

# Insurance fact find

## Private and confidential

	Surname	

### Client 1

Title  
(Dr/Mr/Mrs/Ms/Miss)

		/			/				
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Given name(s) Date

completed

	Surname	

### Client 2

Title  
(Dr/Mr/Mrs/Ms/Miss)

		/			/				
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Given name(s)

Date completed

### Adviser details

Adviser name

Adviser profile version date

		/			/				
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FSG version date

		/			/				
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Date FSG supplied to client

		/			/				
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### 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Where we hold inaccurate or outdated information in relation to any aspect of your personal and financial position, we encourage you to contact us at your earliest convenience so that we may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.

**Instructions**

To assist you in completing this fact find, we have indicated at the top left of each page the client applicability for completion for each section based on the client insurance requirements.

ALL

PERSONAL

BUSINESS

OPTIONAL

**Scope of advice**

**Type of insurance you would like us to consider**

Insurance advice	Client 1	Client 2
Income protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Total permanent disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Business expense	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Keyman	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Insurance in super	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review
Other (please list)		
Other (please list)		
Have you ever been refused insurance cover in the past? If yes, place detail in notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes</b>		

Note: If client is unsure, tick "yes" to all insurance types listed above

Client has specific requests or is placing limitations on the scope (only tick after enquiry)

**Client specific requests**


Personal information summary

	<b>Client 1</b>	<b>Client 2</b>
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 18 of this Fact Find.



Employment status	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Employer name	<input type="text"/>	<input type="text"/>
Employment start date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Employment end date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Hours worked per week	<input type="text"/>	<input type="text"/>
Next salary review date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Package**

Salary (pa)	<input type="text"/>	<input type="text"/>
Super contribution rate	<input type="text"/>	<input type="text"/>
Salary sacrifice (super)	<input type="text"/>	<input type="text"/>
Salary sacrifice (other)	<input type="text"/>	<input type="text"/>

**Duty split**

Administrative	<input type="text"/>	<input type="text"/>
Supervisory	<input type="text"/>	<input type="text"/>
Travel Manual	<input type="text"/>	<input type="text"/>

**Retirement**

Retirement date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Years until retirement	<input type="text"/>	<input type="text"/>
Age at retirement	<input type="text"/>	<input type="text"/>

**Employment notes**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Your personal needs**

Determining your needs	Client 1	Client 2
<b>In the event you were unable to work because of prolonged sickness or injury, could you:</b>		
Pay for medical treatment in relation to sickness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continue to maintain your current standard of living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continue to meet loan repayments (or pay off debts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes to any of the above, for how long could you do this?	_____ Mths/Yrs	_____ Mths/Yrs
<b>In the event you endured a temporary or permanent disablement, could you:</b>		
Fund related medical costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fund lifestyle or home alterations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide for your children's education?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Would you require an income stream*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>In the event of death, would there be sufficient funds to:</b>		
Pay out all outstanding debt and liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide for your children's education?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fund funeral costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide an income stream (for family/partner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Current measures you have in place are:</b>		
Sick leave	<input type="checkbox"/> <input type="checkbox"/> No _____ Mths/Yrs	<input type="checkbox"/> <input type="checkbox"/> No _____ Mths/Yrs
Long service leave	<input type="checkbox"/> <input type="checkbox"/> No _____ Mths/Yrs	<input type="checkbox"/> <input type="checkbox"/> No _____ Mths/Yrs
Annual Leave	<input type="checkbox"/> <input type="checkbox"/> No _____ Mths/Yrs	<input type="checkbox"/> <input type="checkbox"/> No _____ Mths/Yrs
If yes, detail <b>days/months</b>		
Cash reserve. If yes, detail amount per annum	<input type="checkbox"/> Yes <input type="checkbox"/> _____ pa	<input type="checkbox"/> Yes <input type="checkbox"/> _____ pa
Investment income/Income from other sources. If yes, detail amount per annum	<input type="checkbox"/> Yes <input type="checkbox"/> _____ pa	<input type="checkbox"/> Yes <input type="checkbox"/> _____ pa
Comprehensive health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of fund and level of cover		
Funeral/Insurance Bond. If yes, detail amount	<input type="checkbox"/> Yes <input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> _____
<b>Your income requirement(s) post serious illness, injury, accident or disablement:</b>		
Minimum income stream (after tax) required to maintain standard of living? Please tick frequency	\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Year	\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Year

