

# Personal financial questionnaire – fact find

STRICTLY PRIVATE AND CONFIDENTIAL

CLIENT NAME(S)	
ADVISER(S)	
DATE	

# HOW CAN WE HELP YOU?

**Why have you decided to seek advice?** Is there any specific issue or event that has prompted you to seek our advice?

## Your Lifestyle Objectives

Client 1	Client 2

At what age do you plan to retire?

What level of net income do you need now to meet your current expenses?

\$

What level of net income do you think you will require in retirement? (in today's dollars)

\$

Notes-.....

How much cash would you like to keep available for emergencies or other needs?

\$

Do you have any planned significant expenditure, or lifestyle objectives now or in the future?

- No  
 Yes (please detail below)

(Do you want to purchase a new car, travel overseas, save for your children's education, reduce debt, retire early or reduce your working hours? Please indicate a level of priority for each.)

## YOUR PERSONAL & FINANCIAL OBJECTIVES

What you are seeking to achieve financially e.g. improve portfolio returns, wealth creation, reduce taxation, management of surplus cash flow, maximise entitlement to Centrelink benefits, reduce home loan or credit card debt, insurance/risk management.

If required additional objectives should be recorded in the notes section.

Objective	Amount (if applicable)	Time frame	Priority
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low

			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low

**OTHER PLANNING CONSIDERATIONS**

	Client 1	Client 2
Do you maintain joint finances with your partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Are there any special personal, family or business circumstances or other issues that you wish us to take into consideration in preparing our advice for you?	<input type="checkbox"/> Yes, provide details below <input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details below <input type="checkbox"/> No

**NOTES**

# PERSONAL INFORMATION

	Client 1	Client 2
Title		
Given names		
Preferred names		
Surname		
Date of birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Home address		
Postal address	<input type="checkbox"/> Same as home address <input type="checkbox"/> Preferred contact method	<input type="checkbox"/> Same as home address <input type="checkbox"/> Preferred contact method
Phone (h)	<input type="checkbox"/> Preferred contact method	<input type="checkbox"/> Preferred contact method
Phone (w)	<input type="checkbox"/> Preferred contact method	<input type="checkbox"/> Preferred contact method
Phone (m)	<input type="checkbox"/> Preferred contact method	<input type="checkbox"/> Preferred contact method
Email	<input type="checkbox"/> Preferred contact method	<input type="checkbox"/> Preferred contact method

Tax resident status	<input type="checkbox"/> Resident ..... <input type="checkbox"/> Non resident	<input type="checkbox"/> Resident ..... <input type="checkbox"/> Non resident
State of 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

## Children and/or Other Dependants | Current or Expected

Full Name	Date of Birth	Gender	Relationship	Dependant	Dependant To
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# RELATED STRUCTURES AND ENTITIES

Are you a director, shareholder, trustee, beneficiary or member of any structure or entity?

No

Yes (Please provide details below)

Entity name			
Date established			
Trustee(s) / Director(s)			
Beneficiaries / Shareholder(s) / Member(s)			
ABN / ACN			
Tax File Number*			

\*Please refer to the Client Declarations section of this document.

# EMPLOYMENT AND INCOME DETAILS

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you in regard to your budgeting and debt management, insurance, investment, superannuation contributions and/or any possible Centrelink entitlements.

Employment Details				
	Client 1		Client 2	
Occupation/Title				
Job description/duties				
Qualifications				
Employer name				
Employment start date				
Do you work overseas?				
If yes, list relevant country(ies)				
Available personal leave days				
Tax File Number (TFN)				
Employment status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Casual	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Casual	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Home duties	<input type="checkbox"/> Retired	<input type="checkbox"/> Home duties	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self employed	<input type="checkbox"/>	<input type="checkbox"/> Self employed	<input type="checkbox"/>
If part-time, how many hours worked?				
If self-employed, what structure?	<input type="checkbox"/> Trust	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Company
	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership

Additional details:

Self Employed details -

.....

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.....

	Client 1	Client 2
Employment security	<input type="checkbox"/> Secure <input type="checkbox"/> Insecure <input type="checkbox"/> Not sure	<input type="checkbox"/> Secure <input type="checkbox"/> Insecure <input type="checkbox"/> Not sure
Are you able to salary package?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you able to salary sacrifice super contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you able to choose the super fund into which your employer(s) pay contributions? (This may be impacted by your award)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your employer offer any other financial benefits? (for example discounted insurance or mortgages)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you expect any significant changes to your employment status in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Employment package per annum	Client 1	Client 2
Gross salary (as shown on your PAYG Payment Summary)		
Annual bonus (estimate)		
Compulsory employer superannuation contributions		
Salary sacrifice superannuation contributions		
Other salary packaged items (for example motor vehicle)		
<b>TOTAL EMPLOYMENT INCOME PACKAGE</b>		

Other income	Client 1 / Joint	Client 2
Social security or other government benefits		
Superannuation pensions		
Overseas pensions		
Rental income		
Other investment and other income (for example dividends, distributions or interest)		
<b>GROSS OTHER INCOME</b>		

Do you expect any changes to your income in the next year?

