



**Comprehensive Fact Find**

Client Name/s

|  |
| --- |
|  |

Date Referred By

|  |  |  |
| --- | --- | --- |
|  |  |  |

Scott Wilding

CornucopiaFP

|  |
| --- |
|  |

*Authorised Representative of Affinia Financial Advisers Limited ABN: 13 085 397 AFSL: 237857*

**Completing this Fact Find**

In providing personal advice, we are required to make reasonable enquiries to obtain complete and accurate information about your personal circumstances in order for us to discharge our obligation to act in your best interests. The information we collect will ensure that we have sufficient understanding of your current situation to provide you with financial advice that is appropriate to you. You have the right not to provide us with this information, however if you do not we may be unable to provide you with personal financial advice.

**Privacy**

Affinia is bound by privacy legislation including privacy principles that apply to collection, use, disclosure and security of customer information. The way in which we collect, use, hold and disclose your personal and sensitive information is explained in our Privacy Policy available at [www.affinia.com.au](http://www.affinia.com.au) or free of charge on request. We rely on the accuracy of the information that you provide so if you think that any information we hold is incorrect or out of date, please let us know. Additional information about privacy rights and obligations is available at the website of the Office of the Australian Privacy Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au).

Reasons for Seeking Advice

Record the initial reason why the client is seeking your advice. For example, there may be a specific event (e.g. house or business purchase, marriage, birth of a child, receipt of an inheritance, redundancy, moved into an aged care facility) or the client may want advice on specific objectives (e.g. retirement planning, Estate Planning, Income Protection insurance insurance). Tell the client story.

|  |
| --- |
|  |

Needs and Objectives

|  |
| --- |
| **What You want to Achieve (Client Verbatim)** |
| **Family***What is important to your family?*(i.e. review risk needs or future expenditure) |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Retirement***What is important to your retirement?**(i.e. building wealth for retirement, commencing an income stream or reviewing your Super)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Money***What would you like to achieve financially?**(i.e. building an investment portfolio, borrowing to invest or repaying debt)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Lifestyle***How important is your lifestyle?**(i.e. do you plan to reduce work hours to maintain a work/life balance?)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Home***What is important to you about your home?**(i.e. renovation, relocation or downsize)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |

|  |
| --- |
| **What You want to Achieve (Client Verbatim)** |
| **Your Career***What do you want to achieve in your career?**(i.e. change in career, promotion or redundancy)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Business***What is important to our for your business?**(i.e. future growth or succession planning)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Health***What is important to you about your health and well being?**(i.e. maintaining a fit and healthy lifestyle)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Community***How involved do you want to be in your community?**(i.e. charity or volunteer work)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **You***What would you personally like to achieve?**(i.e. personal interests)* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |
| **Your Dreams***Is there something special you have always wanted to do but never thought you could?* |  |
| * Address Now
 | * Ongoing Goal
 | * Address in \_\_\_years
 |

Agreed Scope of Advice

|  |  |
| --- | --- |
| * **Wealth Creation**
 | * **Personal Risk Insurance**
 |
| * **Managed Investments**
* **Margin Lending Products**
* **Gearing Facilities**
* **Borrowing to invest**
* **Direct Shares**
* **Tax Effective Investment**
 | * **Life Insurance**
* **Total & Permanent Disablement Insurance**
* **Trauma Insurance**
* **Income Protection Insurance**
* **Business Expenses Insurance**
 |
| * **Retirement Planning**
 | * **Superannuation**
 |
| * **Retirement Savings Accounts**
* **Annuities**
* **Account Based Pensions**
* **Superannuation**
* **Pension Refresh**
* **Transition to Retirement Strategy**
 | * **Personal Superannuation**
* **Corporate Superannuation**
* **Self Managed Superannuation**
* **Superannuation Contributions**
* **Transition to Retirement Strategy**
 |
| * **Social Security & Aged Care**
 | * **Other**
 |
| * **Age Pension**
* **DVA Pension**
* **Aged Care**
* **Newstart Allowance**
* **Carers Allowance**
* **Family Tax Benefit**
 | * **Cash flow**
* **Budgeting**
* **Debt Reduction**
* **Estate Planning**
* **Salary Packaging**
*
 |