**General health and lifestyle**

Health details	Client 1	Client 2
Are there any medical conditions to be noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Are you currently on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Do you intend to seek any medical treatment in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Have any of your family (or relatives) suffered from any major illness, disease or heart problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including age diagnosed		
Have you ever been off work or consulted a doctor for – depression/stress/anxiety/alcohol/substance addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details and year of consultation		
Lifestyle details		
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify amount and frequency		
Do you engage in any sports or activities that may be considered hazardous? Such as motor racing, aviation, contact sport, rock climbing, martial arts, diving, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Do you work in an occupation or industry which is known for, or involves high levels of risk or stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Notes		

**Personal assets and liabilities**



**Personal use assets (non-investment and non-business owned)**

Please tick if personal use asset details attached. Completion optional if attached

Not applicable to advice requirements (only tick after enquiry)

Asset Type	Owner (client 1, client 2, joint)	Current value	Realisable asset*?
Principal residence		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home contents		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-income producing real estate		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor vehicle(s)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat/caravan		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collectibles/art/valuables		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* An asset the client is prepared to sell if an insurance event occurs.

	Client 1	Client 2	Joint
<b>Total Assets</b>	\$	\$	\$



**Investment assets (source of wealth)**

Please tick if investment asset details attached. Completion optional if attached Not applicable to

advice requirements (only tick after enquiry)

Description (excluding superannuation products)	Owner (client 1, client 2, joint)	Current value	Income/ dividends (\$ or %)	Realisable asset*?	Other details
Cash at bank		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Term deposits		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shares and managed funds		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property (Investment)		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please specify) _____		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please specify) _____		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* An asset the client is prepared to sell if an insurance event occurs.



**All liabilities**

Please tick if personal liabilities details attached. Completion optional if attached

Not applicable to advice requirements (only tick after enquiry)

Type	Owner (client 1, client 2, joint)	Current loan balance	Repayments required	Repayment frequency	Deductible?	Term remaining
Home mortgage		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit & store card(s)		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investment – property(ies)		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investment – other		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Margin loan/line of credit		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please specify) _____		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please specify) _____		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Client 1	Client 2	Joint
<b>Total liabilities</b>	\$	\$	\$

**Superannuation details**

Retirement details	Client 1	Client 2
Planned retirement age		

Please tick if superannuation details attached. Completion optional if attached

Not applicable to advice requirements (only tick after enquiry)

	Client 1	Client 2	Joint
<b>Total Investments</b>	\$	\$	\$

Payment of superannuation on death		
Death benefit details		
Please select	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Estate	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Estate
Beneficiary details		
Please select	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding
If applicable, nominated beneficiary details		

**Personal income and expenditure**

Please tick if income and expenditure details attached\*. Completion optional if attached

Not applicable to advice requirements (only tick after enquiry)

\* Items to attach might include: Tax return summary, budget, payslips, payment summary(ies)

Income	Client 1	Client 2
Current estimated total gross annual income (from all sources)	\$ _____	\$ _____
Do you expect changes to income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Expenditure		
Current estimated total expenditure (Consider: mortgage, car/hire purchase/ lease costs, loans and investments, and other living costs) (Please tick time-frame)	\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Year	\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Year
Do you expect changes to expenditure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify		
Is there a cash flow surplus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much? (per annum)	\$ _____	\$ _____
If no, does cash flow impact affordability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Client 1	Client 2	Joint
<b>Total superannuation assets</b>	\$ _____	\$ _____	\$ _____

**Notes**

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Benefit period		
Exclusions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, place specify in notes section		

