

# Fact find

Private and confidential

## Client 1

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>				
Given name(s)	<input type="text"/>						
Date completed	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Client 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>				
Given name(s)	<input type="text"/>						
Date completed	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Adviser details

Adviser name	<input type="text"/>						
Adviser profile version date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
FSG version date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date FSG supplied to client	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Important notice

The Corporations Act requires that an adviser act in the best interest of their clients and provide appropriate advice. As such, advisers must make reasonable inquiries to determine a client's objectives, needs and circumstances. The information requested in this fact find and/or on any subsequent occasion(s) is necessary to ensure the recommendations made or advice provided to you is appropriate to your objectives, needs, and circumstances.

## Personal data

### Personal details

	Client 1	Client 2
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Residency	<input type="text"/>	<input type="text"/>

### Contact details

	Client 1	Client 2
Residential address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State and postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Mailing address (if different from above)	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State and postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Phone (mobile)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Phone (bh)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Phone (ah)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Fax	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Preferred method of contact	<input type="text"/>	<input type="text"/>
Do you have a computer and internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', are you happy to receive information online?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Politically exposed persons (PEPs) are individuals who occupy a prominent/public position or functions in a government body or international organisation, both within and outside Australia. This definition also extends to immediate family members and close associates.

## Employment

This section has been left intentionally blank as it is not applicable

### Client 1

### Client 2

Employer name	<input type="text"/>	<input type="text"/>
Occupation title	<input type="text"/>	<input type="text"/>
Duties	<input type="text"/>	<input type="text"/>
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Details of salary packaging ie superannuation	<input type="text"/>	<input type="text"/>
Details of accrued sick, annual or long service leave	<input type="text"/>	<input type="text"/>

Please supply a copy of your latest payslip or tax return and salary packaging details.

## Dependant details

This section has been left intentionally blank as it is not applicable

Name	Dependant (for SIS purpose)?	Date of birth	Dependant until age?	Receiving any government benefit?

## General health

### Client 1

### Client 2

What is your current health status?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently changed your smoking habit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What, if any, medical issues need to be noted?	<input type="text"/>	<input type="text"/>
What, if any, medication(s) are you taking?	<input type="text"/>	<input type="text"/>
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Objectives

### Financial objectives

What is the primary reason for you seeking financial advice?


What expectations do you have about seeking financial advice?


Please tick the goals and objectives that are relevant to you. I/we would like to:

- build an investment portfolio
- consolidate and/or manage debts
- minimise tax obligations
- plan and prepare for retirement
- consolidate superannuation funds
- receive an ongoing income stream
- provide for dependants in the event of death, illness or injury
- buy or sell shares
- effectively manage a lump sum or inheritance
- effectively manage financial risk
- review existing financial arrangements
- maximise Centrelink benefits
- ensure we are adequately protected in the event of death, disability or trauma
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Lifestyle objectives

What lifestyle objectives are important to you?


What issues or events may affect your lifestyle objectives over the next five years?


## Objectives

For each of your objectives, please include a priority or time frame and a value in today's dollars.

<b>Retirement:</b> When do you intend to retire? eg anticipated cost of living in retirement, Centrelink expectations.	<b>Priority or time frame</b>
<b>Liquidity:</b> What sort of access do you need from your investments? How much cash do you need to hold in reserves and why?	<b>Priority or time frame</b>
<b>Income:</b> Do you currently rely on the income from your investments to cover your living expenses? If yes, what level of income do you require?	<b>Priority or time frame</b>
<b>Anticipated capital expenditure:</b> Describe details of one-off lump sum expenditure you may be planning now or in the future eg overseas holiday, new car.	<b>Priority or time frame</b>
<b>Anticipated capital inflows:</b> Describe details of any lump sums you anticipate in the future eg sale of assets, future inheritance.	<b>Priority or time frame</b>
<b>Risk management:</b> What requirements do you have (for yourself and your dependants) in the event of death, disability, trauma and extended illness? (Please refer to the Risk Needs Analysis on page 16 for more detail.)	<b>Priority or time frame</b>
<b>Estate planning:</b> What intentions do you have regarding the distribution of your assets after your death? What is the maximum value you would want to leave to your estate?	<b>Priority or time frame</b>
<b>Other</b>	<b>Priority or time frame</b>

