



# PERSONAL FACT FIND & FINANCIAL NEEDS ANALYSIS

PRIVATE & CONFIDENTIAL

VERSION DATE: 30.07.2021

Prepared for

**CLIENT 1:**

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**CLIENT 2:**

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Date completed:

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Prepared by

**ADVISER NAME:**

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**InterPrac Financial Planning Pty Ltd**

**ABN:** 14 076 093 680    **AFSL No.** 246638

Level 8, 525 Flinders Street, Melbourne. VIC 3000

**Phone:** 1800 700 666 or (03) 9209 9777

**IMPORTANT**

Date FSG provided:     /     /

FSG version #: \_\_\_\_\_

## PRIVACY STATEMENT

The information contained within this document will be used by your adviser solely for the purpose of making recommendations and will be treated strictly **confidential**. The Corporations Act 2001 requires that an Adviser making financial recommendations must have reasonable grounds for making those recommendations. This document is designed to provide your InterPrac authorised representative with accurate detailed information as to your current personal and financial position. The more detailed information you provide your Financial Planner, the more effective we can be in assisting you to meet your financial goals.

**The privacy of your personal information is important to us.**

### 1. Why are we asking so many questions?

We collect your personal information to ensure that we can provide you with the products and services appropriate to your needs.

Financial Planning is the exercise of:

- a. gathering all the details of your financial position.
- b. understanding your financial goals.
- c. analysing all the issues and options which will form the basis of any recommendations.
- d. providing advice and recommendations, whilst also making all the required disclosures.
- e. agreeing with the advice to allow the adviser to implement the actions required to achieve your financial goals; and
- f. agreeing on the level of further review and action required to ensure the advice and recommendations continue to achieve all identified financial goals.

The process of providing financial advice may seem simple, but it is the result of carefully gathering the right information to be able to assess your financial goals. This can be achieved through the completion or updating of a previously completed fact find. A fact find will help identify what is relevant and helps to prioritise any action required. We aim to ensure that the personal information that we retain about you, is accurate, complete and up to date.

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

The law also requires us to collect personal information eg The Corporations Act 2001 requires us to identify a person's needs, objectives and financial circumstances to be able to provide advice; and the Anti Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act") (Commonwealth) requires us to identify all clients and to conduct identity verification checks.

### 2. Access to your personal information

Subject to permitted exceptions, you may access your information by contacting your adviser.

### 3. We may need to communicate personal information to:

- a) external product providers.
- b) other members of InterPrac Financial Planning group. This enables InterPrac to have an integrated view of its customers and clients.
- c) organisations (who are bound by strict confidentiality) to whom we outsource certain functions i.e. our auditors. In these circumstances, information will only be used for our purposes.
- d) other professionals such as solicitors, and stockbrokers when a referral is required.
- e) third parties when required by law eg under Court Order; and
- f) Government departments or agencies such as ASIC or AUSTRAC.

### 4. Our Privacy Policy

As an Authorised Representative of InterPrac Financial Planning Pty Ltd, we have adopted the principles set out in the Privacy Act 1988 as part of our continuing commitment to client service and maintenance to client confidentiality. For further details please refer to the InterPrac Financial Planning *Privacy Policy* which can be found in the **Financial Services Guide**.

## YOUR PERSONAL DETAILS

This section covers questions about your personal contact information, children and dependents, health and employment and estate planning and retirement details. The more detailed information you provide us, the more effective we can be in assisting you to meet your financial goals. Please enter as much detail as possible to the best of your ability and note down any sections you may need assistance completing and we will be happy to help.

PERSONAL DETAILS	Client 1	Client 2
Title		
Surname		
First name		
Preferred name		
Date of birth / Current age		
Place of birth		
Australian resident	Yes / No	Yes / No
Number of years in Australia	_____ years	_____ years
Age at (planned) retirement		
Marital status		
Tax file number		

CONTACT DETAILS						
Home address - Street						
Suburb						
State / Postcode	State	Postcode				
Postal address (if not as above)						
Suburb						
State / Postcode	State	Postcode				
	Client 1			Client 2		
Mobile phone						
Home phone						
Work phone						
Fax						
E-mail for correspondence						
Preferred method of contact						

REFERRED BY	
Company name	
Contact name	
Phone / Contact details	

This section is not applicable ☐

Client/s chosen not to complete this section ☐

## CHILDREN & DEPENDENTS

Name	Relationship to client/s	D.O.B.	Financially dependent	Dependent to age	Future needs
		/ /	Yes / No		
		/ /	Yes / No		
		/ /	Yes / No		
		/ /	Yes / No		
		/ /	Yes / No		

**Notes:**

This section is not applicable ☐

Client/s chosen not to complete this section ☐

## EMPLOYMENT

EMPLOYMENT	Client 1	Client 2
<b>Occupation</b>		
<b>Work status</b>	Employed / Self-employed / Retired / Unemployed	Employed / Self-employed / Retired / Unemployed
<b>Employer</b>		
Job title		
Hours worked per week		
Date started current employment		
Date of next salary review		
<b>Employer contacts</b>		
Address		
Phone		
<b>Type/s of structures used</b>	Trust / Company / SMSF / Other (please specify)	Trust / Company / SMSF / Other (please specify)

**Notes:**

This section is not applicable ☐

Client/s chosen not to complete this section ☐

## HEALTH {RISKS}

HEALTH {RISKS}	Client 1	Client 2
<b>Smoker status</b>	Yes / No / Quit in previous 12 months	Yes / No / Quit in previous 12 months
<b>Private health insurance</b>	Yes / No	Yes / No
<b>General health status</b>	Excellent / Good / Average / Poor	Excellent / Good / Average / Poor
<b>Detail any health issues</b>		
Have you ever been rejected / refused an insurance application? If yes, please detail	Yes / No	Yes / No

## THE ADVICE SCOPE: YOUR PERSONAL GOALS / OBJECTIVES

Financial planning is all about knowing what you need, developing strategies that are appropriate to you and then doing something about it and this will guarantee that you will increase the chances of making a financial difference.