**Notes**

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Insurance details	Client 1	Client 2
Insurance type (please tick)	<input type="checkbox"/> Death <input type="checkbox"/> TPD	<input type="checkbox"/> Critical illness <input type="checkbox"/> Income replacement
Insurance company		
Policy number		
Owner of policy (eg client 1, client 2, joint)		
Name of super fund?		
Fund type (please tick)	<input type="checkbox"/> Accumulation SMSF <input type="checkbox"/> Defined SAF	<input type="checkbox"/> Accumulation SMSF <input type="checkbox"/> Defined SAF
Current super balance	\$	\$
Sum insured/ monthly benefit	\$	\$
Renewal date	/ /	/ /
Annual premium	\$	\$
Payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Indexed to CPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium type	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level
Definition type	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own
Waiting period (please specify in days)	Days	Days
Guaranteed renewable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit period		
Exclusions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



If yes, place specify in notes section		
<b>Notes</b>		

**Your business needs**

Not applicable – client does not run a business (including Partnership) and is not a Trustee

Corporate details	Client 1	Client 2
Are you a director or associated with a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of company(ies)		
Your relationship to the company?		
Are you Trustee or beneficiary of a discretionary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Trust(s)		
Your relationship to the Trust?		
Have you provided any 'personal guarantees' (that you are personally liable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		

**Determining your business needs**

In the event you or a key person were absent from your business due to sickness or accident or permanent disablement, could the business:

Continue to fund business expenditure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how long could the business sustain this? Please specify timeframe	_____ Months/Years
Continue to pay employee salaries and make business loan repayments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how long could the business sustain this? Please specify timeframe	_____ Months/Years

In the event you or a key person (such as a partner) exited the business or died, could the business:

Continue to operate the business without impact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify why?	
Buy out your business partner's family (or estate) for their share of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, how much would be needed?	\$ _____

**Notes**


**Business assets and liabilities**

- Please tick if current asset & liabilities details attached\*. Completion optional if attached
- Not applicable to advice requirements (only tick after enquiry)

\* Items to attach might include: Balance sheet, asset registers

Asset type	Estimated value	Used as loan security?	Notes
Building	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plant & machinery	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle(s)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Debtors & stock	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goodwill	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please specify) _____	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Liability type	Personal guarantee?	Current loan balance	Repayments required	Repayment frequency	Term remaining
Business loan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Overdraft facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Hire purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trade creditors	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		

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**Business income and expenditure**

- Please tick if income and expenditure details attached\*. Completion optional if attached
- Not applicable to advice requirements (only tick after enquiry)

\* Items to attach might include: Profit and loss statements, budget, cash flow statements

Income	
Current estimated (annual) total income	\$
Do you expect changes to income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify	
Expenditure	
Current estimated (annual) total expenses	\$
Do you expect changes to expenditure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify	
Is there a cash flow surplus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much? (per annum)	\$
If no, does cash flow impact affordability?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Notes**

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**Current business insurance details**

Please tick if policy details or renewal attached. Completion optional if attached

Nil Insurance policies held (only tick after enquiry)

Complete rows as applicable to current policy held \*

Insurance details	Client 1	Client 2
Insurance type (please tick)	<input type="checkbox"/> Key person <input type="checkbox"/> Buy sell <input type="checkbox"/> Business expense	<input type="checkbox"/> Key person <input type="checkbox"/> Buy sell <input type="checkbox"/> Business expense
Insurance company		
Policy number		
Policy owner		
Sum insured	\$	\$
Monthly benefit	\$	\$
Annual premium	\$	\$
Year commenced		
Renewal date	/ /	/ /
Payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Payer of the premium?	<input type="checkbox"/> Business <input type="checkbox"/> Individual	<input type="checkbox"/> Business <input type="checkbox"/> Individual
Premium type	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level
Other features		

**Notes**

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## 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](http://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 4, 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.



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 below.