Advice Limitations

Has the client limited the advice or given directions as to the scope of advice? Clearly outline the aspects that the client has taken out of scope. For example:

* You may identify an issue with the client’s cashflow/debt/retirement or Estate Planning position but the client declines advice in those areas.
* Within a particular advice area like insurance, the client may decline a type of cover, or they may select the actual amount of cover, or limit the total premium.
* The client may wish to retain/purchase/sell a component within their investment or insurance portfolio without your advice.

|  |
| --- |
|  |

Current Position

Personal Information

|  |  |  |
| --- | --- | --- |
| **Personal Details** | **Client** | **Partner** |
| Title |  |  |
| Surname |  |  |
| Given Names |  |  |
| Preferred Name |  |  |
| Date of Birth |  |  |
| Age |  |  |
| Sex |  |  |
| Marital Status |  |
| Smoking Status |  |  |
| Health |  |  |
| Australian Tax Residence Status |  |  |
| Tax File Number |  |  |

Contact Information

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Client** | **Partner** |
| Home Phone |  |  |
| Work Phone |  |  |
| Mobile Phone |  |  |
| Personal Email |  |  |
| Work Email |  |  |
| Residential Address |  |  |
| Postal Address |  |  |

Professional Advisers

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Name** | **Company** | **Contact Details** |
| Accountant |  |  |  |
| Solicitor |  |  |  |
|  |  |  |  |
|  |  |  |  |

Dependants/Non Dependent Children/Dependent Children

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependant/Child Name** | **Relationship** | **Date of Birth** | **Current Age** | **Dependent Until** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Employment Details

|  |  |  |
| --- | --- | --- |
| **Employment Details** | **Client**  | **Partner** |
| Occupation |  |  |
| Employment Status | Full time/Part time/Casual/Self Employed | Full time/Part time/Casual/Self Employed |
| Employer/Business Name |  |  |
| Hours worked per week |  |  |
| Date joined employer |  |  |
| Employment Duties(% manual tasks) | AdministrationSupervision of manual workManual workTravel |  % % % % | AdministrationSupervision of manual workManual workTravel |  % % % % |
| Accrued Annual Leave |  |  |
| Accrued Sick Leave |  |  |
| Accrued Long Service Leave |  |  |
| Proposed Retirement Age |  |  |
| Additional Informatione.g. salary packaging, expected future changes) |  |  |

Employee Income

|  |  |  |
| --- | --- | --- |
| **Employment Income Details** | **Client**  | **Partner** |
| **Current FY** | **Last FY** | **Current FY** | **Last FY** |
| Annual Salary |  |  |  |  |
| SG Contributions (%) |  |  |  |  |
| Bonus (if regular) |  |  |  |  |
| Other Benefits (e.g. car allowance) |  |  |  |  |

Self Employment Income

|  |  |  |  |
| --- | --- | --- | --- |
| **Self Employment Income Details** | **Current FY** | **Last FY** | **Previous FY** |
| Income |  |  |  |
| ***Less Expenses*** |  |  |  |
| Equals net income (A) |  |  |  |
| Ownership interest (%) (B) |  |  |  |
| Life insured share of net income (AxB =C) |  |  |  |
| **Plus allowable add backs** |  |  |  |
| Depreciation |  |  |  |
| Donations / gifts |  |  |  |
| Superannuation |  |  |  |
| Income split salary |  |  |  |
| Income split super |  |  |  |
| Motor vehicles |  |  |  |
| Loss on sale of an asset |  |  |  |
| Domestic interest |  |  |  |
| Fines |  |  |  |
| Other |  |  |  |
| Total add backs (D) |  |  |  |
| Total adjusted net income (C+D) |  |  |  |