Yes

No

Yes

No

<b>TOTAL GROSS INCOME</b>		
<b>TOTAL NET INCOME</b>		

**PERSONAL EXPENSES**

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you in regard to your budgeting and debt management, insurance, investment and/or superannuation contributions.

PERSONAL EXPENSES	Amount	Frequency	Annual total
Day to day living expenses <small>(for example food, utilities, entertainment etc)</small>		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Mortgage repayments / rent		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Car expenses, travel and transport		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Insurance premiums <small>(for example Life, TPD, car, home, contents etc)</small>		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
School fees		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Regular holidays		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
<b>TOTAL PERSONAL EXPENSES (A)</b>			<b>\$</b>

- You have no tax-deductible expenses

TAX DEDUCTIBLE EXPENSES	Owner	Amount	Frequency	Annual total
Margin loan interest			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Other investment loan interest			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Personal super contributions (pre tax)			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Income protection insurance			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Professional fees			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Donations			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
<b>TOTAL TAX-DEDUCTIBLE EXPENSES (B)</b>			<b>\$</b>	

- You have no regular savings plans

REGULAR SAVINGS	Owner	Amount	Frequency	Annual total
Personal super contributions (after tax)			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
Investment savings plan			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	
<b>TOTAL REGULAR SAVINGS (C)</b>				

<b>TOTAL REGULAR EXPENDITURE AND SAVINGS (A+B+C)</b>	<b>\$</b>
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# ASSETS

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you.
- You have no personal use assets

PERSONAL USE ASSETS	Owner	Date acquired	Cost base	Market value
Principal residence				
House contents				
Motor vehicle (1)				
Motor vehicle (2)				
Caravan / Holiday home				
Boat				

- You have no cash/fixed interest assets

CASH / TERM DEPOSITS	Owner	Date acquired	Maturity date / rate	Market value	Geared asset?
			/ %		<input type="checkbox"/> ..... %
			/ %		<input type="checkbox"/> ..... %
			/ %		<input type="checkbox"/> ..... %
			/ %		<input type="checkbox"/> ..... %

- You have no managed investments or shares

MANAGED INVESTMENT / SHARES	Owner	Date acquired	Cost base	Market value	Geared asset?
					<input type="checkbox"/> ..... %
					<input type="checkbox"/> ..... %
					<input type="checkbox"/> ..... %
					<input type="checkbox"/> ..... %

Do you reinvest investment distributions and dividends?

Yes       No

Do you maintain a register of your investments for CGT purposes?

Yes       No

You have no investment property assets

INVESTMENT PROPERTY	Owner	Date acquired	Cost base	Market value	Geared asset?
					<input type="checkbox"/> ..... %
					<input type="checkbox"/> ..... %
					<input type="checkbox"/> ..... %
					<input type="checkbox"/> ..... %

You have no superannuation assets

SUPERANNUATION	Owner	Fund type (Accumulation / Defined benefit / Pension)	Current value	To be retained
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Please provide us with a copy of your most recent statement for each of your superannuation funds.

Are there any assets that you would like to retain?

Yes

No

(If yes, please provide details. These will be excluded from our advice.)

# LIABILITIES

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you in regard to debt management, retirement planning, personal insurances and/or any possible Centrelink entitlements.
- You have no personal liabilities.

PERSONAL LIABILITIES	Owner	Commencement date / loan term	Total loan amount / Current loan amount	Interest rate and type	Repayment and frequency
<b>Loan provider</b> .....  <b>Loan type</b> <input type="checkbox"/> Home mortgage <input type="checkbox"/> Personal loan <input type="checkbox"/> Other .....				..... %  <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Interest only <input type="checkbox"/> Principal and interest	\$ .....  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Loan provider</b> .....  <b>Loan type</b> <input type="checkbox"/> Home mortgage <input type="checkbox"/> Personal loan <input type="checkbox"/> Other .....				..... %  <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Interest only <input type="checkbox"/> Principal and interest	\$ .....  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Loan provider</b> .....  <b>Loan type</b> <input type="checkbox"/> Home mortgage <input type="checkbox"/> Personal loan <input type="checkbox"/> Other .....				..... %  <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Interest only <input type="checkbox"/> Principal and interest	\$ .....  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

