

# Personal insurance profile

RI Advice Group Pty Ltd | ABN 23 001 774 125 | AFSL No. 238429  
1800 738 473

**PRIVATE AND CONFIDENTIAL**

Name client 1

Name client 2

Adviser

Date

FSG version number

Date FSG provided

**WARNING – IMPORTANT NOTICE FOR YOU**

Before making any recommendations to you, your adviser must have reasonable grounds on which to base those recommendations. This requires your adviser to ask you about your objectives, financial situation and particular needs. This form is designed to gather that information. You are not obliged to provide all information requested, however, failure to supply full and accurate information may result in inappropriate advice or the wrong advice being provided. If you are unsure of the answer to any question, please leave it blank until you have discussed it with your adviser.

# Reason for seeking advice

## **Your purpose for seeking advice**

What are your reasons for seeking financial advice? For example, are you going through a life event, such as starting a family or retrenchment, or planning for a future event such as retirement? You may wish to include your personal goals. For example, do you want to spend less time worrying about money and more time with your family, or would you like to be in a financial position to reduce your working hours?

# Your personal profile

## Personal details

	Client 1	Client 2
Title		
Surname		
Given names		
Preferred name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth		
Country of birth		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of marriage		
Australian tax resident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously seen an adviser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you choose us?	<input type="checkbox"/> Recommendation from friend <input type="checkbox"/> Recommendation from organisation <input type="checkbox"/> Recommendation from accountant/solicitor/employer <input type="checkbox"/> Internet site <input type="checkbox"/> Letter <input type="checkbox"/> Seminar <input type="checkbox"/> Advertisement <input type="checkbox"/> Other:	
If recommended, who recommended us?		

Contact details	Client 1	Client 2
Home address		<input type="checkbox"/> Same as Client 1 <input type="checkbox"/> Other:
Postal address	<input type="checkbox"/> Same as above <input type="checkbox"/> Other:	<input type="checkbox"/> Same as Client 1 <input type="checkbox"/> Other:
Home phone		
Work phone		
Mobile		
Email		
Preferred contact	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email
Electronic delivery options	<input type="checkbox"/> Email <input type="checkbox"/> CD-ROM <input type="checkbox"/> USB <input type="checkbox"/> None	<input type="checkbox"/> Email <input type="checkbox"/> CD-ROM <input type="checkbox"/> USB <input type="checkbox"/> None

# Your personal profile

## Vulnerable clients

	Client 1	Client 2
Is the client vulnerable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	<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"/> Other ( <i>please specify</i> ):	<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"/> Other ( <i>please specify</i> ):

\* Reaching age 85 does not automatically make a client vulnerable. Your reasoning for whether a person over age 85 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

# Your personal profile

## Children and dependant details

No children or dependants  Information not provided

Name	Relationship	Date of birth	Dependant age until?	Living at home	Special needs? (If yes, provide details below)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Health details

	Client 1	Client 2
What is your current state of health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Interests / Hobbies

	Client 1	Client 2
Eg golf, football, arts, literature, etc		

## Additional information

# Your personal profile

## Employment details

Client 1	
Occupation	
Job title	
Employer	
Status	<input type="checkbox"/> Employed F/T <input type="checkbox"/> Employed P/T <input type="checkbox"/> Employed Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Home Duties <input type="checkbox"/> Not working (ill health) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:
Employment start date	
Employment cease date	
Is there likely to be a change in employment status?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Client 2	
Occupation	
Job title	
Employer	
Status	<input type="checkbox"/> Employed F/T <input type="checkbox"/> Employed P/T <input type="checkbox"/> Employed Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Home Duties <input type="checkbox"/> Not working (ill health) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:
Employment start date	
Employment cease date	
Is there likely to be a change in employment status?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:

## Additional information

# Your financial profile

## Income details

	Client 1 (gross pa)	Client 2 (gross pa)
Salary/Wages	\$	\$
Centrelink/DVA payments ( <i>provide details below</i> )	\$	\$
Interest income	\$	\$
Rental income	\$	\$
Dividends	\$	\$
Pension/Annuity income	\$	\$
Overseas pension/Annuity income	\$	\$
Maintenance income	\$	\$
Non-taxable income	\$	\$
Business income	\$	\$
Other taxable income <i>Please specify:</i>	\$	\$
Other taxable income <i>Please specify:</i>	\$	\$
Other taxable income <i>Please specify:</i>	\$	\$
<b>TOTAL INCOME (per annum)</b>	\$	\$
Is any income expected to change significantly in the future? ( <i>If yes, provide details below</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional information

# Your financial profile

## Expenditure details

If you would like to complete a more detailed budget, we recommend MoneySmart's Budget Planner which is available at [www.moneysmart.gov.au](http://www.moneysmart.gov.au). Using the Excel version does not require you to sign up to MoneySmart.