Therefore, it is important for us to understand what you are trying to achieve and what is important to you. This section asks details about your financial and lifestyle goals. In answering, please try to be as specific as possible as this will help us to develop a solution tailored to meet your specific needs.

In addition to understanding your goals, we will also work with you to complete your Risk Profile and attach this document to the Fact Find.

SCOPE OF ADVICE	
<b>What you told us / Why you came to see us</b>	
<b>What we have identified</b>	
<b>Agreed Scope of this advice</b>	
<b>Superannuation</b>	<input type="checkbox"/>
▪ Full Review (Platform; Investments; Product Fees; Product Preferences; Contributions; Beneficiaries)	<input type="checkbox"/>
▪ Platform and Investment Portfolio Review (New or Existing; Product Fees; Product Preferences)	<input type="checkbox"/>
▪ Investment Portfolio Review (Investments; Fees; Product Preferences)	<input type="checkbox"/>
▪ Contributions (Concessional; Non-Concessional)	<input type="checkbox"/>
▪ Defined Benefit Accounts (Accumulation)	<input type="checkbox"/>
▪ First Homeowners Scheme (Contributions; Withdrawal)	<input type="checkbox"/>
▪ Beneficiary Death Nominations (BDN's)	<input type="checkbox"/>
▪ Insurance Premium Funding	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Personal Insurance</b>	<input type="checkbox"/>
▪ Full review (Needs analysis; Product Review; Benefit Amounts; Policy Comparison)	<input type="checkbox"/>
▪ Life Cover	<input type="checkbox"/>
▪ Total & Permanent Disability (TPD) Cover	<input type="checkbox"/>
▪ Trauma / Critical Illness Cover / Children's Cover	<input type="checkbox"/>
▪ Income Protection / Salary Continuance Cover	<input type="checkbox"/>
▪ Business Insurance (Keyperson; Business Succession)	<input type="checkbox"/>
▪ Structure/Ownership	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>▪ Premium Funding (Cashflow; Super)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Other (please specify)</li> </ul>	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Budgeting and Cashflow Management</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Develop a Budget</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Surplus Cashflow Management</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Establish / Maintain a Cash Reserve</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Insurance Premium Funding</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Salary Packaging</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Other (please specify)</li> </ul>	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Investment</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Platform and Investment Portfolio Review (New or Existing)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Investment Portfolio Review (only)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Lump-sum investment (e.g., Sale Proceeds; Redundancy; Inheritance)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Taxation Implications (e.g., CGT; Dividends; Franking Credits)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Regular Savings Plan</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Other (please specify)</li> </ul>	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Gearing and Debt Management</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Borrowing to Invest (Margin Loans; Instalment Gearing; Investment Property)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Debt Management (Clear your debt; Increase / Maintain / Reduce Loan Repayments)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Refinance / Restructure your loans (Non-Deductible; Deductible)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Review your Offset / Redraw Facility / Loan Accounts / Line of Credits</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Reverse Mortgages</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Other (please specify)</li> </ul>	<input type="checkbox"/>
<b>Adviser Notes:</b>	

<b>Retirement Planning / Pension</b>	<input type="checkbox"/>
▪ Transition to retirement (Platform and Investment Portfolio Review; Pension Payments; Modelling)	<input type="checkbox"/>
▪ Retirement Analysis – Determine income requirements and balance limitations (Transfer Balance Caps; Transfer Balance Accounts)	<input type="checkbox"/>
▪ Income Stream – Establish New / Review Existing (Platform and Investment Portfolio Review; Pension Payments; Modelling)	<input type="checkbox"/>
▪ Annuities / Capital Protected Products (Fixed term; Lifetime; Other)	<input type="checkbox"/>
▪ Defined Benefit Pensions / DVA Pensions	<input type="checkbox"/>
▪ Lump Sum Withdrawals	<input type="checkbox"/>
▪ Binding Death Nomination (BDN) / Reversionary Beneficiary Nomination	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Centrelink</b>	
▪ Aged Pension (Eligibility; Income / Asset Test Assessment; Maximising Entitlements; Health Care Card; Gifting)	
▪ Granny Flat Interests; Lifestyle Village / Home Considerations; Pension Loan Scheme	
▪ Assistance with Centrelink Payments / Centrelink Benefit Assessment (Disability Support / Carers / DVA Pension; Job Seeker / Keeper; Youth Allowance; Parenting Payment, Child Support, Family Tax Benefit; Other)	
▪ Other (please specify)	
<b>Adviser Notes:</b>	
<b>Entity Structures</b>	<input type="checkbox"/>
▪ Company	<input type="checkbox"/>
▪ Trust	<input type="checkbox"/>
▪ Partnership	<input type="checkbox"/>
▪ Self-Managed Superannuation (refer to below section)	
<b>Adviser Notes:</b>	

