

• Issued: April 2020

affinia

# COMPREHENSIVE FACT FIND

**CLIENT NAME** :

**DATE** :

**ADVISER NAME** :

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## **COMPLETING THIS FACT FIND**

In order to provide you the most appropriate advice that is relevant to your circumstances and to act in your best interests, we need to obtain certain information. 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rely on the accuracy of the information that you provide so if you think that any information we hold is incorrect or out of date, please let us know.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(s) why you are seeking advice. For example, you may have a specific event (such as a house or business purchase, marriage, birth of a child, receipt of an inheritance, redundancy, moving into an aged care facility) or you may want advice on specific objectives (such as Retirement Planning, Estate Planning, Wealth Protection). Tell your story.

# CURRENT SITUATION

On a scale of 1 – 5, with 1 being uncomfortable and 5 being very comfortable, how do you feel about your:

## INCOME, CASHFLOW AND BUDGETING POSITION

☐ N/A      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

## INVESTMENT PLAN

☐ N/A      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

## RETIREMENT PLAN

☐ N/A      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

## RISK MANAGEMENT (INSURANCE PLAN)

☐ N/A      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

## DEBT PLAN

☐ N/A      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

## ESTATE PLAN (WILL, POWER OF ATTORNEY, TESTAMENTARY TRUSTS ETC)

☐ N/A      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

# NEEDS, GOALS AND OBJECTIVES

## INCOME, CASHFLOW AND BUDGETING POSITION

Please explain your Current Situation rating in your own words. Do you have any particular goals or objectives you wish to achieve in relation to your Income, cashflow and budgeting position? Are you saving for anything in particular?

### Adviser and client to jointly complete the below fields

#### **SPECIFIC:**

Who? What? When? Where?  
Why? Which?

#### **MEASURABLE:**

Metrics and milestones. How much? What percentage?

#### **ACHIEVABLE:**

Do you have capacity to accomplish this objective?

#### **REALISTIC:**

Does it fit with your overall objectives?

#### **TIME-BOUND:**

When would you like to achieve this?

#### **Agreed Income, Cash Flow & Budgeting SMART Goal:**

Restate the initial goal as a SMART goal

## INVESTMENT PLAN

Please explain your Current Situation rating in your own words. Do you have any particular goals or objectives you wish to achieve in relation to your investment? Are you investing for anything in particular?

### Adviser and client to jointly complete the below fields

**SPECIFIC:**

Who? What? When? Where?  
Why? Which?

**MEASURABLE:**

Metrics and milestones. How much? What percentage?

**ACHIEVABLE:**

Do you have capacity to accomplish this objective?

**REALISTIC:**

Does it fit with your overall objectives?

**TIME-BOUND:**

When would you like to achieve this?

**Agreed Income, Cash Flow & Budgeting SMART Goal:**

Restate the initial goal as a SMART goal

## RETIREMENT PLAN

Please explain your Current Situation rating in your own words. Do you have any particular goals or objectives you wish to achieve in relation to your retirement plan? What sort of lifestyle do you wish for your retirement?

### Adviser and client to jointly complete the below fields

**SPECIFIC:**

Who? What? When? Where?  
Why? Which?

**MEASURABLE:**

Metrics and milestones. How much? What percentage?

**ACHIEVABLE:**

Do you have capacity to accomplish this objective?

**REALISTIC:**

Does it fit with your overall objectives?

**TIME-BOUND:**

When would you like to achieve this?

**Agreed Income, Cash Flow & Budgeting SMART Goal:**

Restate the initial goal as a SMART goal

## RISK MANAGEMENT (INSURANCE PLAN)

Please explain your Current Situation rating in your own words. Do you have any particular goals or objectives you wish to achieve in relation to your Risk Management Plan? Do you have any concerns about your position? What are your current plans if you are sick or injured and not able to work for an extended period? What are your plans if you were to pass away?

### Adviser and client to jointly complete the below fields

**SPECIFIC:**

Who? What? When? Where?  
Why? Which?

**MEASURABLE:**

Metrics and milestones. How much? What percentage?