Centrelink Entitlements

|  |  |  |
| --- | --- | --- |
| **Pension Details** | **Client** | **Partner** |
| Type |  |  |
| Centrelink CRN |  |  |
| Fortnightly Amount |  |  |
| Concession Card Held |  |  |
| Gifts in the last 5 years |  |  |

Investment Income

|  |  |  |
| --- | --- | --- |
| **Type** | **Owner** | **Annual Amount** |
| Share Dividends |  |  |
| Investment Property Income |  |  |
| Investment Portfolio |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |

Account Based Pensions

|  |  |  |
| --- | --- | --- |
| **Details** | **Client** | **Partner** |
| Product |  |  |
| Start Date |  |  |
| Purchase Price |  |  |
| Partial Commutations |  |  |
| Tax-Free Portion (%) |  |  |
| Balance |  |  |
| Minimum Pension (%) |  |  |
| Minimum Pension ($) |  |  |
| Pension Frequency |  |  |
| Nominated Pension |  |  |
| Relevant Number |  |  |
| Centrelink Deductible Amount |  |  |
| Centrelink Assessable Amount |  |  |

Living Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Frequency** | **Annual Total** |
| **Property Expenses** |
| Electricity |  |  |  |
| Gas |  |  |  |
| Land Rates |  |  |  |
| Water Rates |  |  |  |
| Home Phone/Internet |  |  |  |
| Rent |  |  |  |
| Mortgage Repayments |  |  |  |
| *Sub Total* |  |
| **Motor Vehicle Expenses** |
| Fuel |  |  |  |
| Registration & 3rd Party |  |  |  |
| Service & Repairs |  |  |  |
| Tolls |  |  |  |
| Roadside Subscription |  |  |  |
| Motor Vehicle Insurance |  |  |  |
| Motor Vehicle Loan Repayments |  |  |  |
| *Sub Total* |  |
| **Personal Expenses** |
| Gifts |  |  |  |
| Clothing & Footwear |  |  |  |
| Dental |  |  |  |
| Medical |  |  |  |
| Pharmaceutical |  |  |  |
| Mobile Phone |  |  |  |
| Personal Grooming |  |  |  |
| Christmas & Birthday Presents |  |  |  |
| Entertainment |  |  |  |
| Private Health Insurance |  |  |  |
| Memberships (ie Gym) |  |  |  |
| Subscriptions (ie Magazines) |  |  |  |
| Investment Loan Repayments |  |  |  |
| Credit Card Repayments |  |  |  |
| Groceries |  |  |  |
| Alcohol |  |  |  |
| School Costs |  |  |  |
| Children’s Health |  |  |  |
| Children’s General |  |  |  |
| *Sub Total* |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Retirement Expenditure Needs** |  |

Planned Future Lump Sum Expenditure

|  |  |  |
| --- | --- | --- |
| **Type** | **Expected Date** | **Amount** |
| Home Renovations |  |  |
| Motor Vehicle Upgrade |  |  |
| Overseas Holiday |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Estimated Cash Flow

|  |  |  |
| --- | --- | --- |
| **Type** | **Owner** | **Annual Amount** |
| **Inflows** |
| <Employer Name> Salary |  |  |
| <Employer Name> Salary |  |  |
| Share Dividends |  |  |
| Investment Property Rental |  |  |
| Account Based Pension |  |  |
| Age Pension |  |  |
| Age Pension |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Sub Total* |  |
| **Outflows** |
| Property Expenses |  |  |
| Motor Vehicle Expenses |  |  |
| Personal Expenses |  |  |
| Estimated Tax |  |  |
| Estimated Tax |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Sub Total* |  |
| **Cashflow Surplus/Deficit** |  |

