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**CLIENT**

**DATA FORM**

**Financial Planning**



**CLIENT DATA FORM**

Financial Planning

Client details

|  |  |
| --- | --- |
| Date |  |
| Time/Location |  |
| Client name(s) |  |

Financial adviser details

|  |  |
| --- | --- |
| Financial Adviser | Adam Bordignon |
| Advice Practice | Bee Financial Services |

The above mentioned adviser is an authorised representative of Bee Financial Pty Ltd

|  |  |
| --- | --- |
| Street Address | Unit 9 215 Watton Street Werribee VIC 3030 |
| Postal Address | Unit 9 215 Watton Street Werribee VIC 3030 |
| Phone Number | 03 9749 8811 |
| Email Address | info@beefinancial.com.au |
| Website | www.Beefinancial.com.au |

Licensee details

|  |  |
| --- | --- |
| Licensee Name | Bee Financial Pty Ltd |
| AFSL | 533762 |
| ABN | 45 0054 305 53 |
| Postal Address | Unit 9 215 Watton Street Werribee VIC 3030 |
| Phone Number | 03 9749 8811 |
| Email Address | info@beefinancial.com.au |
| Website | www.Beefinancial.com.au |

Reasons for seeking advice

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| *Initial reasons why seeking advice in client’s own words* |
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Goals & objectives

*Objectives should be specific and measurable. Consider time and quantum*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Goal and objectives | Owner | Time Frame | Amount | Priority | Current Status | |
| *e.g. You would like to retire by age 65* | *Client 1* | *Age 65* | *$40,000pa* | *High* | *Partially fulfilled* |
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| **Notes** | | | | | |
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Personal details

Your details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Title |  |  |
| Surname |  |  |
| Given name(s) |  |  |
| Preferred name |  |  |
| Date of birth |  |  |
| Gender |  Male  Female |  Male  Female |
| Marital status |  |  |
| Australian resident |  Yes  No |  Yes  No |
| If no, country of residency |  |  |
| Country of Citizenship |  |  |
| Other Citizenships/Visa details |  |  |
| Tax Identification Number (TIN) and country (if applicable) |  |  |
| Tax File Number (TFN) |  |  |

Contact details

|  |  |  |
| --- | --- | --- |
| Residential address | Client 1 | Client 2 |
| Street |  |  |
| Suburb |  |  |
| State |  |  |
| Postcode |  |  |
| Postal address (please tick if same as above)  | | |
| Street |  |  |
| Suburb |  |  |
| State |  |  |
| Postcode |  |  |
| Phone and email |  |  |
| Home phone |  |  |
| Business phone |  |  |
| Mobile |  |  |
| Email |  |  |
| Preferred contact method |  |  |
| Social networking |  Facebook  Twitter   LinkedIn  Skype |  Facebook  Twitter   LinkedIn  Skype |
| Personal interests |  |  |

Children and/or other dependants - current and expected

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name | Date of birth | Gender | Relationship | Dependant | Dependant to | |
|  |  |  M  F |  |  Yes  No |  |
|  |  |  M  F |  |  Yes  No |  |
|  |  |  M  F |  |  Yes  No |  |
|  |  |  M  F |  |  Yes  No |  |

Associated entities

|  |  |
| --- | --- |
|  |  |
| Do you have any of the following structures? |  Self-Managed Superannuation Fund (SMSF)   Trust structure   Company structure   Partnership structure |
| *If* ***Yes****, to any of the above, further details can be collected via the* ***Other entities*** *or* ***SMSF*** *sections.* | |
| Do you have any overseas investments or are you involved in a foreign overseas business? |  Yes  No |
| Do you have any business relationships or are you associated with any Political Exposed Person (PEP)? |  Yes  No |
| *If* ***Yes****, please provide details:* | |
|  | |

