Client 2
Mortgage repayment/rental provision	\$	\$
Total outstanding debts	\$	\$
Business liabilities	\$	\$
Tax provision (eg capital gains, income tax)	\$	\$
Education funding allowance	\$	\$
Emergency income (approx. 3-6 months)	\$	\$
Related fees (eg legal, accounting, appraisal)	\$	\$
Final expenses (eg funeral, executor, probate)	\$	\$
Sub-total A	\$	\$

Replacement income needs	Client 1	Client 2
Income for survival of partner* (pa) (1) <small>*Suggested amount is two-thirds current gross income.</small>	\$	\$
Income for survival of children (pa) (1)	\$	\$
Number of years income required (2)	\$	\$
Sub-total (1) multiplied by (2) = B	\$	\$
Estate assets (realisable)	\$	\$
Investment assets (exclude family home)	\$	\$
Superannuation assets	\$	\$
Life insurance (use existing level of cover)	\$	\$
Business assets (if applicable)	\$	\$
Sub-total C	\$	\$

Summary	Client 1	Client 2
Immediate needs (A)	\$	\$
Income needs (B)	\$	\$
Total estate required (A + B)	\$	\$
Less estate assets (C)	\$	\$
Estate shortfall (if any)	\$	\$
Cover required (rounded to the nearest thousand)	\$	\$

Insurance details

Tick if not applicable

	Client 1	Client 2
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any exclusions/loadings listed on your current policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details		
Do you have any medical issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details		
Please detail how your employment duties are split		
Administrative	%	%
Supervisory	%	%
Travel	%	%
Manual	%	%

Notes



Estate planning

Tick if not applicable

	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will	<input type="text"/>	<input type="text"/>
Will date last reviewed	<input type="text"/>	<input type="text"/>
Is your Will relevant to your current situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Executor of Will	<input type="text"/>	<input type="text"/>
Beneficiary(s) of Will	<input type="text"/>	<input type="text"/>
Location of Will	<input type="text"/>	<input type="text"/>
Power of Attorney (POA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
POA type	<input type="text"/>	<input type="text"/>
Name of POA	<input type="text"/>	<input type="text"/>
Is the POA being acted on behalf of	<input type="text"/>	<input type="text"/>
Enduring guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of enduring guardian	<input type="text"/>	<input type="text"/>

Notes



Other professional advisers

Tick if not applicable

Type	Name	Contact number	Email address	Permission to contact
Accountant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes



Acknowledgements

I confirm the following:

Client declaration

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 I have chosen not to provide the information). I understand and acknowledge that if I do not fully or accurately complete the fact find, then any recommendation or advice given by my Consultum Authorised Representative may be inappropriate to my needs and that I risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs I have identified. I understand that if I do not provide all the requested information, my Consultum Authorised Representative may not be able to provide me with financial advice or other requested services or products.

If a Statement of Advice is prepared for my consideration, I acknowledge that it will be subject to the payment model outlined in the Adviser Profile provided by my Consultum Authorised Representative.

Privacy

I understand that my Consultum Authorised Representative may be required to collect my personal information under the Corporations Act 2001 and/or the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

I have received and read the Consultum Financial Services Guide (FSG) and Adviser Profile and the contents have been explained to me.

I understand that my personal information will be used for the purpose of providing me with financial advice and for other purposes detailed in the FSG and Adviser Profile.

I am aware that my personal information will be handled in accordance with my Consultum Authorised Representative's Privacy Policy and I may obtain a copy of the Privacy Policy from my Consultum Authorised Representative.

I understand that, in connection with providing services to me, my personal information (such as, name, contact details and account information) may be disclosed to Consultum's related bodies corporate, to a person with whom I receive joint financial services, my financial and professional advisers, businesses that may have referred me to Consultum, service providers, credit unions, building societies, banks and other financial institutions. I understand that my personal information (including sensitive health information) may be disclosed to life companies to establish and maintain requested insurance.

I understand that if I have provided the personal information of other persons, it is my responsibility to inform those persons and to refer them to my Consultum Authorised Representative's Privacy Policy.

Electronic communication acceptance

Unless stated otherwise on page two, I understand and my Consultum Authorised Representative is required by law to provide us with Advice Documents and Product Disclosure Statements for each product and investment option that they recommend.

I confirm that I am willing and able to receive and access these documents in electronic format (including by email, web link or USB) and understand that I can keep a copy of these documents so that I may access them in the future.

I understand that paper documents can be provided free of charge on request.

Disclaimer: Consultum and/or your Consultum 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 either in person or over the telephone.

No call/no contact

Please tick the box if you **DO NOT** want us to contact you without your expressed consent.

I understand that I may request that my Consultum Authorised Representative place me on a 'no call/no contact register' which means I will not be contacted regarding any financial products without my express consent, unless otherwise directed.

Client 1

Client 2

Client declaration

By signing the below, I confirm and agree to the above acknowledgements.

	Client 1	Client 2
Signature	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Financial adviser declaration

By signing below, I declare that I have provided you with a copy of the Consultum Financial Services Guide & Adviser Profile prior to making any financial product or strategy recommendations.

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Office use only

	Client 1	Client 2
Adviser profile version date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
FSG version date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date FSG was supplied to client	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Option to Quote Tax File Number

Why are we collecting your TFN?