	Client/s (per annum)
Household expenses eg. food, clothing, entertainment, rates, fuel, services, recreation, transport, medical, etc.	\$
Loan repayments - Home	\$
- Personal	\$
- Other	\$
Credit card repayments	\$
General insurance premiums (eg home/contents, car, private health, etc)	\$
Personal insurance premiums (eg life, TPD, trauma, income protection, etc)	\$
Other expenses Please specify:	\$
Other expenses Please specify:	\$
Other expenses Please specify:	\$
<b>TOTAL EXPENSES (per annum)</b>	\$

## Savings capacity

	Client 1	Client 2
Are you able to save any money from your current income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much are you able to save?	\$ <input type="checkbox"/> per fortnight <input type="checkbox"/> per month <input type="checkbox"/> per annum	\$ <input type="checkbox"/> per fortnight <input type="checkbox"/> per month <input type="checkbox"/> per annum

## Additional information



# Your financial profile

## Lifestyle asset details

These are assets that generally do not produce income.

Details attached

Description	Owner	Purchase date	Purchase price	Current value	Centrelink value	Associated liability	Comments
Home			\$	\$	\$		
Home contents			\$	\$	\$		
Motor vehicle/s			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
<b>TOTAL</b>			\$	\$	\$		

## Investment asset details

Exclude the value of your superannuation and/or pension holdings as these can be inserted on the next page.

No existing investment assets       Details attached

Investment type/name	Owner	Purchase date	Purchase price	Current value	No. units/shares	Return	Income reinvested	Associated liability	Maturity date	Retain?
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL</b>			\$	\$		%	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Your financial profile

## Superannuation, pension and annuity details

No existing holdings     Details attached

Fund name	Owner	Current value	Type	Retain?
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Superannuation <input type="checkbox"/> Pension <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Liabilities details

No existing liabilities     Details attached

Description	Amount owing	Lender	Owner	Interest type	Interest rate	Term remaining /End date	Repayment amount	Repayment type	Comments (eg deductibility)
Home mortgage	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
Investment loan	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
Personal loan	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
Credit cards	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
	\$			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%		\$ <input type="checkbox"/> pf <input type="checkbox"/> pm <input type="checkbox"/> pa	<input type="checkbox"/> P&I <input type="checkbox"/> Interest only	
TOTAL	\$								

# Your insurance profile

## Personal life insurance details

Advice not required  No existing products  Details attached

	No. 1	No. 2	No. 3	No. 4
Policy owner				
Insurer				
Plan name				
Premium p.a.	\$	\$	\$	\$
<b>Insurance type and sum insured</b>				
Life cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Trauma cover	\$	\$	\$	\$
Income protection	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Life insured</b>				
Waiting period				
Benefit period				
Premium structure	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC	<input type="checkbox"/> Hybrid <input type="checkbox"/> Level <input type="checkbox"/> Stepped <input type="checkbox"/> SGC
Occupation type	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own	<input type="checkbox"/> Any <input type="checkbox"/> Own
Benefit payment type	<input type="checkbox"/> Indemnity <input type="checkbox"/> Agreed	<input type="checkbox"/> Indemnity <input type="checkbox"/> Agreed	<input type="checkbox"/> Indemnity <input type="checkbox"/> Agreed	<input type="checkbox"/> Indemnity <input type="checkbox"/> Agreed
Comprehensive cover	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, provide details)
Renewal date				
Within super?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date				

### Additional information

# Your estate planning profile

## Estate planning details

Advice not required

	Client 1	Client 2
Have you nominated a beneficiary for your superannuation?	<input type="checkbox"/> No <input type="checkbox"/> Yes, name:	<input type="checkbox"/> No <input type="checkbox"/> Yes, name
Do you have a Will?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Will		
Is the Will current?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Location of Will		
Does your Will include provisions for a testamentary trust or child guardianship?	<input type="checkbox"/> No <input type="checkbox"/> Testamentary Trust <input type="checkbox"/> Child guardianship	<input type="checkbox"/> No <input type="checkbox"/> Testamentary Trust <input type="checkbox"/> Child guardianship
Executor of Will		
Beneficiary of Will		
Have you made an advance care directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you granted Powers of Attorney or Powers of Guardianship?	<input type="checkbox"/> No <input type="checkbox"/> Yes, name:  <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship <input type="checkbox"/> Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes, name:  <input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship <input type="checkbox"/> Other:

**Additional information**

## Goals, needs and objectives

Record any other goals, needs and objectives that have emerged as a result of your discussions with the client, but which haven't already been captured elsewhere in the Fact Find.

