

CLIENT FACT FIND

Financial Planning

Client name(s)	
Financial Adviser	
Advice Practice	
Phone Number	
Email Address	
Licensee Name	
AFSL	
ABN	
Website	

Reasons for seeking advice

Initial reasons why seeking advice in client's own words

Goals

Goal	Owner	Time Frame	Amount	Priority	Current Status

Notes

Personal details

Your details

	Client 1	Client 2
Title		
Surname		
Given name(s)		
Preferred name		
Date of birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Australian resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, country of residency		
Country of Citizenship		
Other Citizenships/Visa details		

Contact details

Residential address	Client 1	Client 2
Street		
Suburb		
State		
Postcode		
Postal address (please tick if same as above) <input type="checkbox"/>		
Street		
Suburb		
State		
Postcode		
Phone and email		
Home phone		
Business phone		
Mobile		
Email		
Preferred contact method		

Children and/or other dependants - current and expected

Are you planning on growing your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have caring responsibilities for parents or other dependants	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full name	Date of birth	Gender	Relationship	Dependant	Dependant to
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Associated entities

Do you have any of the following structures?	<input type="checkbox"/> Self-Managed Superannuation Fund (SMSF) <input type="checkbox"/> Trust structure <input type="checkbox"/> Company structure <input type="checkbox"/> Partnership structure

*If Yes, to any of the above, further details can be collected via the **Other entities** or **SMSF** sections.*

Employment details

	Client 1	Client 2
Occupation/Title		
Job description/duties		
Qualifications		
Employer name		
Employment start date		
Do you work overseas?		
If yes, list relevant countries		
Employment status		
If part-time how many hours worked?		
Sick leave entitlements (Approx days)		
Annual leave/ Long Service Leave (Approx days)		
If self-employed, what structure?	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership

Notes

Income, expenses and taxation

Income type	Client 1 (or Joint)	Client 2
Total income	\$	\$
Expenses		
Total expenses	\$	\$
Gross annual surplus cash flow	\$	

Taxation

	Client 1	Client 2
Tax resident status		
Tax File Number (TFN)		
Tax Identification Number (TIN) and country (if applicable)		
Have you bought or sold any assets in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax payments e.g. capital gains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tax losses that could be carried forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income, expenses and taxation notes

Current position analysis

Lifestyle Assets	Description	Owner	Current value (\$)
Lifestyle Assets Total			\$

Investment Properties	Owner	Current value (\$)
Investment Properties Total		\$

Cash / Term Deposits	Owner	Current value (\$)
Cash / Term Deposits Total		\$

Other Assets	Owner	Current Value (\$)
Other Assets Total		\$

Investment Assets (excluding superannuation)	Owner	Current Value (\$)
Investment Assets (excluding superannuation) Total		\$

Liabilities	Description including loan details (e.g. interest rate, loan type, PI or IO, repayments)	Owner	Outstanding balance (\$)
Total liabilities			\$
Net worth (excluding superannuation)			\$

Assets and liabilities notes

Superannuation

Retirement planning details

	Client 1	Client 2
Current Phase	<input type="checkbox"/> Accumulation <input type="checkbox"/> TTR <input type="checkbox"/> Pension <input type="checkbox"/> Post Retirement	<input type="checkbox"/> Accumulation <input type="checkbox"/> TTR <input type="checkbox"/> Pension <input type="checkbox"/> Post Retirement
Estimated Retirement Age		
If you have made Personal Contributions (Post Tax) in the past 3 years, which year/s did you contribute? Provide details		
Employer Contributions e.g. SG and salary sacrifice if not listed below		

Superannuation accumulation funds

Please provide a copy of your most recent statement

Fund name	Owner	Contributions	Tax free	Has insurance	Fund balance (\$)
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
		Employer (SGC) \$ Salary sacrifice \$ Personal \$		<input type="checkbox"/>	
Total					\$

Retirement income streams

Please provide a copy of your most recent statement

Pension details	Owner	Type	Income payment & frequency	Pension balance (\$)
Total				\$

Annuity details	Owner	Income payment & frequency	Current balance (\$)
Total			\$

Adviser use only	Client 1	Client 2
Do you know the balance of your transfer balance account? If Yes , provide details / transactions statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you continuously received Centrelink/DVA payments or have been a Commonwealth Seniors Health Card holder since 1 January 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the pensions grandfathered for Centrelink purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficiaries

Owner	Product	Name	Type	Proportion of fund (%)
			<input type="checkbox"/> Nominated beneficiary <input type="checkbox"/> Binding death nomination <input type="checkbox"/> Non-lapsing binding <input type="checkbox"/> Reversionary	
			<input type="checkbox"/> Nominated beneficiary <input type="checkbox"/> Binding death nomination <input type="checkbox"/> Non-lapsing binding <input type="checkbox"/> Reversionary	

Your net position

Type	Value (\$)
Lifestyle Assets	
Investments (including superannuation)	
(Less) Liabilities	
Net Position	\$