Your adviser (and their practice) is authorised under taxation and/or superannuation laws to collect your TFN to administer and/or implement our recommendations in line with the information below. Upon completion of use, your TFN will be removed/redacted from our records. You may choose to provide your TFN directly to the relevant body instead.

Why Investment and superannuation bodies ask for your TFN

It is not an offence if you choose not to provide your TFN to us. However, if you do not quote your TFN or exemption status to authorised bodies¹ (as applicable):

- Your investment income and concessional super contributions may be taxed at the highest marginal rate plus Medicare levy
- You may pay more tax on your super benefits than required (you may get a refund at the end of the financial year in your income tax assessment)
- Your super fund may be required to reject your personal after-tax contributions
- It may be difficult to find and consolidate your superannuation accounts

You may be exempt from the TFN quotation requirements

Some persons/entities are eligible to claim an exemption from quoting their TFN, if one of the following exemptions is applicable and is notified to the investment body:

- **Persons receiving a qualifying pension/benefit** – State type of pension/benefit received
- **Children under the age of 16** (where the investment is NOT public company share/s and the income will be less than \$420 pa) - State age
- **Entities not required to lodge income tax returns** - State reason not required to lodge return
- **Non-residents** - State country of residence

Your Election

I give my adviser (and their practice) permission to collect, use and disclose my TFN, or exemption status, in connection with the administration of my affairs, including with respect to my current or future investments. I authorise my adviser (and their practice) to share my TFN or exemption status with authorised bodies¹ or approved recipients, including the Australian Taxation Office, or other related bodies corporate to be used, but only as required to provide services and products to me.

I acknowledge that I have read and understood the information above, and this authority will remain in force until cancelled by me in writing. If signing under Power of Attorney, I certify that I have not received notice of revocation of that Power.

Full name of client 1 (individual/entity)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name of client 2 (individual/entity)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
My exemption status is (if applicable):	<input type="text"/>	

¹ In the case of loans or deposits, financial institutions, governments and bodies corporate are 'investment bodies'. 'Investment bodies' also include managers of unit trusts, and companies. Superannuation trustees and approved deposit funds are authorised to collect TFNs under superannuation law. This is for purposes including paying out monies and identifying and consolidating superannuation benefits.

Adviser Warning: Please ensure the following section is removed/redacted prior to storage.



Client 1 Tax File Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Client 2 Tax File Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This page has intentionally been left blank.



Authorisation to collect information

Please provide my **financial adviser and their practice staff** with any information necessary for them to conduct an analysis of my current product (described below). I give authority for this information to be released verbally and/or in writing in any other means, including electronic, as may be appropriate.

Client personal details

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Product name	<input type="text"/>
		Member number	<input type="text"/>

Financial adviser details

Financial adviser name	<input type="text"/>	Other staff names	<input type="text"/>
Practice name	<input type="text"/>		
ABN	<input type="text"/>	Email	<input type="text"/>
AFSL	<input type="text"/>		
Practice address	<input type="text"/>	Phone	<input type="text"/>
		Financial adviser code	<input type="text"/>

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to my financial adviser. In addition, please consider this authorisation as being **valid until formally revoked** by me in writing.

Signature	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>



Authorisation to collect information

Please provide my **financial adviser and their practice staff** with any information necessary for them to conduct an analysis of my current product (described below). I give authority for this information to be released verbally and/or in writing in any other means, including electronic, as may be appropriate.

Client personal details

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Product name	<input type="text"/>
		Member number	<input type="text"/>

Financial adviser details

Financial adviser name	<input type="text"/>	Other staff names	<input type="text"/>
Practice name	<input type="text"/>		
ABN	<input type="text"/>	Email	<input type="text"/>
AFSL	<input type="text"/>		
Practice address	<input type="text"/>	Phone	<input type="text"/>
		Financial adviser code	<input type="text"/>

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to my financial adviser. In addition, please consider this authorisation as being **valid until formally revoked** by me in writing.

Signature	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>



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, 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)	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Superannuation	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Retirement income	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Estate planning	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Investment	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Cash flow management	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Aged care	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Social Security	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	
Debt management	<input type="checkbox"/> Relevant + In Scope	
	<input type="checkbox"/> Relevant + Not In Scope	
	<input type="checkbox"/> Not Relevant	

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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Life	<input type="checkbox"/> In	<input type="checkbox"/> Out		
TPD	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Income protection	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Trauma	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Business insurance	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Contributions	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Platform review	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Portfolio review	<input type="checkbox"/> In	<input type="checkbox"/> Out		
SMSF	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Income streams	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Existing platform review	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Existing portfolio review	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Withdrawals	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Super death benefit nominations	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Insurance nominations	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Wills	<input type="checkbox"/> In	<input type="checkbox"/> Out		
POA/EPOA	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Other structures (eg testamentary trust)	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Guardianship/health directives	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Direct shares	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Platform review	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Portfolio review	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Budgeting	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Home care	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Residential aged care	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Income support payments (Centrelink/DVA)	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Concession cards	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> 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
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Deductible debt	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Non-deductible debt	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		

Politically exposed persons (PEP)

	Client 1	Client 2
Is the client a politically exposed person?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
Date of PEP review	/ /	/ /
PEP category	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP
PEP type	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP

Vulnerable clients

	Client 1	Client 2
Is the client vulnerable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Elderly <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Elderly <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>

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



Notes