You have no tax deductible liabilities

TAX DEDUCTIBLE LIABILITIES	Owner	Commencement date / loan term	Total loan amount / Current loan amount	Interest rate and type	Repayment and frequency
<b>Loan provider</b> .....  <b>Loan type</b> <input type="checkbox"/> Investment loan <input type="checkbox"/> Margin loan <input type="checkbox"/> Other .....				..... %  <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Interest only <input type="checkbox"/> Principal and interest	\$ .....  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Loan provider</b> .....  <b>Loan type</b> <input type="checkbox"/> Investment loan <input type="checkbox"/> Margin loan <input type="checkbox"/> Other .....				..... %  <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Interest only <input type="checkbox"/> Principal and interest	\$ .....  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Loan provider</b> .....  <b>Loan type</b> <input type="checkbox"/> Investment Loan <input type="checkbox"/> Margin loan <input type="checkbox"/> Other .....				..... %  <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Interest only <input type="checkbox"/> Principal and interest	\$ .....  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Have you ever provided a guarantee or security for a loan held by another person?  Yes  No  
 (If yes, please provide details)

Do you have a loan offset or redraw facility on your loans?  Yes  No  
 (If yes, please provide details)

# PERSONAL INSURANCE

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you in regard to your superannuation and personal insurance needs.
- You have no personal insurances

## 12.0 General Health Details

	Client 1	Client 2
What is your current health?	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent
What is your height?		
What is your weight?		
Have you smoked cigarettes in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently or do you intend to receive medical treatment for any medical issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Have you been diagnosed with any significant illness/illnesses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Has any member of your immediate family been diagnosed with any significant illness/illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional details:		

TYPE OF INSURANCE	Life insured	Policy owner / beneficiary	Sum insured \$	Annual premium \$	Purpose
<b>Life</b> <i>Provider:</i>					<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>Life</b> <i>Provider:</i>					<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>TPD</b> <i>Provider:</i>					<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>TPD</b> <i>Provider:</i>					<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>Trauma</b> <i>Provider:</i>					<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>Trauma</b> <i>Provider:</i>					<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>Income protection</b> <i>Provider:</i>				p.m.	<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>Income protection</b> <i>Provider:</i>				p.m.	<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>Business expenses</b> <i>Provider:</i>				p.m.	

Have you reviewed your personal insurance needs within the last two years?

Yes  No



# GENERAL INSURANCE

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you in regard to your insurance needs and may impact our ability to accurately model your income tax liability.

Do you have any of the following general insurances in place?

Insurance type	Provider
<input type="checkbox"/> Private health	
<input type="checkbox"/> Home building	
<input type="checkbox"/> Home contents	
<input type="checkbox"/> Motor vehicle	
<input type="checkbox"/> Professional indemnity	
<input type="checkbox"/> General business insurance	

Have you reviewed your general insurance needs within the last two years?  Yes  No

# ESTATE PLANNING

- Not applicable. This information is not required for the advice being sought.
- You have elected not to provide this information at this time. This choice may restrict the advice we can provide you in regard to your estate planning needs.

	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Date of Will		
Location of Will		
Executor name		
When did you last review your Will?		
Does your Will reflect your current wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or N/A
Does your Will include a Testamentary Trust provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or N/A
Have you nominated beneficiaries for all of your superannuation funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or N/A
Nomination type?	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> Not sure / N/A	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> Not sure or N/A
Do you have any plans for the distribution of your estate? What would you like your estate plan to achieve?		

	Client 1	Client 2
Have you granted anyone authority to act on your behalf in regard to your financial or medical affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
What forms of authority do you have in place?	<input type="checkbox"/> General POA <input type="checkbox"/> Enduring POA <input type="checkbox"/> Enduring POA (Medical) / Advance health directive / Enduring guardianship	<input type="checkbox"/> General POA <input type="checkbox"/> Enduring POA <input type="checkbox"/> Enduring POA (Medical) / Advance health directive / Enduring guardianship
To whom have you granted authority?		

## OTHER PROFESSIONAL ADVISERS

Where possible we work in consultation with your other professional advisers. Please provide us their details and indicate if you are happy for us to contact them.