**ACHIEVABLE:**

Do you have capacity to accomplish this objective?

**REALISTIC:**

Does it fit with your overall objectives?

**TIME-BOUND:**

When would you like to achieve this?

**Agreed Income, Cash Flow & Budgeting SMART Goal:**

Restate the initial goal as a SMART goal

## DEBT PLAN

Please explain your Current Situation rating in your own words. Do you have any particular goals or objectives you wish to achieve in relation to your debt position? Are there any concerns over your current position?

### Adviser and client to jointly complete the below fields

**SPECIFIC:**

Who? What? When? Where?  
Why? Which?

**MEASURABLE:**

Metrics and milestones. How much? What percentage?

**ACHIEVABLE:**

Do you have capacity to accomplish this objective?

**REALISTIC:**

Does it fit with your overall objectives?

**TIME-BOUND:**

When would you like to achieve this?

**Agreed Income, Cash Flow & Budgeting SMART Goal:**

Restate the initial goal as a SMART goal



## ESTATE PLAN

Please explain your Current Situation rating in your own words. Do you have any particular goals or objectives you wish to achieve in relation to your Estate Plan? Is your Will accurate and up to date?

### Adviser and client to jointly complete the below fields

**SPECIFIC:**

Who? What? When? Where?  
Why? Which?

**MEASURABLE:**

Metrics and milestones. How much? What percentage?

**ACHIEVABLE:**

Do you have capacity to accomplish this objective?

**REALISTIC:**

Does it fit with your overall objectives?

**TIME-BOUND:**

When would you like to achieve this?

**Agreed Income, Cash Flow & Budgeting SMART Goal:**

Restate the initial goal as a SMART goal

# 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				
Employer/Business Name				
Hours worked per week				
Date joined employer				
Employment Duties (% manual tasks)	Administration	%	Administration	%
	Supervision of manual work	%	Supervision of manual work	%
	Manual work	%	Manual work	%
	Travel	%	Travel	%
Accrued Annual Leave				
Accrued Sick Leave				
Accrued Long Service Leave				
Proposed Retirement Age				
Additional Information e.g. salary packaging, expected future changes)				

## EMPLOYEE INCOME

Supporting documentation to be provided: ☐ 2 Most recent payslips ☐ Last 2 years Tax Returns

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

**Supporting documentation to be provided:** ☐ Last 2 years Tax Returns, P&L and Balance Sheet data

Self Employment Income Details	Current FY	Last FY	Previous FY
Income			
<b>Less Expenses</b>			
Equals net income (A)			
Ownership interest (%) (B)			
Life insured share of net income (AxB =C)			
<b>Plus allowable add backs</b>			
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

**Supporting documentation to be provided:** ☐ Most Recent Centrelink entitlement statement

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		
<b>Total</b>		

## ACCOUNT BASED PENSIONS

**Supporting documentation to be provided:** ☐ Most recent pension account statement

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		

## 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
<b>Inflows</b>		
Salary		
Salary		
Share Dividends		
Investment Property Rental		
Account Based Pension		
Age Pension		
Age Pension		
Sub Total		
<b>Outflows</b>		
Property Expenses		
Motor Vehicle Expenses		
Personal Expenses		
Estimated Tax		
Estimated Tax		
Sub Total		
<b>Cashflow Surplus/Deficit</b>		

## ASSETS AND LIABILITIES

Assets	Value	Liabilities	Owner
<b>Lifestyle</b>			
Principal Residence			
Furniture & Personal Effects			
Motor Vehicle			
Sub Total			
<b>Cash &amp; Term Deposits</b>			
Sub Total			
<b>Managed Investments &amp; Shares</b>			
Sub Total			
<b>Property</b>			
Sub Total			
<b>Superannuation &amp; Pensions</b>			
Sub Total			
<b>Total Assets</b>		<b>Total Liabilities</b>	
<b>Net Assets</b>			

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

**Supporting documentation to be provided:** ☐ Most recent superannuation account statement

Superannuation Fund	Tax Free Component	Taxable Component	Total
<b>Client</b>			
<b>Partner</b>			

Client	
Are you currently making additional contributions to superannuation?	
If yes, have you lodged a s290 with your superannuation fund?	