<ul style="list-style-type: none"> <li>Full Review (Platform; Investments; Contributions; Beneficiaries)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Platform and Investment Portfolio Review (Existing or New investments; Asset Allocation; Investment Strategy)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Investment Portfolio Review (only)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Commence a Self-Managed Superannuation Fund (How to set up; initial / ongoing costs; Trustee Responsibilities; Trust Deed; Other)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Determine Trustee Structure (Corporate; Individual)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Appoint an SMSF Administrator</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Contributions (Concessional; Non-Concessional; Super Splitting)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Insurance Considerations (Premium Funding; Ownership; Other)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Estate Planning Considerations (Beneficiary Death Nominations; Other)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Lump Sum Withdrawals / Super Splitting</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Commence an Account Based Pension</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Wind up a Self-Managed Super Fund</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Other (please specify)</li> </ul>	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Aged Care</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Aged Care Assessment (Partial / Full RAD, DAP or other entitlements)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Centrelink Implications</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Aged Care Rental Considerations / Home Care Assessment</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Other (please specify)</li> </ul>	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Estate Planning</b>	<input type="checkbox"/>
Estate Planning (General Advice) – Wills, Power of Attorneys, Guardianship Orders, Testamentary Trusts	<input type="checkbox"/>
Estate Planning (General Advice) – Binding Death Nominations (Lapsing / Non-Lapsing; Binding / Non-Binding)	<input type="checkbox"/>
Estate Planning (Personal Advice) – Binding Death Nomination (BDN) / Reversionary Beneficiary Nomination	<input type="checkbox"/>
Referral to an Estate Planning Expert	<input type="checkbox"/>
<b>Adviser Notes:</b>	

**Areas “Out of Scope” or not to be addressed in advice (and why)**

**When we may address advice areas identified as “Out of Scope” (i.e. deferred areas and why)**

**FINANCIAL OBJECTIVES (mutually agreed between client & adviser)**

## YOUR PERSONAL CASH FLOW

To assist in assessing your current financial position, this section asks about your annual income and expenses, and any major expected lump sum expenses, or changes in cash flow.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

INCOME & EXPENSES			
INCOME (annual)	Client 1	Client 2	JOINT/TOTAL
Gross salary / wages ( <i>excluding super</i> )	\$	\$	\$
Commissions	\$	\$	\$
Bonuses	\$	\$	\$
Business income / profit	\$	\$	\$
Superannuation pension	\$	\$	\$
Annuity income	\$	\$	\$
<b>Investment income</b>			
- Interest	\$	\$	\$
- Dividends	\$	\$	\$
- Rent	\$	\$	\$
- Other (please provide details)	\$	\$	\$
<b>Other income</b>			
- Centrelink/Veteran Affairs	\$	\$	\$
- Other (please provide details)	\$	\$	\$
<b>TOTAL INCOME</b>			<b>\$</b>
<b>Notes:</b>			

EXPENSES (annual)			
Estimated income tax	\$	\$	\$
Long term debt (Mortgage, rent, loans)	\$	\$	\$
Short term debt (Credit cards, loans, other)	\$	\$	\$
Daily living expenses (utilities, car, food etc.)	\$	\$	\$
Insurances (General, life, disability, income)	\$	\$	\$
Health (GP, specialists, hospital, chemist, insurance)	\$	\$	\$
Personal care (Clothing, hair dressing, cosmetics)	\$	\$	\$
Entertainment (Memberships, travel, sport, hobbies)	\$	\$	\$
Other (pet/s, school fees etc)	\$	\$	\$
<b>TOTAL EXPENSE</b>	\$	\$	\$

<b>SURPLUS / DEFICIT (Income-Expense)</b>	<b>\$</b>
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OR

☐ Client spends all income

OR

☐ Client saves \$\_\_\_\_\_ per week / month / annum (please circle)

Cont'd...

PLANNED FUTURE EXPENSES (Next 5 years)	Amount	Financial / Calendar year of expense
Holidays / Travel	\$	
Education	\$	
New car or upgrade	\$	
Home improvement / renovation	\$	
Debt repayment	\$	
Other (eg. wedding, baby)	\$	
Other	\$	
FUTURE INCOME	Client 1	Client 2
Is your income likely to change in the next 5 years. If Yes or Maybe, please state how	Yes / No / Maybe  _____ _____ _____ _____	Yes / No / Maybe  _____ _____ _____ _____

This section is not applicable ☐

Client/s chosen not to complete this section ☐

GOVERNMENT INCOME SUPPORT	Client 1	Client 2
<b>Do you currently receive Govt. benefit?</b> If yes, please detail	Yes / No _____	Yes / No _____
If yes, what is your CRN?	_____	_____
Notes	_____ _____ _____ _____	_____ _____ _____ _____
<b>Other support (specify type)</b>	Yes / No	Yes / No
<b>Have you gifted assets in the past 5 years?</b> If yes, please detail	Yes / No _____	Yes / No _____
<b>Are you registered for the Commonwealth Seniors Card?</b>	Yes / No	Yes / No

Adviser Notes:

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This section asks about your personal and investment liabilities and asset .Do not use this for SMSF or Related Entities. In the table below, C1 refers to client 1, C2 to client 2 and J for Joint.