**Note: This risk only fact find is in relation to personal insurance only. Should the client require advice in other areas, a full fact find should be completed to ensure all necessary information is collected in order to provide appropriate advice.**

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	
Estate planning	<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		



**Estate planning**

Sub-advice area	In / Out				<b>If in, explain if:</b> - will be limited, - any products are excluded, or - any information is missing	<b>If out, explain:</b> - 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		

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### 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: 40px; 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: 40px; 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

## Insurance requirements analysis

Note: State 'nil' if not applicable

Death & TPD requirements analysis			Client 1	Client 2
Immediate needs			\$	\$
Mortgage discharge/ home provision (eg rent)			\$	\$
Total outstanding debts (eg credit cards, personal loans)			\$	\$
Business liabilities (eg personal guarantees)			\$	\$
Taxes (eg capital gains tax, income tax)			\$	\$
Education funding			\$	\$
Child/home care fund			\$	\$
Emergency income (3 – 6 months of normal income)			\$	\$
Replacement items/purchases (eg motor vehicle)			\$	\$
Fees (eg legal, accounting, administration, appraisal)			\$	\$
Final expenses (eg funeral, executor, probate)			\$	\$
<b>Sub-total</b>	<b>= A</b>		<b>\$</b>	<b>\$</b>
Replacement income needs			\$	\$
Income for surviving dependants	= (1)		\$	\$
Number of years income required	= (2)		\$	\$
<b>Sub-total</b>	<b>(1) multiplied by (2) = B</b>		<b>\$</b>	<b>\$</b>
Estate assets (realisable)			\$	\$
Realisable investment assets (excl. personal use assets)			\$	\$
Superannuation assets			\$	\$
Life insurance (existing level of cover, if any)			\$	\$
Business assets (if applicable)			\$	\$
Other disposable/realisable assets			\$	\$
<b>Sub-total</b>	<b>= C</b>		<b>\$</b>	<b>\$</b>
<b>Summary</b>				
Immediate needs (sub-total A)	= A		\$	\$
Income needs (sub-total B)	= B		\$	\$
Total required	= D		\$	\$
Less estate assets (sub-total C)	= C		\$	\$
Shortfall	<b>(D – C) = E</b>		\$	\$
Less existing insurance (if applicable)	= F		\$	\$
<b>Cover required (round up to the nearest thousand)</b>	<b>(E – F)</b>		<b>\$</b>	<b>\$</b>

## Insurance requirements analysis

Critical illness requirements analysis		Client 1	Client 2
Out of pocket medical costs (to cover health care costs)		\$	\$
Lump sum capital (for nannies, home modifications, mortgage payments)		\$	\$
Provision for tax		\$	\$
Salary/income replacement (approx one year salary/wage)		\$	\$
<b>Sub-total</b>	<b>= A</b>	\$	\$
Less existing cover (if applicable)	<b>= B</b>	\$	\$
<b>Cover required</b> (round up to the nearest thousand)	<b>(A – B)</b>	\$	\$
Income replacement needs analysis		Client 1	Client 2
Gross annual income (before tax)/gross salary package/ pre-tax operating profit		\$	\$
Less business expenses (if applicable)		\$	\$
Net annual income (before tax)	<b>= A</b>	\$	\$
Maximum allowable annual benefit (75% of net annual income)	<b>= B</b>	\$	\$
Divide annual benefit by 12 (for monthly amount)	<b>= C</b>	\$	\$
Less existing insurance (if applicable)	<b>= D</b>	\$	\$
<b>Insured monthly benefit shortfall</b> (before tax) To calculate: $[(A * B / C) - D]$		\$	\$
Total leave balances			days
Current cash reserve held		\$	\$
Waiting period recommended			days
Recommended benefit period (age policy payable until)		\$	\$
Divide annual benefit by 12 (for monthly amount)		\$	\$
Self employed requirements analysis (for income replacement cover)			
Net profit (minimum 2 years)	<b>= A</b>	\$	
Less unearned income/investment Income	<b>= B</b>	\$	
<b>Sub-total</b>	<b>= C</b>	\$	
Plus add-backs (such as depreciation and superannuation)	<b>= D</b>	\$	
<b>Sub-total</b>	<b>= E</b>	\$	
Less existing cover (if applicable)	<b>= F</b>	\$	
<b>Cover required</b> (annual benefit) <b>(E + F)</b>		\$	
Divide annual benefit by 12 (for monthly amount)		\$	

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