

Client: _____

Date: _____

Adviser: _____



Australian Financial Services Licence No. 240938

Fact Find



The place you'd like to retire...

What would you like to do in your retirement?

When will you retire?

Hobbies & interests

The places you see your children going...

What do you & your family enjoy doing?

What's important to your family?

What is important to you about your family & their future?

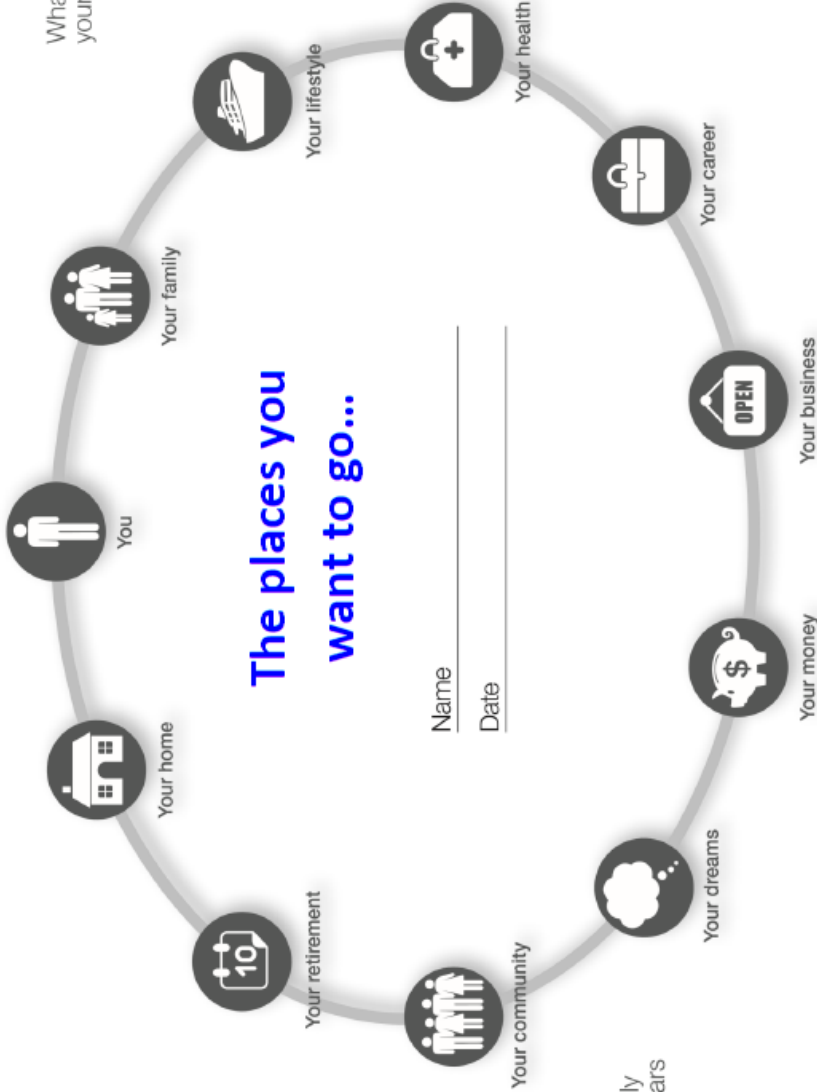
The places you want to see...

What would be your ideal lifestyle?

What do you dream of achieving in your life?

What would you like to financially achieve in the next 3, 5 & 10 years

-
-
-



The places you'd like to help...

What's your succession or exit plan?

Your employees

The places you see your career going...

How do you envisage your career path?

The places you want your business to go...

Your development?

How do you look after your health & wellbeing?

How important is work/life balance?

Personal Details		You	Partner
Title:		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Surname:			
Given Names:			
Preferred Name:			
Gender:		Male / Female	Male / Female
Marital Status:			
Date & Place of Birth:			
Private Health Insurance:		Yes / No	Yes / No
Address:			
Telephone Home:		()	()
Work:		()	()
Mobile:			()
Email Address:			
Smoker:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Australian Resident		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number:			

Employment Details

Occupation:		
Employer:		
Employer Address:		
If self employed:	<input type="checkbox"/> Company <input type="checkbox"/> Partnership	<input type="checkbox"/> Company <input type="checkbox"/> Partnership
Business Structure:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Trust	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Trust

Annual Income Details

Annual Income Details	You	Partner
Gross Salary/ Wages:		
Bonus/ Commissions:		
Salary sac / Fringe Benefits:		
Annuity/ Allocated Pension:		
Investment Property Income:		
Social Security Benefits:		
Business Income:		
Other:		
Total:		