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 | Full-time  Casual  Home duties  Self-employed | Part-time  Unemployed  Retired | | Full-time  Casual  Home duties  Self-employed | Part-time  Unemployed  Retired | |
| If part-time how many hours worked? |  | | |  | | |
| If self-employed, what structure? |  Trust   Sole Trader | | Company  Partnership |  Trust   Sole Trader | |  Company   Partnership |

Current position analysis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assets (excluding superannuation) | Description | Owner | Current  balance ($) | |
| Primary residence |  |  |  |
| Household contents |  |  |  |
| Motor vehicle |  |  |  |
| Cash at bank |  |  |  |
| Term deposits |  |  |  |
| Managed funds |  |  |  |
| Direct shares |  |  |  |
| Investment property |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total assets (excluding superannuation)** | | | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Liabilities | Description including loan details  **(e.g. interest rate, loan type, PI or IO)** | Owner | Outstanding balance ($) | |
| Home loan |  |  |  |
| Motor vehicle(s) |  |  |  |
| Personal loan(s) |  |  |  |
| Investment loan(s) |  |  |  |
| Credit card(s) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total liabilities** |  |  | **$** | |
|  |  |  |  | |
| **Net worth (excluding superannuation)** | |  | **$** | |
| Additional details: | | | | |
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Existing superannuation

Superannuation accumulation funds

*Please provide a copy of your most recent statement*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund name | Owner | Contributions | Has insurance | Fund balance ($) | |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  Yes |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  Yes |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  Yes |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  Yes |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  Yes |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  Yes |  |
| **Total** |  |  |  | **$** |

Retirement income streams

*Please provide a copy of your most recent statement*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fund name | Owner | Income payment & frequency | Fund balance ($) | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  | **$** |

Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner | Product | Name | Type | Proportion of fund | |
|  |  |  |  Nominated beneficiary   Binding death nomination   Reversionary |  |
|  |  |  |  Nominated beneficiary   Binding death nomination   Reversionary |  |
|  |  |  |  Nominated beneficiary   Binding death nomination   Reversionary |  |

Annual income and expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Income type | Client 1 (or Joint) | Client 2 | |
| Gross annual income e.g. salary/wages | $ | $ |
| Gross annual business income e.g. Profit before tax | $ | $ |
| Gross annual investment income | $ | $ |
| Centrelink income | $ | $ |
| Rental income | $ | $ |
| Income Streams | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| **Total income** | **$** | **$** |
| Expenses |  |  |
| Estimated tax liability | $ | $ |
| Living expenses e.g. consumables, transport, health, housing | $ | $ |
| Home loan or rent | $ | $ |
| Credit cards | $ | $ |
| Personal loans | $ | $ |
| Investment loans | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| **Total expenses** | **$** | **$** | |
|  |  |  | |
| **Gross annual surplus cash flow** | **$** |  | |

*Further expense details can be collected via the* ***Detailed expense analysis*** *section if required.*

Investment considerations

|  |  |  |
| --- | --- | --- |
| Client 1 | Client 2 |  |
| Do you have a preference to access specific investments? | | |
|  |  | No particular preference |
|  |  | Access to direct shares or ETFs |
|  |  | Access to alternative investments |
|  |  | Access to term deposits |
|  |  | Access to ethical-socially responsible investments |
|  |  | Investment transparency – ability to view the underlying investments |
|  |  | Large range of investment managers and styles |
| Are product costs and fees an important consideration? | | |
|  |  | Lowest cost is primary goal |
|  |  | Seeking value for money |
|  |  | Willing to pay for relevant features |
|  |  | Ability to pay for advice via the fund/platform |
| Which of the following have you previously invested in (you can select more than one answer): | | |
|  |  | Term deposits/savings accounts |
|  |  | Managed funds |
|  |  | Direct shares |
|  |  | Investment property |
|  |  | Own home |
|  |  | An investment you have borrowed for other than property |
| If your goals are unlikely to be met, please indicate which options you would consider: | | |
|  |  | Save more (spend less) |
|  |  | Downsize lifestyle assets |
|  |  | Increase your income resources – e.g. work longer |
|  |  | Increase your investment risk |
|  |  | Borrow to invest |
|  |  | Revise your goals |
| Additional details: | | |
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Centrelink/Department of Veterans' Affairs (DVA)/Family Assistance