**Client/s chosen not to complete this section** ☐

Lifestyle assets					
ITEM	Purchase Date	Purchase price	Current Value	Amount owing	OWNER
Principal residence	/ /	\$	\$	\$	C1 / C2 / J
Personal property / contents		\$	\$	\$	C1 / C2 / J
Motor vehicle 1	/ /	\$	\$	\$	C1 / C2 / J
Motor vehicle 2	/ /	\$	\$	\$	C1 / C2 / J
Boat	/ /	\$	\$	\$	C1 / C2 / J
Caravan	/ /	\$	\$	\$	C1 / C2 / J
Collectables		\$	\$	\$	C1 / C2 / J
Holiday home	/ /	\$	\$	\$	C1 / C2 / J
Other (specify) _____	/ /	\$	\$	\$	C1 / C2 / J
TOTAL			\$	\$	

Adviser Notes:

**Client/s chosen not to complete this section** ☐

Financial assets (Shares / Managed funds / Term Deposits / Investment Properties)					
Shares / Managed Fund Name	Owner	Date of purchase	Tax Deductable	Units / purchase \$	Current asset value
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
TOTAL					\$
Cash and Savings	Owner	Date of purchase	Financial Institution	Linked to debt?	Current asset value
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$

<b>TOTAL</b>					\$
<b>Term Deposit</b>	<b>Owner</b>	<b>Date of purchase</b>	<b>Financial Institution</b>	<b>Maturity date</b>	<b>Current asset value</b>
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$
<b>TOTAL</b>					\$
<b>Investment Property</b>	<b>Owner</b>	<b>Date of purchase</b>	<b>Tax Deductable</b>	<b>Purchase \$</b>	<b>Current asset value</b>
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
<b>TOTAL</b>					\$

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Superannuation assets (summary)					
<b>Superannuation Fund</b>	<b>Member No.</b>		<b>Tax free \$</b>	<b>Current Value</b>	<b>OWNER</b>
			\$	\$	C1 / C2 / J
			\$	\$	C1 / C2 / J
			\$	\$	C1 / C2 / J
<b>Retirement Income Stream</b>	<b>Member No.</b>	<b>Tax free \$</b>	<b>Pension \$ / Frequency</b>	<b>Current Value</b>	<b>OWNER</b>
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
<b>TOTAL</b>			\$	\$	

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Liabilities						
<b>Loan type</b>	<b>Lender</b>	<b>Loan balance</b>	<b>Int. Type</b>	<b>Int. Rate</b>	<b>Repayments / frequency</b>	<b>OWNER</b>
	\$			%	\$ per	C1 / C2 / J
	\$			%	\$ per	C1 / C2 / J
	\$			%	\$ per	C1 / C2 / J
	\$			%	\$ per	C1 / C2 / J
	\$			%	\$ per	C1 / C2 / J
<b>TOTAL LIABILITIES</b>		\$			\$ per annum	

Net assets		
Total Assets	Total Liabilities	Net Asset Position (Assets - Liabilities)
		\$

Adviser Notes:

Adviser Diagrams:

## INDIVIDUAL TRUSTEE DETAILS (SMSF / Company / Trust)

Please provide documentation (i.e. Trust Deed(s), Tax Returns, Statements etc)

This section is not applicable ☐

Client/s chosen not to complete this section ☐

PERSONAL DETAILS	Trustee 1/Director 1		Trustee 2/Director 2	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

  

PERSONAL DETAILS	Trustee 3/Director 3		Trustee 4/Director 4	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

  

PERSONAL DETAILS	Non-Member Director		Alternate Director	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

  

Adviser Notes:				

## Self-Managed Super Fund Details

### KEY FUND INFORMATION

Fund Name			
ABN		Tax File Number	
Date of SMSF Registration		Registered for GST	Yes / No

### CORPORATE TRUSTEE DETAILS

Company Name			
ABN		Tax File Number	
Company Secretary			
Registered Address			

### SECURITY / HOLDING TRUST DETAILS

Company Name			
ACN			
Registered Address			
Directors			
Trust Name			

#### Other Key Information:

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### Limited Recourse Borrowing Arrangement(s)

Name of Lender	Current Loan balance	Int. Type (P&I / I)	Interest Rate	Repayments / frequency	Start Date of Loan / Refinance	Linked Security
			%	\$ per		
			%	\$ per		

#### Adviser Notes:

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### Estate Planning Considerations

#### Adviser Notes:

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## TRUSTEE REQUIREMENTS

### Scope of Advice

What you told us/Why you came to see us ('client voice')

What we have identified to be your needs and/or objectives

Areas not to be addressed in advice (and why)

### Investment Strategy Considerations

**Adviser Notes:** *This is an opportunity to list the client's product or investment preferences.*

*This can help demonstrate best interest when moving from one product to another.*

**EXISTING ASSETS (SMSF / Company / Trust)**

Financial assets (Shares / Managed funds / Term Deposits / Investment Properties)					
Shares / Managed Fund / Investment Property	Owner (Entity / Trustee Name)	Date of purchase	Tax Deductible (Y / N)	Units / purchase \$	Current asset value
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
TOTAL					\$
Cash and Savings	Owner (Entity / Trustee Name)	Date of purchase	Financial Institution	Linked to debt?	Current asset value
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
TOTAL					\$
SMSF Specific (other): Art, Coins, Gold etc.	Owner (Entity / Trustee Name)	Date of purchase	Financial Institution	Maturity date	Current asset value
		/ /			\$
		/ /			\$
		/ /			\$
TOTAL					\$
GRAND TOTAL					\$

**EXISTING LIABILITIES (SMSF / Company / Trust)**

Account Name	Owner (Entity / Trustee Name)	Date of purchase	Tax Deductible (Y / N)	Linked to LRBA? (Y / N)	Current asset value
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
TOTAL					\$
GRAND TOTAL					\$

NET POSITION	\$
--------------	----

Adviser Notes:

## YOUR PERSONAL SUPERANNUATION & PENSION

This section asks about your superannuation and pension account details. Information can be in your member/investor statement. If you are having difficulties in locating the correct information, please highlight the fields and we will be able to assist you in locating the appropriate information from your statement.