Dependants

Education Details

Name	DOB	Occupation/ School	Start Year	End Year	Cost

Estate Planning & other professionals' details

Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year will last updated:		
Executor's Name & Address:		
Do you have an enduring power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Testamentary Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor's Name:		
Accountant's Name:		
Mortgage Broker's Name:		

Retirement Age

Client 1 Client 2

Combined Retirement Income

\$ _____ pa

INCOME

ASSETS

SALARY/WAGE

Client 1 - \$
Client 2 - \$

Cash Funds

Client 1 - \$
Client 2 - \$

Share/Dividends

Client 1 - \$
Client 2 - \$

Direct Equities

Client 1 - \$
Client 2 - \$

Centrelink

Client 1 - \$
Client 2 - \$

Term Deposits

Client 1 - \$
Client 2 - \$

Pension

Client 1 - \$
Client 2 - \$

Other Investments

Client 1 - \$
Client 2 - \$

Rental Income

Client 1 - \$
Client 2 - \$

Personal Assets

Client 1 - \$
Client 2 - \$

Other Income

Client 1 - \$
Client 2 - \$

SUPERANNUATION

Client 1 - \$
Client 2 - \$



PRINCIPAL RESIDENCE

Owner -
Value - \$
Debt - \$
Equity - \$

INVESTMENT PROPERTIES (IP)

Owner - Client 1 or 2 or Joint
Value - \$

Owner - Client 1 or 2 or Joint
Value - \$

Owner - Client 1 or 2 or Joint
Value - \$

Owner - Client 1 or 2 or Joint
Value - \$

ASSET PROTECTION

Mortgage

Owner	Loan Type	Interest rate	Repayment
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Personal

Owner	Loan Type	Interest rate	Repayment
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Credit Cards

Owner	Outstanding	Interest rate	Repayment
Owner	Outstanding	Interest rate	Repayment
Owner	Outstanding	Interest rate	Repayment

IP Mortgages

Owner	Loan Type	Interest rate	Repayment
Owner	Loan Type	Interest rate	Repayment
Owner	Loan Type	Interest rate	Repayment

Life

Client 1 - \$
Client 2 - \$

TPD

Client 1 - \$
Client 2 - \$

Trauma

Client 1 - \$
Client 2 - \$

Income Protection

Client 1 - \$
Client 2 - \$

Business / Keyman

Client 1 - \$
Client 2 - \$

Risk Audit- Assessment Questions

	You	Partner
How important is it that your family is protected in the event of your early death, disability or trauma?	<input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Not Important	<input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Not Important
LIFE		
Debts (eg Mortgage, Personal Loans)	\$	\$
Education expenses	\$	\$
Income to be replaced	\$	\$
For how long should this income be replaced?		
Funeral Expenses	\$	\$
Emergency funds	\$	\$
Other	\$	\$
Items that might be sold	\$	\$
TPD		
Debts (eg Mortgage, Personal Loans)	\$	\$
Education expenses	\$	\$
Income to be replaced	\$	\$
For how long should this income be replaced?		
Emergency funds	\$	\$
Other	\$	\$
Items that might be sold	\$	\$
TRAUMA		
Debts (eg Mortgage, Personal Loans)	\$	\$
Education expenses	\$	\$
Income to be replaced	\$	\$
For how long should this income be replaced?		
Emergency funds	\$	\$
Other	\$	\$
Items that might be sold	\$	\$
INCOME PROTECTION		
How much income would you like to receive each month if you are unable to work because of illness or injury?	\$	\$
How long could you afford your lifestyle without earning this income?		
How long would you like this benefit to be paid?		
BUSINESS EXPENSES		
Need for share purchase/partnership insurance?	\$	\$
Business Overheads insurance, per month	\$	\$
Keyperson insurance?	\$	\$

Tax Structures/Entities	You		Partner	
Do you have any tax structures eg trusts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You do not wish to disclose your tax structures/entities	<input type="checkbox"/>			
Partnership:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partners & %:				
Company:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Name:				
Directors & %:				
Self-Managed Super Fund:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMSF Name:				
Corporate Trustee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Members & % allocation:				
Trust:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Trust:				
Corporate Trustee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trustees Name:				
Beneficiaries & % allocation				

EXPENSES	Amount (\$)	Frequency (W, F, M, Q, H, A)
1. ACCOMMODATION		
Mortgage/Rent		
Utilities		
Insurance		
Other		
2. TRANSPORT		
Car payments		
Fuel		
Maintenance		
Insurance		
Registration		
Other		
3. LIVING EXPENSES		
Groceries, meat & veg, lunches etc.		
Clothes & shoes		
Telephone, internet		
Bank expenses, superannuation contributions etc.		
Insurance		
Other		
4. ENTERTAINMENT		
Home		
Out		
Other		
5. TAXES, FEES CHARGES		
Tax on income (PAYG, PAYE, HELP etc.) - YOURS		
Tax on income (PAYG, PAYE, HELP etc.) - PARTNER'S		
Other		