### General commentary on objectives/client requests


Other advisers	Name	Contact Details
Accountant		
Solicitor/lawyer		
Other (please list)		

### Corporate entities

This section has been left intentionally blank as it is not applicable

	Client 1	Client 2
Entity type (company, trust or SMSF)		
Entity name		
Principal activity		

## Financial details

This section has been left intentionally blank as it is not applicable

### Income

Type of income ie salary, investment income	Details eg gross or net	Client 1	Client 2
	Total	\$	\$

### Expenditure

Type of expenses ie education, insurance	Details eg gross or net	Monthly	Annually
	Total	\$	\$

Is any aspect of your **income** or **expenditure** expected to change over the next 12 months?

Yes       No

If yes, please detail the changes.


### Notes


### Personal use assets and liabilities

Lifestyle assets	Owner	Current value	Notes
Principal residence		\$	
Home contents		\$	
Non-income producing real estate		\$	
Motor vehicle 1		\$	
Motor vehicle 2		\$	
Boat/caravan		\$	
Collectable/art/valuables		\$	
Other		\$	
Other		\$	
<b>Total lifestyle assets</b>		<b>\$</b>	

Non-deductible loans	Owner	Outstanding balance	Repayments made/required/frequency		Interest rate		Term
			Repayment	Frequency	Repayment	Frequency	
Mortgage		\$	\$				
Credit card		\$	\$				
Other		\$	\$				
Other		\$	\$				
<b>Total non-deductible loans</b>		<b>\$</b>	<b>\$</b>				

**Net lifestyle asset position** \$



### Investment assets and liabilities

This section has been left intentionally blank as it is not applicable

Investment assets	Owner	Current value	Acquisition date	Initial investment	No. of units/shares	Reinvest income
Cash		\$		\$		\$
Cash		\$		\$		\$
Fixed interest		\$		\$		\$
Fixed interest		\$		\$		\$
Property/land		\$		\$		\$
Managed investments		\$		\$		\$
Shares		\$		\$		\$
Other		\$		\$		\$
<b>Total investment assets</b>		\$				

Deductible loans	Owner	Outstanding balance	Repayments made/required/frequency		Interest rate		Term
			Repayment	Frequency	Repayment	Frequency	
Investment property loan		\$	\$				
Investment other loan		\$	\$				
Margin loan		\$	\$				
Other		\$	\$				
<b>Total deductible loans</b>		\$	\$				

**Net investment asset position** \$

Please attach supplied copies of your latest investment and loan statements.

### Superannuation (Employer Super, personal, rollover and SMSF)

This section has been left intentionally blank as it is not applicable

Fund details					Contributions				
Fund name	Owner	Current value	Eligible service date	Accumulation or defined benefit	Investment details of fund	SGC	Salary sacrifice	After tax (UDC) personal/ spouse	Insurance Y/N (see Insurance section)
		\$							
		\$							
		\$							
		\$							
<b>Total</b>		\$							

Please attach supplied copies of your latest superannuation fund statements including details of ETP and non-ETP components.

### Retirement income streams

This section has been left intentionally blank as it is not applicable

Description	Type (allocated/TAP annuity)	Owner	Current value	Date commenced	Term	RCV \$/%	Annual income details	% ETP rebate	Undeducted purchase price
			\$						
			\$						
			\$						

Please attach supplied copies of your latest Retirement Income Stream statement including details of ETP components.

**Superannuation lump sum benefit**

- This section has been left intentionally blank as it is not applicable
- Please tick if pre-payment quote is attached, otherwise you must complete.

**Note:** Preference is that the client supplies you with a copy of the pre-benefit quote.

Owner	\$
Annual leave (net of tax)	\$
Long service leave (net of tax)	\$
Redundancy	\$
Post June invalidity payment	\$
Ex gratia/golden handshake	\$
Other	\$
<b>Total amount</b>	\$

**Notes**


## Social Security

This section has been left intentionally blank as it is not applicable

### Client 1

### Client 2

What Centrelink/DVA benefits do you currently receive?



What are the fortnightly benefit amounts?

\$
\$

\$
\$

Do you intend to apply for any Centrelink/DVA benefits in the near future?

Yes      No

Yes      No

If yes, please provide details



Would you like to be eligible for Centrelink/DVA benefits?