Assets and Liabilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Value** | **Liabilities** | **Owner** |
| **Lifestyle** |
| Principal Residence |  |  |  |
| Furniture & Personal Effects |  |  |  |
| Motor Vehicle |  |  |  |
|  |  |  |  |
| *Sub Total* |  |
| **Cash & Term Deposits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Sub Total* |  |
| **Managed Investments & Shares** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Sub Total* |  |
| **Property** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Sub Total* |  |
| **Superannuation & Pensions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Sub Total* |  |
| **Total Assets** |  | **Total Liabilities** |  |
| **Net Assets** |  |

|  |  |  |
| --- | --- | --- |
| **Liability** | **Loan 1** | **Loan 2** |
| Provider |  |  |
| Package Name |  |  |
| Loan Start Date |  |  |
| Loan Term |  |  |
| Current Interest Rate (%) |  |  |
| Interest Only Loan |  |  |
| Loan Repayments |  |  |
| Frequency |  |  |

Superannuation Tax Components

|  |  |  |  |
| --- | --- | --- | --- |
| **Superannuation Fund** | **Tax Free Component** | **Taxable Component** | **Total** |
| **Client** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Partner** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Existing Insurances

|  |  |
| --- | --- |
| **Client** | **Details** |
| **Policy Name** |  |
| Policy Number |  |
| Owner |  |
| Life |  |
| TPD |  |
| Trauma |  |
| Income Protection |  |
| Waiting Period |  |
| Benefit Period |  |
| Annualised Premium |  |
| **Policy Name** |  |
| Policy Number |  |
| Owner |  |
| Life |  |
| TPD |  |
| Trauma |  |
| Income Protection |  |
| Waiting Period |  |
| Benefit Period |  |
| Annualised Premium |  |
| **Policy Name** |  |
| Policy Number |  |
| Owner |  |
| Life |  |
| TPD |  |
| Trauma |  |
| Income Protection |  |
| Waiting Period |  |
| Benefit Period |  |
| Annualised Premium |  |

|  |  |
| --- | --- |
| **Partner** | **Details** |
| **Policy Name** |  |
| Policy Number |  |
| Owner |  |
| Life |  |
| TPD |  |
| Trauma |  |
| Income Protection |  |
| Waiting Period |  |
| Benefit Period |  |
| Annualised Premium |  |
| **Policy Name** |  |
| Policy Number |  |
| Owner |  |
| Life |  |
| TPD |  |
| Trauma |  |
| Income Protection |  |
| Waiting Period |  |
| Benefit Period |  |
| Annualised Premium |  |
| **Policy Name** |  |
| Policy Number |  |
| Owner |  |
| Life |  |
| TPD |  |
| Trauma |  |
| Income Protection |  |
| Waiting Period |  |
| Benefit Period |  |
| Annualised Premium |  |

|  |  |
| --- | --- |
| **General Insurance** | **Insurer** |
| Motor Vehicle |  |
| Home & Contents |  |
| Private Health |  |
| Landlord |  |

Estate Planning Arrangements

|  |  |  |
| --- | --- | --- |
| **Wills** | **Client** | **Partner** |
| Date |  |  |
| Location |  |  |
| Executor |  |  |
| Alternative Executor |  |  |
| Distribution of Estate |  |  |
| Alternative Distribution |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Powers of Attorney** | **General** | **Financial** | **Medical** | **Guardianship** |
| **Client** |
| PoA In Place? |  |  |  |  |
| Date |  |  |  |  |
| PoA |  |  |  |  |
| Alternative PoA |  |  |  |  |
| **Partner** |
| PoA In Place? |  |  |  |  |
| Date |  |  |  |  |
| PoA |  |  |  |  |
| Alternative PoA |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Super Fund**  | **Member** | **Type** | **Beneficiary** | **Expiry** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insurance Policy Nominations** | **Member** | **Type** | **Beneficiary** | **Expiry** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Insurance Needs Analysis (Personal)

When conducting an Insurance Needs Analysis, you need to take into account the following:

* Assets that will be redeemed/realised upon death and total disablement
* Estimated tax for lump sum paid to non tax dependent children
* Estimated tax for lump sum payment for Superannuation owned TPD
* Replacement income and education costs calculations need to be explained
* Our recommended sum insured methodologies are found in the Affinia Insurance Advice Policy in the Insurance needs Analysis Affinia Methodology section on page 2.