Client	
Are you currently making additional contributions to superannuation?	
If yes, have you lodged a s290 with your superannuation fund?	

## SELF MANAGED SUPER FUND

**Supporting documentation to be provided:** ☐ SMSF Trust Deed, Meeting Minutes, most recent Annual Statement

Details	SMSF
Fund Name	
Trustee	
Directors of Trustee Company	
Date of Trust Deed	
Date of Investment Strategy	
Date of Financials Held on File	
Members	
Investment Structure	



SELF MANAGED SUPER FUND CONT'D

Pooled Assets	Value
Cash & Fixed Interest	
Sub Total	
Direct Equities	
Sub Total	
Direct Property	
Sub Total	
Managed Investments	
Sub Total	
Other Investments	
Sub Total	
Total	

SELF MANAGED SUPER FUND CONT'D

Pooled Assets	Member	Value
Cash & Fixed Interest		
Sub Total		
Direct Equities		
Sub Total		
Direct Property		
Sub Total		
Managed Investments		
Sub Total		
Other Investments		
Sub Total		
Total		

## SELF MANAGED SUPER FUND CONT'D

Client	Accumulation	Pension 1	Pension 2
Start Date			
Purchase Price	N/A		
Commutations			
Tax-Free Portion	\$	%	%
Balance			
Minimum Pension (%)	N/A		
Minimum Pension (\$)	N/A		
Pension Frequency	N/A		
Nominated Pension	N/A		
Relevant Number	N/A		
Centrelink Deductible Amount	N/A		
Centrelink Assessable Amount	N/A		

Partner	Accumulation	Pension 1	Pension 2
Start Date			
Purchase Price	N/A		
Commutations			
Tax-Free Portion	\$	%	%
Balance			
Minimum Pension (%)	N/A		
Minimum Pension (\$)	N/A		
Pension Frequency	N/A		
Nominated Pension	N/A		
Relevant Number	N/A		
Centrelink Deductible Amount	N/A		
Centrelink Assessable Amount	N/A		

Nominations	Loan 1		Loan 2	
Date				
Type				
Beneficiary/Allocation		%		%
Beneficiary/Allocation		%		%

# EXISTING INSURANCES

Supporting documentation to be provided: ☐ Most recent superannuation account statement

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
<b>Policy Name</b>	
Policy Number	
Owner	
Life	
TPD	
Trauma	
Income Protection	
Waiting Period	
Benefit Period	
Annualised Premium	
<b>Policy Name</b>	
Policy Number	
Owner	
Life	
TPD	
Trauma	
Income Protection	
Waiting Period	
Benefit Period	
Annualised Premium	
<b>Policy Name</b>	
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

**Supporting documentation to be provided:** ☐ Copy of Will and Power of Attorney 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.
- If cash flow is being included in the sum insured in addition to debt reduction, cost of children and education funding 100% of cash flow replacement is not required. As a rule of thumb this can be reduced to 30% of the NPV of future cash flow.
- \*If the recommendation included IP to age 65 / 70 the TPD sum insured can be reduced by 50-75% (subject to change based on new market IP changes).

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.

## INCOME PROTECTION

Income Protection	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?		

## PARTNER

Financial Risk	Financial Exposure	Source	Risk Retention Strategy	Risk Retention Strategy		
				Death	TPD	CI
Liabilities to Clear						
Medical Funding						
Provision for Cost of Children						
Education Funding						
Cash flow Replacement						
Provision for Tax						
Final expenses						
Replacement of domestic capacity						
Replacement of child care						
Other						
Total	\$			\$	\$	\$
<b>Less Existing Resources</b>						
Superannuation				\$		-
Liquidated Assets				\$		\$
Existing Insurance				\$		\$
<b>Additional Cover Required</b>				\$		\$
<b>Nominated Sum Insured</b>						



## CLIENT

Financial Risk	Financial Exposure	Source	Risk Retention Strategy	Risk Retention Strategy		
				Death	TPD	CI
Liabilities to Clear						
Medical Funding						
Provision for Cost of Children						
Education Funding						
Cash flow Replacement						
Provision for Tax						
Final expenses						
Replacement of domestic capacity						
Replacement of child care						
Other						
Total	\$			\$	\$	\$
<b>Less Existing Resources</b>						
Superannuation				\$		-
Liquidated Assets				\$		\$
Existing Insurance				\$		\$
<b>Additional Cover Required</b>				\$		\$
<b>Nominated Sum Insured</b>						

**This page is Adviser Use Only:** 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.

Income Protection	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.