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| What benefits do you currently receive from Centrelink/DVA/ Family Assistance? |  |  |
| Do you intend to apply for any Centrelink/DVA/Family Assistance payments in the near future? |  Yes  No |  Yes  No |
| Have you ‘gifted’ any assets in the last five years? |  Yes  No |  Yes  No |
| Do you hold a current Seniors Card or Health Card? |  Yes  No |  Yes  No |
| If Yes to any of the above questions add additional details: | | |
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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 applic.) |  |  |  |  |  | |
| Benefit period (if applic.) |  |  |  |  |  | |
| Business Expenses |  |  |  |  |  | |
| Waiting period (if applic.) |  |  |  |  |  | |
| Benefit period (if applic.) |  |  |  |  |  | |
| Options/Benefits |  |  |  |  |  | |
| Loading/Exclusions |  |  |  |  |  | |
| In super |  |  |  |  |  | |
| Notes | | | | | |
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General health details

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| --- | --- | --- | --- |
|  | Client 1 | Client 2 | |
| What is your current health status? |  Poor   Fair   Good   Very good   Excellent   Congenital conditions   Health concerns |  Poor   Fair   Good   Very good   Excellent   Congenital conditions   Health concerns | |
| What is your height? |  |  | |
| What is your weight? |  |  | |
| Have you smoked cigarettes in the last twelve months? |  Yes  No |  Yes  No | |
| Do you drink alcohol? |  Yes  No |  Yes  No | |
| If yes, how many standard drinks per week |  |  | |
| Are you presently or do you intend to receive medical treatment for any medical issue? |  Yes  No |  Yes  No | |
| If yes, please provide details |  |  | |
| Have you been diagnosed with any significant illness/illnesses in the last five years? |  Yes  No |  Yes  No | |
| If yes, please provide details |  |  | |
| Has any member of your immediate family been diagnosed with any significant illness/illnesses? |  Yes  No |  Yes  No | |
| If yes, please provide details |  |  | |
| Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.? |  Yes  No |  Yes  No | |
| Additional details: | | |
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Insurance needs

Client 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | Death | TPD | Trauma |
| In the event of death, TPD or a medical event, would you like cover for: |  Yes |  Yes |  Yes |
| *If so, what are the amounts that you would require?* | | | |
| 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? |  Yes | |  No | |
| What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (NB maximum 75%)? | $ | | % | |
| If you were unable to work due to accident or illness, how long could you reasonably last without your income? |  14 days |  30 days |  60 days |  90 days |
|  180 days |  1 year |  2 years |  3 years |
| In the event you are unable to work for a long period of time due to illness or accident, how long would you like your income protection payments to continue? |  1 year |  2 years |  3 years |  5 years |
|  10 years |  to age 55 |  to age 60 |  to age 65 |
|  to age 67 |  to age 70 |  to age 80 |  |
| Additional details: | | | | |
|  | | | | |
|  | | | | |
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Client 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | Death | TPD | Trauma |
| In the event of death, TPD or a medical event, would you like cover for: |  Yes |  Yes |  Yes |
| *If so, what are the amounts that you would require?* | | | |
| 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? |  Yes | |  No | |
| What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (NB maximum 75%)? | $ | | % | |
| If you were unable to work due to accident or illness, how long could you reasonably last without your income? |  14 days |  30 days |  60 days |  90 days |
|  180 days |  1 year |  2 years |  3 years |
| In the event you are unable to work for a long period of time due to illness or accident, how long would you like your income protection payments to continue? |  1 year |  2 years |  3 years |  5 years |
|  10 years |  to age 55 |  to age 60 |  to age 65 |
|  to age 67 |  to age 70 |  to age 80 |  |
| Additional details: | | | | |
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Business expense insurance needs