Some suggested sources of annual costs include:

* Cost of raising children: Lee Tables "modest but adequate" Australian Institute of Family Studies
* Cost of Pre School Care (0-6): ABS Childhood Education and care, Australia.
* Cost of Post School care (7 - 12): ABS Childhood Education and care, Australia.
* Live in Nanny: Charlton Brown Nanny Service Website
* Day Nanny: from Charlton Brown Nanny Service Website
* Domestic Replacement: VIP home services
* Provision for Private Schooling: Exfin – Australia Private School Fees and Costs.
* Provision for University: Dependent upon university and subjects, you could estimate $20,000 per year for 4 years.

**Life/TPD/Trauma**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client (Working)** | **Life** | **TPD** | **Trauma** |
| Liabilities to Clear |  |  |  |
| Medical Funding |  |  |  |
| Provision for Cost of Children |  |  |  |
| Education Funding |  |  |  |
| Cash flow Replacement |  |  |  |
| Provision for Tax |  |  |  |
| **Less Existing Resources** |
| Superannuation |  |  |  |
| Liquidated Assets |  |  |  |
| Existing Insurance |  |  |  |
| **Additional Cover Required** |  |  |  |
| **Nominated Sum Insured** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner (Working)** | **Life** | **TPD** | **Trauma** |
| Liabilities to Clear |  |  |  |
| Medical Funding |  |  |  |
| Provision for Cost of Children |  |  |  |
| Education Funding |  |  |  |
| Cash flow Replacement |  |  |  |
| Provision for Tax |  |  |  |
| **Less Existing Resources** |
| Superannuation |  |  |  |
| Liquidated Assets |  |  |  |
| Existing Insurance |  |  |  |
| **Additional Cover Required** |  |  |  |
| **Nominated Sum Insured** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client (Non Working)** | **Life** | **TPD** | **Trauma** |
| Liabilities to Clear |  |  |  |
| Outsourced Domestic Duties |  |  |  |
| Outsourced Childcare |  |  |  |
| Provision for Tax | 2 | 3 |  |
| **Less Existing Resources** |
| Superannuation |  |  |  |
| Liquidated Assets |  |  |  |
| Existing Insurance |  |  |  |
| **Additional Cover Required** |  |  |  |
| **Nominated Sum Insured** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner (Non Working)** | **Life** | **TPD** | **Trauma** |
| Liabilities to Clear |  |  |  |
| Outsourced Domestic Duties |  |  |  |
| Outsourced Childcare |  |  |  |
| Provision for Tax | 2 | 3 |  |
| **Less Existing Resources** |
| Superannuation |  |  |  |
| Liquidated Assets |  |  |  |
| Existing Insurance |  |  |  |
| **Additional Cover Required** |  |  |  |
| **Nominated Sum Insured** |  |  |  |

**Income Protection**

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Client** | **Partner** |
| Eligible for IP cover? |  |  |
| Maximum cover available |  |  |
| Client nominated cover |  |  |
| Include Super continuation option |  |  |
| How long can you go without regular income? |  |  |
| How long should the monthly benefit period be paid for? |  |  |

If the client nominated cover differs from the ‘total cover required’ as determined by the risk needs analysis, an explanation is required below:

|  |
| --- |
|  |

The next section of this document requires you to provide medical and health information which is collected in regard to providing you with insurance products and services that you may require. In the Client Acknowledgement section of this document you will be asked to sign to acknowledge your consent for the collection of this information.

Additional Underwriting Details

Please provide details of any health issues that may affect your current or future advice and insurance recommendation.