Yes      No

Yes      No

If yes, which benefits, when and why?



Have you 'gifted' assets in the last five years?

Yes      No

Yes      No

If yes, please detail



## Notes


### Estate planning

The following details relate to your plans for your finances after your death or during a period where you are not able to control your finances eg due to illness.

#### Client 1

#### Client 2

Do you have a Will?

Yes  No

Yes  No

When was your Will last reviewed?

Have your circumstances changed in this time?

Yes  No

Yes  No

If yes, briefly provide details

Who is the executor of your Will?

Does the Will incorporate a testamentary trust?

Yes  No

Yes  No

Have you arranged for anyone to have Power of Attorney over you?

Yes  No

Yes  No

If yes, what type eg enduring

Are you trustee or beneficiary of a discretionary trust?

Yes  No

Yes  No

If yes, please name the trust

Relationship to the trust?

Are you a director or associated with a company?

Yes  No

Yes  No

If yes, please name the company

Relationship to the company?

Have you arranged for guardianship over your children?

Yes  No

Yes  No

If yes, who is the guardian?

In order to provide appropriate advice, we need to consider various strategies. These strategies can be influenced by your intentions regarding the distribution of your assets after your death.

Would you like to be referred for advice on estate planning?

Yes  No

Yes  No

### Notes


### Personal insurance

This section has been left intentionally blank as it is not applicable

Would you like a review of your life/TPD/trauma insurance?

Yes  No

### Life/TPD/trauma Insurance

Type	Owner (if superannuation fund insert fund name)	Insured	Underwriter	Policy number	Sum insured	Annual premium
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Please attach a copy of your most recent policy statement.

Would you like a review of your income protection/salary continuance/business expense insurance?

Yes  No

### Income protection/salary continuance/business expense insurance

Owner (if superannuation fund insert fund name)	Insured	Underwriter	Policy number	Monthly benefit	Benefit period	Waiting period	Annual premium
				\$			\$
				\$			\$
				\$			\$
				\$			\$

Please attach a copy of your most recent policy statement.

Please provide details of loading or exclusions on any insurance policy.

## Risk insurance needs analysis

This section has been left intentionally blank as it is not applicable

### Life and/or TPD insurance

Immediate needs	Client 1	Client 2
Mortgage repayment/rental provision	\$	\$
Total outstanding debts	\$	\$
Business liabilities	\$	\$
Tax provision (eg capital gains, income tax)	\$	\$
Education funding allowance	\$	\$
Emergency income (approx. 3-6 months)	\$	\$
Related fees (eg legal, accounting, appraisal)	\$	\$
Final expenses (eg funeral, executor, probate)	\$	\$
<b>Sub-total A</b>	\$	\$

Replacement income needs	Client 1	Client 2
Income for survival of partner* (pa) (1) *Suggested amount is two-thirds current gross income.	\$	\$
Income for survival of children (pa) (1)	\$	\$
Number of years income required (2)	\$	\$
<b>Sub-total (1) multiplied by (2) = B</b>	\$	\$
Estate assets (realisable)	\$	\$
Investment assets (exclude family home)	\$	\$
Superannuation assets	\$	\$
Life insurance (use existing level of cover)	\$	\$
Business assets (if applicable)	\$	\$
<b>Sub-total C</b>	\$	\$

Summary	Client 1	Client 2
Immediate needs (A)	\$	\$
Income needs (B)	\$	\$
Total estate required (A + B)	\$	\$
Less estate assets (C)	\$	\$
Estate shortfall (if any)	\$	\$
<b>Cover required (rounded to the nearest thousand)</b>	\$	\$

Income Protection insurance	Client 1	Client 2
Gross annual income (before tax)	\$	\$
Less business expenses (if applicable)	\$	\$
Net annual income (before tax) (A)	\$	\$
Maximum allowable annual benefit (B) (75% of net annual income)	\$	\$
Divide annual benefit by 12 (C)	\$	\$
Less existing insurance (if applicable) (D)	\$	\$
<b>Monthly benefit required (pre tax) (A * B)/(C - D)</b>	\$	\$
Total sick, annual + long service leave balances	days	days
Current cash reserve held	\$	\$
Waiting period to be served	days	days
Age policy payable until	years	years