Please provide documentation if possible (i.e. Statements etc)

See statement/research form attached ☐

This section is not applicable ☐

SUPERANNUATION FUND/S				
	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Member	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Current balance	\$	\$	\$	\$
Product name / provider				
Benefit type	<input type="checkbox"/> Accumulated <input type="checkbox"/> Def. benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit
Member number				
Beneficiary / type	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing
Beneficiary name / %				
Investment type	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed
Asset allocation (indicate %)	International _____% Domestic _____% Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International _____% Domestic _____% Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International _____% Domestic _____% Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International _____% Domestic _____% Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%
Components				
Eligible service period	/ /	/ /	/ /	/ /
Total taxed element	\$	\$	\$	\$
Total untaxed element	\$	\$	\$	\$
Tax free	\$	\$	\$	\$
Preserved amount	\$	\$	\$	\$
Restricted non-preserved	\$	\$	\$	\$
Unrestricted non-preserved	\$	\$	\$	\$
Insurance Cover				
Life cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Salary continuance	\$	\$	\$	\$
Other benefits (detail)				
Fees				
Exit fee	\$   %	\$   %	\$   %	\$   %
Management cost (per year)	\$   %	\$   %	\$   %	\$   %
Premiums (if applicable)	\$ pa	\$ pa	\$ pa	\$ pa
Administration costs	\$ pa	\$ pa	\$ pa	\$ pa
Other fees	\$	\$	\$	\$
Super. guarantee deposit	Yes / No	Yes / No	Yes / No	Yes / No

See statement attached ☐

This section is not applicable ☐

**SUPERANNUATION CONTRIBUTION/S**

Superannuation contributions	Client 1	Client 2
<b>Non-concessional contributions</b>	Client 1 / Client 2	Client 1 / Client 2
Total AFTER tax contributions in the last 3 years	\$	\$
Have you contributed over \$100,000 in any one financial year?	Yes / No	Yes / No
If YES, specify financial year.	/ Financial Year	/ Financial Year
<b>Concessional contributions</b> (before tax income i.e. salary sacrifice and/or employer SGC amounts)		
Employer super contributions this financial year	\$	\$
Other before tax super contributions this financial year	\$	\$
Total before tax super contributions this financial year	\$	\$
<b>Other contributions</b> (i.e. proceeds from business sale, redundancy payments, transfer from foreign super funds, personal injury)		
Contributions (please detail)	\$	\$

**Adviser Notes (Client 1):**

\_\_\_\_\_

**Adviser Notes (Client 2):**

\_\_\_\_\_

See statement/research form attached ☐

This section is not applicable ☐

## PENSION AND/OR ANNUITY FUND/S

	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Owner	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Type				
Product name / provider				
Member number				
Beneficiary / type				
Type of nomination				
Inception date	/ /	/ /	/ /	/ /
Current value	\$	\$	\$	\$
Purchase price	\$	\$	\$	\$
Tax free amount	%	%	%	%
Term at purchase	year	year	year	Year
Payment	\$ pa	\$ pa	\$ pa	\$ pa
Payment frequency				
Payment indexation	\$   %	\$   %	\$   %	\$   %
Centrelink / DVA deductible amount	\$	\$	\$	\$
Fees				
Exit fee	\$   %	\$   %	\$   %	\$   %
Management cost (per annum)	\$   %	\$   %	\$   %	\$   %
Administration costs	\$   %	\$   %	\$   %	\$   %
Other fees	\$   %	\$   %	\$   %	\$   %
Other fees (detail)				

### Adviser Notes (Client 1):

### Adviser Notes (Client 2):

## YOUR RETIREMENT & ESTATE

This section asks about your retirement and your estate.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

RETIREMENT PLANNING	Client 1	Client 2
<b>Years until retirement</b> (Planned retirement date)	years / /	years / /
What is your anticipated retirement income required	\$ per year	\$ per year
How confident are you that you will have enough money to live comfortably at retirement?	Not confident / confident / very confident	Not confident / confident / very confident
Goals / large expenses in retirement (eg boat, car, holidays)	\$	\$
Are you expecting any lump sum payments	Yes \$ / No	Yes \$ / No
Would you consider downsizing your home to fund your retirement?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