No additional goals, needs or objectives

Advice area	Timeframe (short, medium, long)	Priority (Immediate, High, Medium, Low)
Wealth protection		
Other		

## Scope of advice

### Agreed scope of advice

Record the scope of advice as agreed between you and the client. Any goals, needs or objectives that have been identified but which are not in scope should be explained under 'Advice Limitations'.

Advice area	In scope?	Module attached	Other attachment
Insurance   Life   TPD   Trauma   Income protection			

# Scope of advice

## Advice limitations

Clearly record the reason for any limitations to your advice. For example, the client may have declined to provide you with sufficient information, or instructed you to limit the advice because they couldn't afford full advice, or you don't have the required accreditation or expertise.

No limitations

Limited advice in specific areas	Reason for limitation

Client has restricted (or excluded) specific products	Reason for limitation

Client has excluded specific goals or needs	Reason for limitation

Missing information	Reason for limitation

# Personal risk insurance analysis

## Insurance analysis

Advice not required  Information attached

In the event of death	Client 1	Client 2
Total liabilities to be paid out (eg. mortgage, etc)	\$	\$
Amount of funds for children/s education expenses	\$	\$
Gross income to be replaced	\$ pa	\$ pa
How many years do you want that income to be replaced?		
Amount of funds for funeral expenses	\$	\$
Amount of funds for emergencies	\$	\$
Other requirements	\$	\$

In the event of total and permanent disability	Client 1	Client 2
Total liabilities to be paid out (eg. mortgage, etc)	\$	\$
Amount of funds for children/s education expenses	\$	\$
Gross income to be replaced	\$ pa	\$ pa
How many years do you want that income to be replaced?		
Amount of funds for medical expenses	\$	\$
Amount of funds for modifications to the home	\$	\$
Amount of funds for emergencies	\$	\$
Other requirements	\$	\$

In the event of critical illness or a major trauma	Client 1	Client 2
Total liabilities to be paid out (eg. mortgage, etc)	\$	\$
Amount needed for medical expenses	\$	\$
Gross income to be replaced	\$ pa	\$ pa
How many years do you want that income to be replaced?		
Other requirements	\$	\$

In the event of serious illness or injury (for the purpose of income protection)	Client 1	Client 2
Amount of gross income to cover	\$ pa	\$ pa
Number of weeks you could sustain without income (waiting period)	weeks	weeks
How long would you like the benefits to go for (benefit period)		



# Personal risk insurance analysis

## Underwriting considerations

	Client 1	Client 2
Height and weight		
Do you have any current or previous medical conditions which may impact your ability to be covered under an insurance policy? (If yes, provide details eg type of cancer, type of heart attack).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking or have you been on any prescribed medication? (If yes, provide details eg description, condition, frequency and dosage).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family have a history of medical conditions which may impact your ability to be insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any previous insurance claims (income protection, workers compensation etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any intention of engaging in hazardous activities (eg scuba diving, sky diving, car racing, etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional information

# Your considerations

## Personal risk insurance considerations

Advice not required

Risk	Client 1	Client 2
Do you fully understand the cover and features of your existing insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A
Are you comfortable that you and your family would be financially secure in the event of your death, disablement or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you have a preference for any particular insurer?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
Would you be available to attend medical examinations if required to obtain insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a budget for the cost of insurance premiums?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:
What assets would be important for you to retain in the event of death, disablement or illness?		
If you are a business owner, would your business be in a position to continue operation or be sold (without loss of value) in the event of your death, disablement or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A

### Additional information

# Client declarations and consents

## Personal and financial profile declaration

- I/We declare that the information provided in the Fact Find is complete and accurate.
- I/We understand that it will form the basis of any Statement of Advice that will be delivered by RI Advice Group Pty Ltd (RI Advice Group) to achieve my/our financial needs and objectives as detailed in this document.
- I/We understand the warnings provided to me/us in relation to the areas in which I/we have chosen not to receive any advice.

## Provision of FSG declaration

- I/We declare that I/we have received a copy of the Financial Services Guide (**FSG**) and its contents have been explained to me by the financial adviser.