Superannuation and retirement notes

Estate planning

	Client 1	Client 2
Is there a Will in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, location held?		
Date executed?		
Who is the Executor of the Will and what are their contact details?		
Has a Guardian(s) been appointed for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Power of Attorney (PoA) in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type?	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> General <input type="checkbox"/> Other <input type="checkbox"/> Advance Care Directive <input type="checkbox"/> Enduring Guardianship	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> General <input type="checkbox"/> Other <input type="checkbox"/> Advance Care Directive <input type="checkbox"/> Enduring Guardianship
Who has been granted the PoA and what are their contact details?		
Have you been married before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from previous marriages / relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other special estate planning issues? (e.g. other beneficiaries, charities)		
Funeral		
Funeral arrangements	<input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond	<input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond

Estate planning notes

Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Policy number					
Insurer					
Plan name					
Premium amount					
Premium type					
Start date					
Policy owner					
Insured name					
Benefit amounts					
Life insurance					
TPD insurance					
Trauma insurance					
Severity based					
Income protection					
Waiting period (if applicable)					
Benefit period (if applicable)					
Business Expenses					
Waiting period (if applicable)					
Benefit period (if applicable)					
Options/Benefits					
Loading/Exclusions					
In super					

Notes

General health details

	Client 1	Client 2
What is your current health status?	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Private Health Care		
What is your height?		
What is your weight?		
Have you smoked cigarettes in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many standard drinks per week		
Are you presently or do you intend to receive medical treatment for any medical issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Have you been diagnosed with any significant illness/illnesses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional details:

Health and insurance notes

Insurance needs

Client 1

	Death	TPD	Trauma
In the event of death, TPD or a medical event, would you like cover for:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If so, what are the amounts that you would require?</i>			
Liabilities to clear	\$	\$	\$
Future expenditure required	\$	\$	\$
Future education expenses (present value)	\$	\$	\$
Medical costs/recovery income	\$	\$	\$
Provision for tax	\$	\$	\$
Other	\$	\$	\$
Total Capital Required	\$	\$	\$
Capital Provisions	\$	\$	\$
Disposable assets	\$	\$	\$
Continuing income (present value)	\$	\$	\$
Total Capital Available	\$	\$	\$
Insurance Needs			
Total Cover Required	\$	\$	\$
Existing cover	\$	\$	\$
Surplus/Shortfall	\$	\$	\$

Income protection needs

	Client 1	
In the event of temporary or permanent loss of income, would you like to replace your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)?	\$	%

Additional details:

Client 2

	Death	TPD	Trauma
In the event of death, TPD or a medical event, would you like cover for:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If so, what are the amounts that you would require?</i>			
Liabilities to clear	\$	\$	\$
Future expenditure required	\$	\$	\$
Future education expenses (present value)	\$	\$	\$
Medical costs/recovery income	\$	\$	\$
Provision for tax	\$	\$	\$
Other	\$	\$	\$
Total Capital Required	\$	\$	\$
Capital Provisions	\$	\$	\$
Disposable assets	\$	\$	\$
Continuing income (present value)	\$	\$	\$
Total Capital Available	\$	\$	\$
Insurance Needs			
Total Cover Required	\$	\$	\$
Existing cover	\$	\$	\$
Surplus/Shortfall	\$	\$	\$

Income protection needs

	Client 2	
In the event of temporary or permanent loss of income, would you like to replace your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)?	\$	%

Additional details:

Centrelink/Department of Veterans' Affairs (DVA)/Family Assistance

	Client 1	Client 2
What benefits do you currently receive from Centrelink/DVA/ Family Assistance?		
Centrelink Relationship Number		
Do you intend to apply for any Centrelink/DVA/Family Assistance payments in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you 'gifted' any assets in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current Seniors Card or Health Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a Low Income Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for the Pension Bonus Scheme, i.e. Do you pass the work test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you applied for the Pension Bonus Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a copy of your latest Centrelink Schedule

If **Yes** to any of the above questions add additional details:

Investment considerations

Client 1	Client 2	
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Do you have a preference to access specific investments?

<input type="checkbox"/>	<input type="checkbox"/>	No particular preference
<input type="checkbox"/>	<input type="checkbox"/>	Shares and ETFs
<input type="checkbox"/>	<input type="checkbox"/>	Managed funds and managed accounts
<input type="checkbox"/>	<input type="checkbox"/>	Alternative investments
<input type="checkbox"/>	<input type="checkbox"/>	Term deposits
<input type="checkbox"/>	<input type="checkbox"/>	Ethical-socially responsible investments
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Are the following important to you?