This section is not applicable ☐

Client/s chosen not to complete this section ☐

ESTATE PLANNING	Client 1	Client 2
<b>WILL</b>		
<b>Do you have a will</b>	Yes / No	Yes / No
<b>Date of will</b>	/ /	/ /
<b>Does it reflect your current wishes</b>	Yes / No	Yes / No
<b>Does the will incorp. a Testamentary Trust</b>	Yes / No	Yes / No
<b>Who is/are the Executor(s) of the will</b>		
<b>Where is your will located</b>		
<b>POWER OF ATTORNEY</b>		
<b>Do you have a Power of Attorney</b>	Yes / No	Yes / No
<b>Which type of Power of Attorney</b>	Enduring / Medical / General / Limited / Other	Enduring / Medical / General / Limited / Other
<b>Power of Attorney Expiry and last review</b>	Expiry date / / Last review date / /	Expiry date / / Last review date / /
<b>Power of Attorney granted to</b> <b>Surname:</b> <b>First Name:</b> <b>Relationship:</b>		
<b>Power/s of Attorney (location)</b>		
<b>FUNERAL</b>		
<b>Do you have a funeral plan</b> (if yes, what is the plan name and maturity)	Yes / No	Yes / No
<b>Funeral plan pay out amount</b>		
<b>OTHER ESTATE PLANNING</b>		
<b>Do you have any specific estate planning requirements / needs?</b> (if yes, please provide details)	Yes / No	Yes / No

## YOUR PERSONAL INSURANCE

This section asks about your existing personal, business and other insurance policies. Additional information can be in your policy schedule/s.

Please provide documentation if possible (i.e. Policy schedules)

See statement / research form attached ☐

This section is not applicable ☐

PERSONAL AND BUSINESS INSURANCE				
	FUND 1	FUND 2	FUND 3	FUND 4
Life insured	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Policy owner				
Policy number				
Life cover sum insured	\$	\$	\$	\$
TPD cover sum insured	\$	\$	\$	\$
Trauma cover sum insured	\$	\$	\$	\$
Life cover	\$ pm	\$ pm	\$ pm	\$ pm
TPD cover	\$ pm	\$ pm	\$ pm	\$ pm
Trauma / critical illness cover	\$ pm	\$ pm	\$ pm	\$ pm
Income protection benefit	\$ pm	\$ pm	\$ pm	\$ pm
Business expense	\$ pm	\$ pm	\$ pm	\$ pm
Total premium	\$	\$	\$	\$
Insurance provider				
Premium frequency				
Is the policy through Super fund?	Yes / No	Yes / No	Yes / No	Yes / No
Is the benefit indexed?	Yes / No	Yes / No	Yes / No	Yes / No
Premium structure?	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Complete the following for TPD only				
'Any' or 'Own' occupation	Any / Own	Any / Own	Any / Own	Any / Own
Complete the following for income protection only				
Agreed or Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity
Benefit period				
Waiting period				
Increasing claims options	Yes / No	Yes / No	Yes / No	Yes / No
Super continuance	Yes / No	Yes / No	Yes / No	Yes / No

The following assets are important to all of us, please rank them in order of importance to you:

GENERAL INSURANCE						
Asset	Importance (1=most 5=least)	Insured	Insurer	Policy type	Sum insured	Premium
House		Yes / No			\$	\$ p/a
Contents		Yes / No			\$	\$ p/a
Car		Yes / No			\$	\$ p/a
Health		Yes / No			\$	\$ p/a
Other _____		Yes / No			\$	\$ p/a

## YOUR PROFESSIONAL NETWORK

This section asks about other professional specialists you access.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

### OTHER PROFESSIONAL ADVISERS

#### ACCOUNTANT

Name	
Address	
Telephone	
Fax	

#### SOLICITOR

Name	
Address	
Telephone	
Fax	

#### BANKER / MORTGAGE BROKER

Name	
Address	
Telephone	
Fax	

#### OTHER

Name	
Address	
Telephone	
Fax	

#### OTHER

Name	
Address	
Telephone	
Fax	

**Notes:**

## Authority to Enquire

### To whom it may concern

**This letter gives you authority** to release any relevant information or documentation on my/our investments, insurances, superannuation, bank accounts or other financial information to the Adviser listed below, along with the following people who work within the below listed business:

The original of this authority is on file at the office of the planner and is available if required.

**Planner / Financial Adviser Name:**

**Practice name:**

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**Address:**

--

**Phone:**

**Fax:**

--	--

**Email:**

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**Policy / Account / Fund name:**

**Policy / Account number:**


**This authority remains in force until withdrawn in writing by me / us.**

<b>Client name:</b>	<b>Date of birth:</b>
<b>Current Postal address:</b>	
Previous Postal Address:	
<b>X</b>	<b>Date:</b>

<b>Client name:</b>	<b>Date of birth:</b>
<b>Current Postal address:</b>	
Previous Postal Address:	
<b>X</b>	<b>Date:</b>

An important part of the financial planning process is undertaking your personal risk profile within the initial “Discovery” stage. The assessment of your risk profile is central to the recommendation(s) and selection of investment assets, platforms, and product solutions to best meet your current needs and future aspirations.

**Carefully read the questions and select the answer you most agree with:**

**1. How much knowledge do you have of investment markets?**

	C1 1	C1 2
I do not have any knowledge about investment markets.	1	1
I have a small amount of knowledge about investment markets.	2	2
I have a small amount of knowledge and keen to know more.	3	3
I have some knowledge about investment markets and occasionally hear or read about them and understand that returns can vary.	4	4
I actively read about the markets and understand that investment sectors or assets have different returns and risks.	5	5

**2. What are you looking for in an investment?**

I do not want to lose any money – ever!	1	1
I prefer a regular income and to protect my capital.	2	2
I want a mixture of growth and income from my investment.	3	3
I am looking to generate long term capital growth instead of income.	4	4
I am prepared to accept risk and sacrifice income to get more capital growth.	5	5

**3. How long are you planning to invest most of your money for before spending it (including after your retirement)?**

Less than 2 years	1	1
2 to 4 years	2	2
4 to 7 years	3	3
7 to 10 years	4	4
More than 10 years	5	5