## Privacy declaration

- I/We declare that I/we have read the Privacy statement in the FSG.
- I/We understand that unless I/we consent to the collection, use and disclosure of my/our personal information as outlined in the Privacy statement in the FSG, RI Advice Group will not be able to deliver the relevant financial planning and advice services or manage my/our investment portfolio.

## Consent to receive marketing material

- I/We consent to RI Advice Group sending me/us information about its services from time to time.
- I/We will notify you directly if I/we choose not to receive further information.

**Tick here** if you wish to opt-out of receiving marketing material.

## Consent to electronic communications

- I/We understand that, unless we choose to opt-out, statements, notices and disclosure documents may be sent to me/us electronically, including via email, CD-ROM, USB and other file storage devices and internet hyperlinks (Statements of Advice and Records of Advice will never be sent as internet hyperlinks).
- I/We understand that electronic delivery means paper documents may not be provided.
- I/We confirm that I/we have the ability to access, save and store electronic documents.
- I/We understand that RI Advice Group will not accept liability for any loss or damage arising from potential viruses associated with electronic communications.
- I/We will notify you directly if I/we choose to opt-out of electronic communications or if my/our preferred email address(es) change.

**Tick here** if you wish to opt-out of electronic communications.

# Client declarations and consents (continued)

## Consent to collection of information from third parties

- I/We consent to the collection of information by RI Advice Group from any relevant third party such as the Australian Taxation Office, Centrelink, Department of Veterans' Affairs, fund managers, my/our solicitor, my/our accountant, etc, for the purpose of providing me/us with financial advice.

## Consent to retention and use of Tax File Number(s)

- I/We give consent to you retaining my/our tax file number(s), as provided below, and providing it to financial institutions as requested or as necessary.

\_\_\_\_\_  
Client 1 name

\_\_\_\_\_  
Tax File Number (client 1)

\_\_\_\_\_  
Client 2 name

\_\_\_\_\_  
Tax File Number (client 2)

## Client signature

\_\_\_\_\_  
Client 1 name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## Adviser declaration

I declare that the client(s) has/have been provided with a copy of the Financial Services Guide (FSG) before advisory services were provided and its contents have been explained to the client(s).

\_\_\_\_\_  
Financial Adviser name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

# Existing client declaration

## Confirmation of currency of information

I/We confirm that previous details collected in this Fact Find remain unchanged or that previous details collected in this Fact Find have been adjusted to reflect my/our personal and financial circumstances including my/our investor risk profile (if applicable).

Date	Client 1 signature	Client 2 signature

**Additional information**

## Adviser notes

# Letter of engagement

We would like to thank you for providing us with the opportunity to discuss your personal and financial situation with you.

As outlined in our meeting, there are a number of steps involved in providing financial advice. The next steps we will take as part of this process include:

- gathering any outstanding information required to form a complete view of your situation including liaising with third parties as required;
- analysing your situation;
- formulating our advice solutions including strategy, services and portfolio recommendations; and
- preparation and presentation of your Statement of Advice that documents our key recommendations.

The extent of our analysis and the recommendations provided to you will be based on our understanding of:

- your personal and financial profile; and
- your needs and objectives and the agreed scope of advice.

By signing this 'Letter of engagement' you will authorise us to begin the advice process and agree to pay the initial fees as indicated under the section 'Fee for preparation'.

Whilst preparing our recommendations, if matters arise that require further information, we will contact you.

## **Fee for preparation**

The fee to prepare your recommendation is \$\_\_\_\_\_ (inclusive of GST). This fee is due and payable \_\_\_\_\_.

Please note, the fee outlined above, as well as any other fees or remuneration that we will receive, will be clearly set out in the Statement of Advice.

## **Ongoing service** (please select as appropriate)

- The ongoing service will be \$\_\_\_\_\_ for the first 12 months. A separate service level agreement will be provided to you at our next appointment which clearly outlines the agreed ongoing service deliverables and reconfirms the ongoing service fees.
- A separate service level agreement will be provided which outlines agreed ongoing service deliverables and applicable ongoing service costs.

## **Client declaration**

- I/We agree to the fee shown above.
- I/We understand the areas for which I/we have sought advice and accept that my/our financial adviser will proceed with the preparation of a Statement of Advice in respect of these areas.
- I/We understand and agree that should I/we decide not to proceed with recommendations made in the Statement of Advice that I/we will still be required to pay the above fee for the preparation of the Statement of Advice.

\_\_\_\_\_  
Client 1 name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date