Trauma insurance	Client 1	Client 2
Medical costs (to cover out-of-pocket health costs)	\$	\$
Funds required for retirement	\$	\$
Lump sum capital requirement	\$	\$
Additional income (to cover 25% gap)	\$	\$
Total funds required	\$	\$
Less cash available or realisable estate assets	\$	\$
(Shortfall)/surplus	\$	\$
<b>Cover required (rounded to the nearest thousand)</b>	\$	\$

### Risk insurance needs analysis notes




## Declarations

### Client declaration

By completing and signing the declaration on the following page, I declare the following:

I/We declare that the information provided in this fact find is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information). I/We understand and acknowledge that by either, not fully or accurately completing the fact find, that any recommendation or advice given by my/our Consultum Authorised Representative may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs identified. I/We also understand that if I/we do not provide all the requested information, my/our Consultum Authorised Representative may not be able to provide me/us with financial advice or other requested services or products.

Please provide a Statement of Advice for my/our consideration. I/We understand that the preparation of the Statement of Advice will be subject to the payment model outlined in the Adviser Profile provided by my/our Consultum Authorised Representative.

### Privacy

I/We understand that Consultum and my/our Consultum Authorised Representative is required to collect my/our personal information under the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

I/We acknowledge that I/we have received and read the Consultum Financial Services Guide (FSG) and Adviser Profile and understand that the information provided to my/our Consultum Authorised Representative will primarily be used for the purpose of providing me/us with financial advice and for other related purposes as detailed in the FSG, Adviser Profile and Consultum's Privacy Policy.

I/We understand that Consultum and my/our Consultum Authorised Representative may disclose my/our personal information (such as, name, contact details and account information) to its related bodies corporate, a person with whom I/we receive joint financial services, my/our financial and professional advisers, businesses that may have referred me/us to Consultum, service providers, credit unions, building societies, banks and other financial institutions in connection with providing services to me/us. I/We understand that Consultum and my/our Consultum Authorised Representative may disclose my/our sensitive information, such as, my/our health information to life companies to establish and maintain requested insurance.

I/We understand that my/our personal information will be handled in accordance with the Consultum Privacy Policy. I/We understand that the Consultum Privacy Policy (available to me/us by contacting Consultum on 1800 062 134 or via [www.consultum.com.au/Privacy](http://www.consultum.com.au/Privacy)) contains further information about how I/we may access or correct my/our personal information and how I/we may complain about a breach of the Australian Privacy Principles.

### Electronic Communication Acceptance

Unless stated otherwise on page two, I/We understand that Consultum and my/our Consultum Authorised Representative is required by law to provide us with Advice Documents and Product Disclosure Statements for each product and investment option that they recommend.

I/We confirm my/our acceptance that I/we am/are willing and able to receive and access these documents in electronic format including, however not limited to email, web link, USB 'flash drive' or CD-Rom where appropriate, which may be viewed on my/our home or work computer at any time.

I/we understand that paper documents can be provided free of charge on request.

Disclaimer: Consultum and/or your Consultum Authorised Representative will not be held accountable if the email address provided can be viewed and/or manipulated by multiple users. If at any time you believe your email address is insecure, please notify your financial adviser either in person or over the telephone.

### No call/no contact

I/We wish to be placed on a 'no call/no contact register' which entitles me/us not to be contacted regarding any financial products without my/our express consent, unless otherwise directed.

Tick the box above if you DO NOT want us to contact you without your expressed consent.

### Opt out of Ongoing Review Service

I/We wish to 'Opt out Ongoing Review Service'.

### Tax File Number declaration

I/We are authorising our Consultum Authorised Representative, to hold my/our Tax File Number(s) in a secure location and use it/them for the following financial product and strategy recommendations related purposes/documents, in accordance with the legislative requirements:

- Matters for superannuation investment purposes as required by the superannuation laws; such as inclusion on application forms.
- Matters for non-superannuation investment purposes as required by the taxation laws; such as inclusion on application forms.
- That I/we have been informed of the legal basis for collection and are aware that declining to provide a TFN is not an offence and know the consequences of not providing a TFN.
- That the manner of obtaining the TFN was not reasonably intrusive.
- The disclosure of the TFN will only be disclosed to fund managers and life insurance companies as relevant.