**4. An investment you have made recently in a popular and well known share has fallen in value (by 20%). What would you do?**

I would lose confidence in investing in growth assets totally.	1	1
Sell the investment immediately so I do not lose any more money.	2	2
Do nothing because I feel that it will rise in value again.	3	3
Put in more money now, while values are down to get a bargain.	4	4
Actively pursue further funds to invest including using borrowed funds.	5	5

**5. Given the choice between more security (less risk) and higher returns, would you choose security even if this means inflation may erode the purchasing power of your investment?**

Strongly agree	1	1
Agree	2	2
Not sure	3	3
Disagree	4	4
Strongly disagree	5	5

**6. When making an investment, risk and return go together. Investments that produce above average returns have above average risk. How much of the funds you have available for investment would you be willing to place in investments where both returns and risks are expected to be above average (e.g. shares)?**

None	1	1
Up to 25%	2	2
25% – 50%	3	3
50% – 75%	4	4
Over 75%	5	5

**7. How often would you be prepared to tolerate a negative return to receive higher returns?**

Never	1	1
One year in ten	2	2
One year in seven	3	3
One year in four	4	4
One year in three	5	5

**8. How would you prefer to invest your money to meet your future investment objectives?**

I want a guarantee that my money is absolutely safe and will ignore inflation.	1	1
I prefer investments that show steady income in excess of inflation.	2	2
I prefer investments that show some growth with income to beat inflation, so some risk is OK.	3	3
I prefer a mix of investments, with some income, moderate growth plus more risk for the chance of higher returns.	4	4
I want an aggressive mix of investments, with lots of growth with much higher risk and the chance of very high returns.	5	5

**9. Would you accept a short term drop in your investment values for the opportunity of stronger returns over the long term?**

Absolutely under no circumstance.	1	1
Potentially but only subject to specific circumstances in my life at that point in time.	2	2
Yes, but as long as the drops were small and the possible returns in the future are high.	3	3
Yes, because I understand this is part of the risk associated with achieving higher returns.	4	4
Absolutely yes because I am investing for the long term and see any drops in investment values as an opportunity to invest more funds.	5	5

**10. What degree of risk have you taken with your financial decisions in the past?**

Very small	1	1
Small	2	2
Medium	3	3
Large	4	4
Very large	5	5

<b>Assessed Score</b>		
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## Risk Profile: Key Descriptions and Allocations

After you have calculated your risk profile score and completed the questionnaire, please consider the description of each investment type, to ensure the profile indicated is in line with your own objectives.

Risk Profile (Score)	Growth / Income Split	Investor Type and Description
<b>Conservative</b> Score 0 to 13	<b>10% Growth</b> Assets with <b>90% Income</b> Assets	An income-focused portfolio that has a small exposure to growth assets (up to 10%). The main emphasis is on generating income, with some capital risk to achieve overall portfolio growth. It is expected to have a low fluctuation in short-term value, with some small shorter-term capital risk. The income generated by the portfolio may have a small tax benefit from some share dividend franking credits. It is suited to an investor who either seeks a high level of income or has a relatively short investment time frame.
<b>Moderate</b> Score 14 to 20	<b>30% Growth</b> Assets with <b>70% Income</b> Assets	For investors who are seeking an income stream with some capital growth attached. It has a high exposure to fixed income securities, but also includes exposure to share and property markets. It is suited to medium-term investors who are seeking a reasonable degree of capital stability, but who also want to protect their assets from inflation. Some tax relief on income may be available from franking credits.
<b>Balanced</b> Score 21 to 30	<b>60% Growth</b> Assets with <b>40% Income</b> Assets	Using a slightly higher exposure to growth assets than income assets, this portfolio is expected to have lower short-term fluctuations in value than the other growth-based investment portfolios. Its aim is to produce capital growth in a medium- to long-term time frame. It has a “balanced” exposure to shares, property, and fixed income assets, while the income generated by the portfolio may be partially tax effective.
<b>Growth</b> Score 31 to 45	<b>70% Growth</b> Assets with <b>30% Income</b> Assets	A growth-oriented portfolio that is best suited to long-term investors. A small income exposure should slightly reduce the shorter-term fluctuations of the portfolio’s value. It is best suited to a long-term investor who can accept some investment risk over the long run. The income stream may be partially tax effective, and the portfolio has a high exposure to share and property to provide long-term investment growth.
<b>High Growth</b> Score 46 to 50	<b>90% Growth</b> Assets with <b>10% Income</b> Assets	A growth-based portfolio with minimal exposure to income assets. It has a strong emphasis on maximising capital growth over the long term. The portfolio is likely to produce minimal tax effective income. Investors should expect high short- term fluctuations in values and a higher chance of capital loss. However, they are prepared to accept this to achieve their long-term investment objective.

	Risk Profile <sup>[1]</sup>				
	Underlying Asset Class Exposure				
Asset Classes	Conservative	Moderate	Balanced	Growth	High Growth
Domestic Equity	5%	10%	25%	30%	45%
International Equity	0%	10%	20%	25%	45%
Domestic Property	5%	10%	15%	15%	0%
International Property	0%	0%	0%	0%	0%
Domestic Fixed Interest	30%	30%	15%	10%	5%
International Fixed Interest	15%	15%	10%	10%	0%
Domestic Cash	45%	25%	15%	10%	5%
International Cash	0%	0%	0%	0%	0%
Alternative(s)	0%	0%	0%	0%	0%

**Notes:**

[1] Asset Class allocations allow for a tolerance of +/- 10% with any overall or sub-asset variances to be explained in advice documents.