## AGREED SCOPE OF ADVICE

<input type="checkbox"/> <b>Wealth Creation</b> <input type="checkbox"/> Managed Investments <input type="checkbox"/> Margin Lending Products <input type="checkbox"/> Gearing Facilities <input type="checkbox"/> Borrowing to invest <input type="checkbox"/> Direct Shares <input type="checkbox"/> Tax Effective Investment	<input type="checkbox"/> <b>Personal Risk Insurance</b> <input type="checkbox"/> Life Insurance <input type="checkbox"/> Total & Permanent Disablement Insurance <input type="checkbox"/> Trauma Insurance <input type="checkbox"/> Income Protection Insurance <input type="checkbox"/> Business Expenses Insurance
<input type="checkbox"/> <b>Retirement Planning</b> <input type="checkbox"/> Retirement Savings Accounts <input type="checkbox"/> Annuities <input type="checkbox"/> Account Based Pensions <input type="checkbox"/> Superannuation <input type="checkbox"/> Pension Refresh <input type="checkbox"/> Transition to Retirement Strategy	<input type="checkbox"/> <b>Superannuation</b> <input type="checkbox"/> Personal Superannuation <input type="checkbox"/> Corporate Superannuation <input type="checkbox"/> Self Managed Superannuation <input type="checkbox"/> Superannuation Contributions <input type="checkbox"/> Transition to Retirement Strategy
<input type="checkbox"/> <b>Social Security &amp; Aged Care</b> <input type="checkbox"/> Age Pension <input type="checkbox"/> DVA Pension <input type="checkbox"/> Aged Care <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Carers Allowance <input type="checkbox"/> Family Tax Benefit	<input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Cash flow <input type="checkbox"/> Budgeting <input type="checkbox"/> Debt Reduction <input type="checkbox"/> Estate Planning <input type="checkbox"/> 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.

I/We have requested advice only in the following area/s:	<input type="checkbox"/>
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## FEES

Advice Strategy Fee	
Fee Payment Options	
Fee Notice - Preferred Mailing Method	

## PRIVACY AND FDS

	Client	Partner
Privacy Discussed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Privacy Statement provided	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE
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 <a href="http://www.affinia.com.au/privacy">www.affinia.com.au/privacy</a> or free of charge on request.		<input type="checkbox"/>

## CURRENT FSG

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

My/our adviser explained and I/we understand the contents of the FSG.	<input type="checkbox"/>
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## TAX FILE NUMBER (TFN)

Client Details	Tax File Number
Client Name	
Partner Name	

We may request the use of your TFN for the purposes of investing in, or acquiring new investment, superannuation or insurance products on your behalf. We will retain your TFN to use when required, however you may at any time, request we permanently delete your TFN information. Importantly, supplying your TFN is voluntary, and it is not an offence if you choose not to provide it. If you do not provide your Tax File Number, the Top Marginal tax rate may be applied to any earnings on your investments.	<input type="checkbox"/>
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# CLIENT ACKNOWLEDGEMENT

I/We sign the following to confirm that:

The information in this Fact Find accurately reflects my/our current financial situation.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
I/We am/are aware that a copy of this Fact Find is available upon request.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
I/We consent for the adviser to send information and marketing about services and products that he/she believes may be of interest.	<input type="checkbox"/>
I/We give permission for my/our Tax File Number (TFN) to be kept on file and be provided to financial institutions as necessary.	<input type="checkbox"/>

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Client 1 Name

Client 1 Signature

Date

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Client 2 Name

Client 2 Signature

Date

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Adviser Name

Adviser Signature

Date