Client 1 signature  Date  /  /

Print name

Tax file number    -    -

Client 2 signature  Date  /  /

Print name

Tax file number    -    -

### Adviser declaration

I have provided you with a copy of the Consultum financial services guide, adviser profile and privacy policy prior to any financial product and strategy recommendations being made and personal and sensitive information being collected.

As a recipient of TFN information, I as a Consultum Authorised Representative have taken reasonable steps to ensure:

- That the client(s) is informed of the legal basis for collection, that declining to provide a TFN is not an offence and the consequences of not providing a TFN.
- That the manner of obtaining the TFN was not reasonably intrusive.
- The disclosure of the TFN will only be disclosed to fund managers and life insurance companies as relevant and required by superannuation and taxation laws.

Adviser signature  Date  /  /

## Authorisation to collect information

Adviser office address

Suburb  State  Postcode

To whom it may concern,

Please provide my adviser with the appropriate information necessary for them to conduct an analysis of my current product (described below), including information to understand my entitlements, administration and financial conditions of the fund, fund performance and particular investments pursuant to your requirements under (s1017C).

I, \_\_\_\_\_

authorise you to provide my Adviser (\_\_\_\_\_),  
 Authorised Representative of Consultum Financial advisers Pty Ltd with any information and documentation they require regarding all my insurance, superannuation and investments with you.

Member/account number

Name of product or investment

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to my adviser.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file with my adviser.

In addition, please consider this authorisation as being valid until formally revoked by me in writing.

Yours sincerely,

Signature  Date  /  /

Print name

Date of birth  /  /

Client address

Suburb  State  Postcode

## Fact find completion checklist

Please tick the appropriate boxes after completing the fact find, but before the client(s) leave the interview.

- You have handed a copy of the FSG and adviser profile to the client(s). Write the date given to client(s) and FSG version number, on the cover page of the fact find.
- You have highlighted and explained the Consultum Financial Advisers Privacy Policy (as outlined in the FSG) to the client(s).
- Where relevant, you have completed an investment risk profile for the client.
- Client(s) has/have read and signed all the declarations.
- Did the client(s) give you their tax file number? YES – Client(s) must complete the Tax File Number declaration located in the Declaration section.
- Did the client(s) refuse to supply any personal or financial information? YES – Please include the 'incomplete info' warning in the Statement of Advice.
- Ensure you have ticked the 'left blank not applicable' box at the start of each section in the fact find which is not relevant or applicable to the advice being provided.
- Ensure the services or scope of advice agreed with the client(s) has been documented.
- Did the client(s) tick the 'no call/no contact' box in the Declaration section? YES – Ensure you flag the 'no call/no contact' field against the client(s) in Xplan (admin/interests and marketing) and record on your register.
- Have you referred the client(s) to another specialist adviser? YES – You must disclose your relationship with the person and any fees applicable that result from the referral.

## Know your client – checklist

This document is designed to assist you to meet the know your client (KYC) requirements under the Anti Money Laundering and Counter Terrorism Financing (AML/CTF) legislation. This document is for office use only and needs to be completed in conjunction with the FPA/IFSA identification form (or alternate identification forms as prescribed by the product issuer).

Please obtain a copy (either original or certified\*) of **ONE** of the following documents and attach to the fact find:

- Current driver's licence that contains a photograph
- Current passport
- A card issued under a Law of State or Territory which contains a photograph and client's date of birth (eg working with children card, over 18 card)

Detail card type:

- A national identity card issued by a foreign government, or United Nations containing a photograph and signature of the client

If client does not have any of the above forms of identification, then attach a copy of an original or certified\* copy of ONE of the following documents:

- The client's birth certificate (birth extract not acceptable)
- The client's citizenship certificate
- The client's pension card issued by Centrelink

**AND**

- A copy of a notice issued to the client by the State, Federal or local Government, Australian Tax Office or utilities provider within the preceding 12 months that contains the client's name and residential address (eg electricity bill, fine, tax assessment notice)

\* Certified copy means a document that has been certified as a true copy of an original document. An Authorised Representative of a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees can certify documents for this purpose.

**Note:** This checklist is for **INDIVIDUAL CLIENTS ONLY**. If client is applying as a company or trust, please refer to the relevant customer identity record for that customer type.