Investor Risk Profile

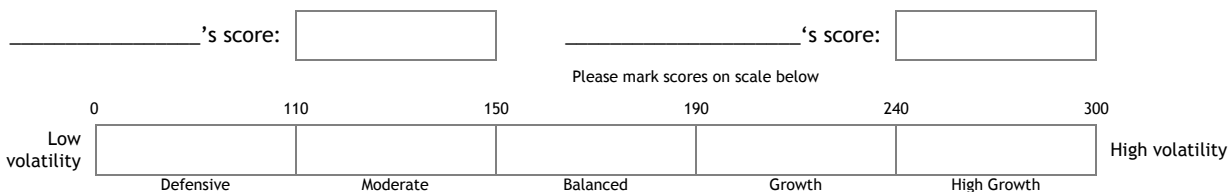
Your attitude to risk is probably the most important factor to consider before investing. To achieve higher returns, you will have to be prepared to accept a higher risk of capital loss. This is because the funds and assets that offer high returns are generally more volatile than those producing lower returns. It is what we call the 'risk/return trade-off'.

This section of the work-book will help you understand what type of investor you are and will enable us to recommend a personal asset allocation tailored to your risk profile and needs. Please complete the questions below by circling the points relating to the answer that most closely describes you for each question.

1.	How familiar are you with investment matters?	You	Partner	
A.	Very little understanding or interest.	<input type="checkbox"/>	<input type="checkbox"/>	10
B.	Not very familiar.	<input type="checkbox"/>	<input type="checkbox"/>	20
C.	Have enough experience to understand the importance of diversification.	<input type="checkbox"/>	<input type="checkbox"/>	30
D.	Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	40
E.	Experience with all investment sectors and understand the various factors that may influence performance.	<input type="checkbox"/>	<input type="checkbox"/>	50
2.	Have you had an investment fall in value? If so, how did that make you feel?	You	Partner	
A.	I have never experienced an investment fall in value and would never want to.	<input type="checkbox"/>	<input type="checkbox"/>	10
B.	Very concerned and asking friends and family about what I should do.	<input type="checkbox"/>	<input type="checkbox"/>	20
C.	Concerned.	<input type="checkbox"/>	<input type="checkbox"/>	30
D.	Unconcerned but not making any further investments.	<input type="checkbox"/>	<input type="checkbox"/>	40
E.	Unconcerned but anticipating future investment opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	50
3.	What returns would you reasonably expect to achieve from your investments?	You	Partner	
A.	A guaranteed return without losing any capital.	<input type="checkbox"/>	<input type="checkbox"/>	10
B.	Current inflation plus 2-4%.	<input type="checkbox"/>	<input type="checkbox"/>	20
C.	Current inflation plus 5-7%.	<input type="checkbox"/>	<input type="checkbox"/>	30
D.	Current inflation plus 8-12%.	<input type="checkbox"/>	<input type="checkbox"/>	40
E.	Over 12 %.	<input type="checkbox"/>	<input type="checkbox"/>	50
4.	How long would you be prepared to see your investment performing poorly before you cashed it in?	You	Partner	
A.	You cannot accept poor performance and would like to see a guaranteed return on your investment.	<input type="checkbox"/>	<input type="checkbox"/>	10
B.	Up to 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	20
C.	Up to 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	30
D.	Up to 24 months.	<input type="checkbox"/>	<input type="checkbox"/>	40
E.	More than 24 months.	<input type="checkbox"/>	<input type="checkbox"/>	50

5. What degree of risk are you prepared to take to achieve your desired return?		You	Partner	
A.	Security of capital is required regardless of potential returns.	<input type="checkbox"/>	<input type="checkbox"/>	10
B.	A limited degree of risk would be acceptable for a slight increase in potential returns.	<input type="checkbox"/>	<input type="checkbox"/>	20
C.	A moderate degree of risk would be acceptable for a medium increase in potential return.	<input type="checkbox"/>	<input type="checkbox"/>	30
D.	A high degree of risk would be acceptable for a large increase in potential return.	<input type="checkbox"/>	<input type="checkbox"/>	40
E.	I want to maximise potential returns regardless of risk.	<input type="checkbox"/>	<input type="checkbox"/>	50

6. Once investments have been placed, how long would it be before you would need access to your capital?		You	Partner	
A.	Less than 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	10
B.	Between 2 and 3 years.	<input type="checkbox"/>	<input type="checkbox"/>	20
C.	Between 3 and 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	30
D.	Between 5 and 7 years.	<input type="checkbox"/>	<input type="checkbox"/>	40
E.	Longer than 7 years.	<input type="checkbox"/>	<input type="checkbox"/>	50



Investor Risk Profile Summary

High Growth

A 100% growth-based portfolio with no exposure to income assets. It has a strong emphasis on maximising capital growth over the long-term. The portfolio is likely to produce a minimal, tax-effective income. Investors should expect high, short-term fluctuations in values and a high chance of capital loss. However, you are prepared to accept this as a trade off in achieving your long-term investment objectives.