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Partner** |
| What is your current height? | cm | cm |
| What is your current weight? | kg | kg |
| Do you smoke? If yes, number per day. |  |  |
| Have you taken any substance in the last twelve months? If yes, please provide details. |  |  |
| Have you been treated for any medical conditions in the last two years? If yes, please provide details. |  |  |
| Have you taken any medication on a regular basis in the last two year? If yes, please provide details. |  |  |
| Are you currently suffering from any anxiety/stress related issues? |  |  |
| Is there a history of any particular illness in your immediate family (mum, dad, brothers and sisters only) such as cancer, diabetes, heart conditions or genetic disorders? If yes, please provide details. |  |  |
| When your last doctor’s visit and what was this in relation to? |  |  |
| Have you ever had an insurance application declined or modified in any way? If yes, please provide details. |  |  |
| Do you currently participate in, or intend to participate in, any sports or hazardous activities (e.g. sky diving, motor racing, rock-climbing, football)? |  |  |

Additional information.

|  |
| --- |
|  |

Fees

|  |  |
| --- | --- |
| SOA fee |  |
| Fee Payment Options |  |
| Preferred Mailing Method |  |
| Preferred Email |  |

Privacy and FDS

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Partner** |
| Privacy Discussed | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No |
| FDS Date (if applicable) |  |
| Please ensure you include additional FDS information in the FDS section within Client Focus |  |

Current FSG

|  |  |
| --- | --- |
| FSGI Version Date |  |
| FSGII (Adviser Profile) Version Date |  |
| Date FSG & Adviser Profile Provided |  |
| Method of Delivery |  |
| FSG Issuer |  |
| FSG Comment |  |

Client acknowledgement

I/We sign the following to confirm that:

|  |  |
| --- | --- |
| I/We consent to my/our health information being collected for the purposes of providing insurance quotes and products I/we may require, and I/we understand that my/our personal and sensitive information is collected, handled, disclosed and secured in accordance with the Affinia Privacy Policy which is available at [www.affinia.com.au/privacy](http://www.affinia.com.au/privacy) or free of charge on request.  | [ ]  |
| I/We was/were issued with the Financial Services Guide (FSGI) dated       and Adviser Profile (FSGII) dated       prior to providing details of my/our personal circumstances set out in this Fact Find.  | [ ]  |
| My/our adviser explained and I/we understand the contents of the FSG. |  |
| The information in this Fact Find accurately reflects my/our current financial situation. | [ ]  |
| I/We am/are not aware of any further information which would be relevant or assist the adviser when providing advice and/or recommendations to me/us. | [ ]  |
| I/We understand that any advice or recommendation provided by the adviser will be based solely on the information supplied in this Fact Find and any other personal information I/we provide. | [ ]  |
| I/We am/are aware that a copy of this Fact Find is available upon request. | [ ]  |
| I/We understand that the adviser is not authorised to provide specific advice in relation to Credit, real estate, general insurance, taxation, family law, drafting estate planning documents and trusts. Any advice on these matters will be provided by qualified specialist advisers as appropriate. I/We also understand that adviser may receive a share of the commission payable and/or payments to refer me/us to other specialist advisers. These payments will be disclosed to me/us at the time of referral. | [ ]  |
| I/We understand that the adviser may share our information within the Group and with business partners for the purposes of providing services we have agreed to. | [ ]  |
| I/We have requested advice only in the following area/s:       | [ ]  |
| I/We agree to an Advice Fee of $     . I/We understand that this fee would be waived by the adviser where we proceed with the advice and agree that in the event the policy is cancelled within twelve months, I/we agree that the adviser may invoice this fee.  | [ ]  |
| I/We consent for the adviser to send information and marketing about services and products that he/she believes may be of interest. | [ ]  |
| I/We give permission for my/our Tax File Number (TFN) to be kept on file and be provided to financial institutions as necessary. | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Client 1 Name |  | Client 1 Signature |  | Date |
|  |  |  |  |  |
| Client 2 Name |  | Client 2 Signature |  | Date |
|  |  |  |  |  |
| Adviser Name |  | Adviser Signature |  | Date |

Adviser Notes

|  |
| --- |
|  |