*Sole traders only – for other business insurance needs, refer to Client Data Form – Business Insurance*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Client 1 | Client 2 | |
| In the event of temporary or permanent loss of income, would you like to replace your income? |  Yes  No  n/a |  Yes  No  n/a | |
| Waiting period |  14 days |  30 days |
| Please provide an estimate of the business expenses as an annual amount or attach the most recent profit and loss statement | | |
| Accounting fees |  | |
| Rent |  | |
| Property rates and taxes |  | |
| Lease costs |  | |
| Allowable salaries – Employees |  | |
| Other employee costs |  | |
| Telephone |  | |
| Electricity |  | |
| Gas/Heating/Water |  | |
| Cleaning |  | |
| Other: |  | |
| Total |  | |
| Additional details: | | |
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Detailed expense analysis

*Please select the column which is easiest for you to capture your expenditure items*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Category | Description | Weekly | Fortnightly | Monthly | Annual | |
| Personal debt commitments | Home mortgage repayments | $ | $ | $ | $ |
| Credit card repayments | $ | $ | $ | $ |
| Car loan/lease repayments | $ | $ | $ | $ |
| Personal loan repayments | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Investment costs | Investment property repayments | $ | $ | $ | $ |
| Margin loans | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Housing | Rent | $ | $ | $ | $ |
| Council/shire rates | $ | $ | $ | $ |
| Water/electricity/gas | $ | $ | $ | $ |
| Internet/telephone connection | $ | $ | $ | $ |
| House and contents insurance | $ | $ | $ | $ |
| Household repairs/maintenance | $ | $ | $ | $ |
| Furnishings/appliances | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Transport | Running costs/petrol | $ | $ | $ | $ |
| Registration and CTP | $ | $ | $ | $ |
| Comprehensive insurance | $ | $ | $ | $ |
| Maintenance/services/ repairs | $ | $ | $ | $ |
| Consumables | Groceries | $ | $ | $ | $ |
| Alcohol/Cigarettes | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Health | Private health insurance | $ | $ | $ | $ |
| Medical/dental/optical/ chemist | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Children | School fees | $ | $ | $ | $ |
| Child care | $ | $ | $ | $ |
| Child support maintenance | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Personal | Clothing/footwear | $ | $ | $ | $ |
| Entertainment/dining out | $ | $ | $ | $ |
| Sport/recreation/hobbies | $ | $ | $ | $ |
| Gifts/presents/Christmas | $ | $ | $ | $ |
| Vacations/holidays | $ | $ | $ | $ |
| Subscriptions/books/  newspapers | $ | $ | $ | $ |
| Life/TPD/trauma/IP | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Other | Pets/vet fees | $ | $ | $ | $ |
| Charities/donations | $ | $ | $ | $ |
| Miscellaneous: | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **Totals** |  | **$** | **$** | **$** | **$** |
| Additional details: | | | | | |
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Estate planning

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| Is there a Will in place? |  Yes  No |  Yes  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? |  Yes  No |  Yes  No |
| Is there a Power of Attorney (PoA) in place? |  Yes  No |  Yes  No |
| If yes, what type? |  Enduring  Medical   General  Other |  Enduring  Medical   General  Other |
| Who has been granted the PoA and what are their contact details? |  |  |
| Additional details: | | |
|  | | |

Professional advisers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Solicitor | Accountant | Other | |
| Company name |  |  |  |
| Contact name |  |  |  |
| Address |  |  |  |
| Telephone/Fax |  |  |  |
| Email |  |  |  |
| Authority to contact |  Yes  No |  Yes  No |  Yes  No |

Client declaration

I hereby declare and acknowledge the following:

**Financial Services Guide**

|  |  |
| --- | --- |
| **•** | I have received, read and understood a copy of the Financial Services Guide. |

**The information you provide**

|  |  |
| --- | --- |
| **•** | I declare that the information provided in this Client Data Form is complete and accurate to the best of my knowledge, except where I have indicated that I have chosen not to provide the information. |
| **•** | I understand and acknowledge that by not fully or accurately completing the Client Data Form any financial services provided may not be appropriate to my needs. |