<input type="checkbox"/>	<input type="checkbox"/>	Lowest cost is primary goal
<input type="checkbox"/>	<input type="checkbox"/>	Holding accounts with one provider
<input type="checkbox"/>	<input type="checkbox"/>	Broad investment menu or choice
<input type="checkbox"/>	<input type="checkbox"/>	Investment transparency – ability to view the underlying investments
<input type="checkbox"/>	<input type="checkbox"/>	Ability to pay for advice via the fund/platform
<input type="checkbox"/>	<input type="checkbox"/>	Access to specific features

Which of the following have you previously invested in?


<input type="checkbox"/>	<input type="checkbox"/>	Term deposits/savings accounts
<input type="checkbox"/>	<input type="checkbox"/>	Managed funds and/or managed accounts
<input type="checkbox"/>	<input type="checkbox"/>	Shares or ETFs
<input type="checkbox"/>	<input type="checkbox"/>	Investment property
<input type="checkbox"/>	<input type="checkbox"/>	An investment you have borrowed for other than property

If your goals are unlikely to be met, please indicate which options you would consider:

<input type="checkbox"/>	<input type="checkbox"/>	Save more (spend less)
<input type="checkbox"/>	<input type="checkbox"/>	Downsize lifestyle assets
<input type="checkbox"/>	<input type="checkbox"/>	Increase your income resources – e.g. work longer
<input type="checkbox"/>	<input type="checkbox"/>	Increase your investment risk
<input type="checkbox"/>	<input type="checkbox"/>	Borrow to invest
<input type="checkbox"/>	<input type="checkbox"/>	Revise your goals

Additional details:

Advice planning scope – confirmation

	Areas of advice	Included	Excluded	Additional Information
	Aged Care	<input type="checkbox"/>	<input type="checkbox"/>	
	Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
	Cashflow Management	<input type="checkbox"/>	<input type="checkbox"/>	
	Debt Management	<input type="checkbox"/>	<input type="checkbox"/>	
	Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	
	Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
	Investment	<input type="checkbox"/>	<input type="checkbox"/>	
	Retirement Planning and Income	<input type="checkbox"/>	<input type="checkbox"/>	
	Strategic Advice	<input type="checkbox"/>	<input type="checkbox"/>	
	Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Incomplete information:

Are there any areas where full and accurate information has not been provided?

Terms of engagement

- No fee applies to the preparation of written advice based on the agreed scope
- We will prepare a separate Terms of Engagement
- The preparation of an advice document is covered by your existing fee arrangement
- A fee applies to the preparation of written advice based on the agreed scope as detailed above.


Description	Fee (inclusive of GST)
	\$
Total	\$

Adviser declaration

Documentation checklist

The FSG and Adviser Profile was provided to the client(s) on:	
The version number of the FSG provided was:	
The version number of the Adviser Profile provided was:	

Financial Adviser signature

Signature			
Full name		Date	
Authorised Representative Number			

Client declaration

I hereby declare and acknowledge the following:

Financial Services Guide

- I have received a copy of the Financial Services Guide and Adviser Profile and have read and understood both documents.

The information you provide

- 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 we have chosen not to provide the information.
- I understand and acknowledge that by not fully or accurately completing the Fact Find any financial services provided may not be appropriate to my needs.

Your privacy and confidentiality

- I give permission for the information provided in this Fact Find and related documents to be disclosed to and used by those who will be involved in providing or implementing financial advice to me, including:
 - The Licensee,
 - The parent group of the Licensee – Centrepoint Alliance Limited,
 - Financial product providers that my financial adviser recommends to me,
 - Service providers engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software. This includes service providers located outside of Australia, including the Philippines, Vietnam, Malaysia, India and potentially other countries in Southeast Asia.
 - Companies involved in communicating the information in this Fact Find to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services.
 - My permission extends to electronic communication of the information provided in this Fact Find and for record keeping purposes.
- I give permission to receive marketing and advertising materials on products, services, events, promotions and offers from my adviser and their related parties.
- I give permission for the information provided in this Fact Find and related documents to also be disclosed to the following people/parties (e.g. name of my spouse/solicitor/accountant/offshore provider including country)

Tax file numbers

- I give permission for my tax file number (TFN) to be collected and retained by my adviser and the Licensee in order to provide me with financial services and/or for social security reasons.
- I understand that:
 - my TFN may need to be provided to authorised recipients of TFNs under the Superannuation Industry (Supervision) Act 1993, the Retirement Savings Accounts Act 1997 and/or under taxation legislation or social security laws, and
 - while it is not an offence to refuse to disclose my TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications.

Client 1 signature			
Signature			
Full name		Date	
Client 2 signature			
Signature			
Full name		Date	

Authorisation to collect information or transfer servicing rights of financial products

Client:	
Provider Name:	
Provider Address:	
Product:	
Account/Policy No:	

To whom it may concern,

- I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new adviser.

Adviser Name:		Authorised Representative No. (if applicable):	
Advisory Team:			
Telephone:		Fax:	
Email:			
Business Name:			
Business Address:			
Licensee:			
AFSL Number:		ABN:	

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

Signature		Date	
Name:		Date of Birth:	
Address:			