Growth

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 shares and property to provide long-term investment growth

Balanced

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.

Moderate

For investors who are seeking an income-stream with some capital growth attached. I has 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.

Defensive

This is an income-focused portfolio that has a small exposure to growth assets. The main emphasis is on generating income, with some capital risk in order to achieve overall portfolio growth. It is expected to have low fluctuation in short-term value with some small shorter-term capital risk. The income generated by the portfolio may have small tax benefit from some dividend franking credits.

I/we confirm that I/we have read through the Investor Risk Profile questionnaire and I/we are comfortable with the Investor Risk Profile that has resulted. Yes / No

I/we have discussed the potential risks fully with our adviser and I/we fully accept the consequences of my/our decision. Yes / No

I/we disagree with this risk profile and request to be placed in the following risk profile:

Defensive Moderate Balanced Growth High Growth

The reason for this variance is:

Client Signature: _____ Partner Signature: _____

Planner Signature: _____ Date: _____

Advice Should Address the Following Areas

Select as many as appropriate

<input type="checkbox"/> Production of Financial Plan	<input type="checkbox"/> Superannuation Advice	<input type="checkbox"/> Life Insurance Analysis
<input type="checkbox"/> Investment Concerns	<input type="checkbox"/> Analysis of existing Rollovers	<input type="checkbox"/> Mortgage/ Debt Analysis
<input type="checkbox"/> Lump Sum to Invest	<input type="checkbox"/> Analysis of existing Super	<input type="checkbox"/> Income Protection Analysis
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Self Managed Super Advice	<input type="checkbox"/> Trauma Insurance Analysis
<input type="checkbox"/> Investing a New Rollover	<input type="checkbox"/> Savings short term	<input type="checkbox"/> DSS Analysis
<input type="checkbox"/> Gearing	<input type="checkbox"/> Savings medium term	<input type="checkbox"/> Children's Education
<input type="checkbox"/> Remuneration Packaging	<input type="checkbox"/> Savings long term	<input type="checkbox"/> Taxation Concerns

Planner's Declaration

I declare that:

- a) The information contained in this **Fact Find** is an accurate and complete record of the information obtained from the client(s).
- b) I have provided the client(s) with an up-to-date copy of the Financial Services Guide (FSG) before any advisory services were provided.

Adviser Name: _____ Signature: _____ Date: _____

Client(s) Acknowledgement

IMPORTANT INFORMATION FOR THE CLIENT(S)

If incomplete or limited financial information has been provided:

- a) I, as your adviser, will not be able to undertake a full needs analysis of your individual investment objectives, financial situation and particular needs:
- b) There is a possibility that any recommendation given to you may not be fully appropriate to your individual objectives and needs, especially those that I, as the adviser, do not know: and
- c) You as the client must carefully assess the appropriateness of the recommendations to your own individual investment objectives, financial situation and particular needs before acting on them.

I/we acknowledge that:

- a) The information contained in this Fact Find is an accurate and complete record of the information I/we have provided to the adviser.
- b) My/our adviser has provided me/us with a Financial Services Guide (FSG) version number _____ before any advisory services were provided and has explained to me/us who they represent and in what capacity the products that they are accredited in, how they are remunerated and the complaints procedures available to me/us and the adviser's location.
- c) I/we wish to appoint the adviser to prepare and construct a Statement of Advice based on the information disclosed in this Fact Find as dated below.
- d) A Statement of Advice preparation fee of \$ _____ (including GST) will apply and this fee is payable whether or not I/we accept the recommendations contained within this Statement of Advice document.
- e) I/we permit this document to be passed in confidence to any member of The FinancialLink Group Pty Ltd or any of its related companies.
- f) I/we also authorise The FinancialLink Group Pty Ltd and my adviser to collect and retain my Tax File Number for financial planning purposes.

Please tick the appropriate responses below

- I/we have provided full financial information
- I/we have provided limited financial information. I/we have read and understood the warnings noted above under 'Important Information for the Client(s)'
- I/we have limited the product(s) or objective(s) to be advised on to those ticked in 'Advice Should Address the Following Areas'

Client Name: _____ Signature: _____ Date: _____

Partner Name: _____ Signature: _____ Date: _____

Adviser Name: _____ Signature: _____ Date: _____