- You do not have any other professional advisers
- You have elected not to provide the details of any other professional advisers

ADVISER TYPE	Name	Phone number	Email address	Permission to contact?
Accountant				<input type="checkbox"/> Yes <input type="checkbox"/> No
SMSF administrator				<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor				<input type="checkbox"/> Yes <input type="checkbox"/> No
Stockbroker				<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance broker				<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal banker				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

# CLIENT DECLARATIONS

I acknowledge that:

- The information set out in this form is accurate and complete to the best of my knowledge, and CHPW Financial and my adviser may rely on that information unless and until I provide written notice to the contrary.
- I am aware that I may receive advice that is not best suited to my personal circumstances if I do not provide complete and accurate information or instruct my adviser to not consider specific assets or classes of financial product.
- I am aware that my adviser may be required to collect my personal information under the Corporations Act 2001 and/or the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- I understand that my personal information will be used for the purpose of providing me with financial advice and for other purposes detailed in the Financial Services Guide. I am aware that my personal information will be handled in accordance with CHPW Financial's Privacy Policy (available at [www.chpw.com.au](http://www.chpw.com.au)) which outlines how I may access or correct my personal information and how I may complain about a breach of my privacy. I understand that in connection with providing services to me, my personal information may be disclosed to CHPW Financial's related bodies corporate, to a person with whom I receive joint financial services, my financial and professional advisers, service providers, banks and other financial institutions. I understand that if I have provided the personal information to other persons, it is my responsibility to inform those persons and to refer them to CHPW Financial's Privacy Policy.
- Where applicable, I consent to and authorise my adviser to discuss my position with my spouse/partner unless and until I advise you not to.
- I authorise CHPW Financial to collect and retain my Tax File Number (TFN) and to use it in connection with providing me with financial product and strategy recommendations, in accordance with taxation and superannuation laws. I understand that it is not an offence if I choose not to provide my TFN but providing it has advantages, including that, other than the tax that may ordinarily apply, I will not pay more tax than I need to. I understand that my TFN will be stored and treated as confidential.
- I consent to receive disclosure documents and other notices by electronic communication at the email address I have nominated, or by being provided a written notification that such notice is available from CHPW Financial's website. I will advise CHPW Financial immediately if I am no longer able to, or no longer wish to receive such notices electronically.
- I have received the Financial Services Guide (V.....) and that its contents have been explained to me.

Any restrictions on the advice I have requested, and any adjustments to my Client Declarations are listed below.

Name

Name

Signed

Signed

Date

Date

# ADVISER DECLARATION

This document records conversations and information collected from the client(s) identified. I confirm that I have:

- Discussed with the client(s) the importance of obtaining full information about their needs and circumstances so that I can provide recommendations that are appropriate;
  - Undertaken further discussions and counselling with the client(s) to develop their understanding of the consequences where sufficient information was not provided; and
  - Obtained and verified the relevant information for the purposes of identifying and assessing the above client(s) in line with my obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. This includes the items listed below.
- ✓ Client identified
  - ✓ PEP status confirmed
  - ✓ AML / CTF risk assessed

Adviser  
Name

Signed

Date

# SUPPORTING DOCUMENTS

The following supporting documents may assist us in developing and implementing our recommendations. If they are available please bring any relevant documentation to our meeting.

## Individuals

- Photo identification (for example drivers licence or passport)
- Superannuation, insurance and/or investment statements (including share holdings)
- Income tax return
- Pay slips
- Bank account and mortgage statements
- Copy of Wills and Powers of Attorney
- Centrelink statement (showing fortnightly benefits and means test assessment)

## Companies

- Company details (name, ABN/ACN, directors and shareholder details)
- Photo identification for all directors (for example drivers licence or passport)
- Most recent financial statements and income tax return
- Cost base information for existing assets (if not included in financial statements)
- Details of any assets bought or sold since last set of accounts or tax return was prepared
- Details of any amounts paid into or out of the company since last set of accounts were prepared

## SMSF

- Trust deed
- Variations or amendments to trust deed if applicable (for example if trustee has changed)
- List of current members and copies of identification for each
- Trustee details (name and ABN/ACN and directors if corporate trustee)
- Asset statements (including any insurance policies)
- Copy of fund investment strategy
- Financial accounts and income tax return for previous four years
- Current member balance estimates
- Death benefit nominations
- Details of contributions made since last set of accounts/income tax return was prepared
- Details of any assets bought or sold since last set of accounts or tax return was prepared
- Cost base of existing assets (if not clear in accounts)
- Type of super account held (that is accumulation or pension if changed since last financials)
- If in pension phase, current pension drawdown amount

## Trusts

- Trust deed
- Variations or amendments to trust deed if applicable (for example if trustee has changed)
- Trustee details (name and ABN/ACN and directors if corporate) and identification of all trustees
- Asset statements
- Details of any liabilities/loans (for example amount, interest rate etc)
- Most recent financials accounts and income tax return
- Cost base of existing assets (if not clear in accounts)
- Details of any assets bought or sold since last set of financials accounts / tax return was prepared
- Details of any amounts paid into or out of the Trust since last set of accounts were prepared