[2] Exception: A Conservative Portfolio can arbitrarily allocate funds between the Cash and Fixed Interest classes.

[3] Exception: if margin lending/gearing is an appropriate strategy, the target defensive allocation should be around 5% Cash to allow for liquidity. Where required, you can allot the fixed interest allocation towards growth assets to meet the client objectives.

## Risk Profile: Assessed and Agreed

### Assessed Risk Profile(s)

Client 1

Score: \_\_\_\_\_

Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>	High Growth <input type="checkbox"/>
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Client 2

Score: \_\_\_\_\_

Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>	High Growth <input type="checkbox"/>
---------------------------------------	-----------------------------------	-----------------------------------	---------------------------------	--------------------------------------

### Assessed vs. Agreed Risk Profile

If the questionnaire indicated you have a higher or lower risk tolerance than may be required order to meet your stated financial goals and objectives, we may recommend you implement a different Risk Profile. In the case where we recommend you should “Dial up” or “Dial down” your risk profile / tolerance, we will discuss this, and any risks associated with you prior to undertaking this change.

Make notes if the assessed and agreed risk profiles differ, noting reasons why and how this is appropriate.

Make notes of the education / discussions held relating to using specific asset(s), classes of products, investment style(s) or management preferences. Specifically note all investment cost discussions held, any related cost implications and the client’s willingness to pay (more/less) where appropriate and where possible identify how much by in % or \$ terms.

Make notes if the discussion held indicated that the client(s) have differing risk profiles for their “pools” of assets, such as super versus non-super assets. If so, identify and explain reasons below. If clients hold JOINT assets and these vary from their individual risk profile, note the discussion and reasons then add the Agreed profile(s) below.

Remember, this questionnaire is a guide only. If you are not comfortable with the Agreed Risk profile(s), or you and or your partner have different profiles you can start with a lower risk profile and review this over time as you become more comfortable with investment markets. However, please be aware that risk and return are closely related, so by choosing a lower or higher risk profile this is likely to impact your investment returns over the short, medium, and long term which will impact your ability to meet certain financial returns and financial objectives overall.

Select the Agreed Risk Profile(s) below:

#### Superannuation Assets / Pension Assets / SMSF Member Profile

Client 1

Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>	High Growth <input type="checkbox"/>
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Client 2

Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>	High Growth <input type="checkbox"/>
---------------------------------------	-----------------------------------	-----------------------------------	---------------------------------	--------------------------------------

#### Non-Superannuation Assets (including joint assets)

Client 1

Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>	High Growth <input type="checkbox"/>
---------------------------------------	-----------------------------------	-----------------------------------	---------------------------------	--------------------------------------

Client 2

Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>	High Growth <input type="checkbox"/>
---------------------------------------	-----------------------------------	-----------------------------------	---------------------------------	--------------------------------------

## CLIENT ACKNOWLEDGEMENT

Please tick as appropriate:

### Tax File Number Collection

- ☐ I give permission for my/our related tax file number/s, as provided, to be held by our Adviser, an Authorised Representative of InterPrac Financial Planning Pty Ltd, to be forwarded to Financial Institutions as requested or as necessary and/or to be retained on our file.
- ☐ I acknowledge that I have received, read and fully understood InterPrac Financial Planning Pty Ltd's Financial Services Guide & Adviser Profile.
- ☐ I acknowledge that I have received, read and fully understood InterPrac Financial Planning Pty Ltd's Privacy Policy.
- ☐ I give permission for my/our personal financial information being forwarded to and/or obtained from our accountant/tax agent, solicitor, Centrelink and/or Department of Veterans Affairs as requested from time to time.
- ☐ I hereby declare that the information set out in this form is true and correct to the best of my knowledge.
- ☐ I understand that the items marked not applicable are not to be considered in the advice provided.
- ☐ I/we understand that if I/we have chosen not to disclose full information about my/our financial details, circumstances and objectives, my/our Adviser may not be able to fully assess our financial needs, circumstances and objectives and therefore the subsequent advice may not be appropriate for my/our needs.
- ☐ I/we agree to the preparation of a Statement of Advice covering the following areas:

- |  |   |
|--|---|
| <input type="checkbox"/> Superannuation                      | <input type="checkbox"/> Retirement Planning              |
| <input type="checkbox"/> Personal Insurance                  | <input type="checkbox"/> Estate Planning                  |
| <input type="checkbox"/> Budgeting and Cash flow management  | <input type="checkbox"/> Investment                       |
| <input type="checkbox"/> Borrowing to invest (Gearing)       | <input type="checkbox"/> Debt Management                  |
| <input type="checkbox"/> Financial Structures / Tax planning | <input type="checkbox"/> Government Benefits (Centrelink) |
| <input type="checkbox"/> Other (specify) _____               |   |

- ☐ I/we confirm that the information contained in this document is to be used for the purpose of providing financial advice.

<b>Adviser Note:</b>	<b>Please complete and attach the relevant Initial Client Engagement / Letter of Engagement which sets out the agreed fees for the relevant advice.</b>
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### Client 1

Name \_\_\_\_\_  
\_\_\_\_\_

In my capacity as:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Client 2

Name \_\_\_\_\_  
\_\_\_\_\_

In my capacity as:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_