

Fact find

Private and confidential

Client 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Date completed	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Client 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Date completed	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Adviser details

Adviser name	<input type="text"/>		
Adviser profile version date	<input type="text"/> <input type="text"/>	/	<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"/> <input type="text"/> <input type="text"/>
Date FSG supplied to client	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Where we hold inaccurate or outdated information in relation to any aspect of your personal and financial position, we encourage you to contact us at your earliest convenience so that we may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)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Resident status	<input type="text"/>	<input type="text"/>
Tax resident	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Age	<input type="text"/>	<input type="text"/>
Retirement age	<input type="text"/>	<input type="text"/>
Age pension age	<input type="text"/>	<input type="text"/>
Preservation age	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>
Smoker?	<input type="text"/>	<input type="text"/>
Tax file number*	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
TFN authority	<input type="text"/>	<input type="text"/>
ABN (if applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

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	<div></div>	<div></div>
Suburb	<div></div>	<div></div>
State and postcode	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Mailing address (if different from above)	<div></div>	<div></div>
Suburb	<div></div>	<div></div>
State and postcode	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Telephone (work)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Telephone (home)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Telephone (mobile)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Fax	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Email address	<div></div>	<div></div>
Preferred method of contact	<div></div>	<div></div>
Do you have a computer and internet access?	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>
If 'yes', are you happy to receive information	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>

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

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

Will exists?

Is Will current?

Date of Will

 / /

Location of Will?

Executor(s)

Testamentary trust?

Power of attorney?

Enduring guardian
appointed?

Funeral plan?

Client 2

 / /

Estate beneficiaries

Benefactor	Beneficiary	Age of entitlement	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Death benefit nomination(s)

Fund/Owner	Type of nomination	Beneficiary	Date signed	Date of expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expected inheritance(s)

Client 1

Expected inheritance?

Estimated value

Type of asset

Client 2

Estate planning notes

Private health insurance

Client 1

Current health

☐ Fair☐ Good☐ Excellent

Cover under private policy

Cover under group policy

Client 2

☐ Fair☐ Good☐ Excellent

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

Cashflow position (source of funds)

Income

Owner	Description	Regular amount	Frequency	Annual amount
Total income:				\$

Expenses

Owner	Description	Regular amount	Frequency	Annual amount
Total income:				\$

Cashflow 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	Centrelink Deductible
Total:						

Superannuation notes

Annuities

Owner	Description	Income amount	Term	Income escalation	Complying	RCV
Total:		\$				

Investment portfolio (source of wealth)

[illegible]

Related self-managed superannuation fund

Fund name	<input type="text"/>
Investment assets	<input type="text"/>
Tax file number*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trustee type	<input type="text"/>

Fund members

	Name	Date of birth	Phase	Fund balance
1				
2				
3				
4				

SMSF notes

Related company

Company name	<input type="text"/>
Investment assets	<input type="text"/>
Trading name	<input type="text"/>
Company type	<input type="text"/>
ABN	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TFN* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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	<input type="text"/>
Investment assets	<input type="text"/>
Tax file number*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trustee type	<input type="text"/>

Trustees

	Name	Type	TFN
1			
2			
3			
4			

Beneficial owner [#]	<input type="text"/>
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[#] 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	<input type="text"/>
Investment assets	<input type="text"/>
Tax file number*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Partnership type	<input type="text"/>

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?	<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	<div> <div></div><div></div><div></div> / <div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div> / <div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div> </div>
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

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 declaration

By completing and signing the declaration on the following page, I declare the following

I/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.

Please provide a Statement of Advice for my/our consideration. I/We understand that the preparation of the Statement of Advice will be subject to the payment model outlined in the Adviser Profile provided by my/our Lonsdale Authorised Representative.

Privacy

I/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 be 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 acceptance

Unless 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 authority

I 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

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Your client profile

Scope of advice

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)	<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	

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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	<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
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
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
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
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
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
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
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
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		

ADVISER USE ONLY

Vulnerable clients

	Client 1	Client 2
Is the client vulnerable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Over age 85* <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"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Over age 85* <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"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

*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