**Your privacy and confidentiality**

|  |  |  |
| --- | --- | --- |
| **•** | I give permission for the information provided in this Client Data Form and related documents to be disclosed to and used by those who will be involved in providing or implementing financial advice to us, including: | |
|  | o | Bee Financial Services (the Licensee), |
|  | o | Financial product providers that my financial adviser recommends to us, |
|  | o | Service providers (including offshore providers) engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software, and |
|  | o | Companies involved in communicating the information in this Client Data Form 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 Client Data Form 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 Client Data Form 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 us with financial services and/or for social security reasons. | |
| **•** | I understand that: | |
|  | o | 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 |
|  | o | 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 authorisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client 1 signature | | | | |
| Signature |  | |  | |
| Full name |  | Date |  | |
| Client 2 signature | | | | |
| Signature |  | |  | |
| Full name |  | Date |  | |
| **Notes** | | | |

Advice planning scope - confirmation

|  |  |  |  |
| --- | --- | --- | --- |
| Areas of advice | | | |
| **Aged care** |  | **Cash flow management** |  |
| **Debt management** |  | **Estate planning** |  |
| **Investment** |  | **Insurance** |  |
| **Retirement income** |  | **Social security** |  |
| **Superannuation** |  |  |  |

In addition to above, are there any specific areas that you would like ***excluded*** from our advice?

|  |
| --- |
|  |

Are there any specific **products** you would like ***excluded*** from our advice?

|  |
| --- |
|  |

Are there any specific **Goals or Needs** you would like ***excluded*** from our advice?

|  |
| --- |
|  |

Are there any areas in which you have ***not*** provided ***full and accurate information***?

|  |
| --- |
|  |

Adviser declaration

Documentation checklist

|  |  |
| --- | --- |
| The information recorded in this Client Data Form was provided during a discussion held on |  |
| The FSG was provided to the above mentioned client(s) on |  |
| The version number of the FSG provided was |  |
| The client’s risk profile questionnaire was completed on |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Adviser signature | | | | |
| Signature |  | | |  |
| Full name | Adam Bordignon | | Date |  |
| Authorised Representative Number (if applicable) | | 312382 | | |

Office use only – AML/CTF checklist

|  |  |  |
| --- | --- | --- |
| Has the required identification from the client and/or beneficial owners been collected and maintained on file? (beneficial ownership is ownership of 25% or more) |  Yes |  No |
| Has the source of wealth and/or funds to be invested been identified?  (e.g. inheritance, sale of property) |  Yes |  No |
| Has the risk assessment form been completed? |  Yes |  No |

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| **Notes** |
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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 authorised representative. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: | Adam Bordignon | Authorised Representative No. (if applicable): | 312382 |
| Adviser Name: | Ryan Towers | Authorised Representative No.001257409 | |
| Advisory Team | Natasha Martin |  | |
| Telephone: | 03. 9749 8811 | Fax: | N/A |
| Email: | Info@beefinancial.com.au | | |
| Business Name: | Bee Financial Services | | |
| Business Address: | Unit 9 215 Watton Street Werribee VIC 3030 | | |
| Licensee: | Bee Financial Pty Ltd | | |
| AFS Number: | 533762 | ABN: | 45 0054 305 53 |

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: |  |

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 authorised representative. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: | Adam Bordignon | Authorised Representative No. (if applicable): | 312382 |
| Advisory Team: |  |  | |
| Telephone: | 03 9749 8811 | Fax: | N/A |
| Email: | Info@beefinancial.com.au | | |
| Business Name: | Bee Financial Services | | |
| Business Address: | Unit 9 215 Watton Street Werribee VIC 3030 | | |
| Licensee: | Bee Financial Pty Ltd | | |
| AFS Number: | 533762 | ABN: | 45 0054 305 53 |

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: |  |