

# FACT FIND & FINANCIAL NEEDS ANALYSIS

PRIVATE & CONFIDENTIAL

(VERSION DATE 1 April 2019)

Prepared for

**CLIENT 1:**

**CLIENT 2:**

Date completed:                 /                 /

Prepared by

**Adviser Name:**

**CAPITALEYES FINANCIAL PLANNING PTY LTD ABN 11 880 458 330**

Corporate Representative No. 321471 of InterPrac Financial Planning Pty Ltd

AFSL No. 246638 ABN 14 076 093 680

**Inner West**

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**IMPORTANT**

Date FSG provided:

FSG version #:

## PRIVACY STATEMENT

The information contained within this document will be used by your adviser solely for the purpose of making recommendations and will be treated strictly **confidential**. The Corporations Act 2001 requires that an Adviser making financial recommendations must have reasonable grounds for making those recommendations. This document is designed to provide your InterPrac authorised representative with accurate detailed information as to your current personal and financial position. The more detailed information you provide your Financial Adviser, the more effective we can be in assisting you to meet your financial goals.

**The privacy of your personal information is important to us.**

### 1. Why are we asking so many questions?

We collect your personal information to ensure that we are able to provide you with the products and services appropriate to your needs.

Financial Planning is the exercise of:

- a. gathering all the details of your financial position;
- b. understanding your financial goals;
- c. analysing all the issues and options which will form the basis of any recommendations;
- d. providing advice and recommendations, whilst also making all the required disclosures;
- e. agreeing with the advice to allow the adviser to implement the actions required to achieve your financial goals; and
- f. agreeing on the level of further review and action required to ensure the advice and recommendations continue to achieve all identified financial goals.

The process of providing financial advice may seem simple, but it is the result of carefully gathering the right information to be able to assess your financial goals. This can be achieved through the completion or updating of a previously completed fact find. A fact find will help identify what is relevant and also helps to prioritise any action required. We aim to ensure that the personal information that we retain about you, is accurate, complete and up to date.

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

The law also requires us to collect personal information. For example, the Corporations Act 2001 requires us to identify a person's needs, objectives and financial circumstances to be able to provide advice; and the Anti Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act") (Commonwealth) requires us to identify all clients and to conduct identity verification checks.

### 2. Access to your personal information

Subject to permitted exceptions, you may access your information by contacting your adviser.

### 3. We may need to communicate personal information to:

- a) your adviser and external product providers;
- b) other members of InterPrac Financial Planning group. This enables InterPrac to have an integrated view of its customers and clients;
- c) organisations (who are bound by strict confidentiality) to whom we outsource certain functions i.e. our auditors. In these circumstances, information will only be used for our purposes;
- d) other professionals such as solicitors, and stockbrokers when a referral is required;
- e) third parties when required by law eg under Court Order; and
- f) Government departments or agencies such as ASIC or AUSTRAC.

### 4. Our Privacy Policy

As an Authorised Representative of InterPrac Financial Planning Pty Ltd, we have adopted the principles set out in the Privacy Act 1988 as part of our continuing commitment to client service and maintenance to client confidentiality. For further details please refer to the InterPrac Financial Planning *Privacy Policy* which can be found in the Financial Services Guide and on the website <https://www.interprac.com.au/privacy>.

## YOUR PERSONAL DETAILS

This section covers questions about your personal contact information, children and dependents, health and employment and estate planning and retirement details. The more detailed information you provide your Financial Planner, the more effective we can be in assisting you to meet your financial goals. Please enter as much detail as possible to the best of your ability and note down any sections you may need assistance completing and we will be happy to help.

PERSONAL DETAILS	Client 1	Client 2
Title		
Surname		
First name		
Preferred name		
Date of birth / Current age		
Place of birth		
Australian resident	Yes / No	Yes / No
Number of years in Australia	_____ years	_____ years
Age at (planned) retirement		
Marital status		
Tax file number		

CONTACT DETAILS			
Home address - Street			
Suburb			
State / Postcode	State	Postcode	
Postal address (if not as above)			
Suburb			
State / Postcode	State	Postcode	
	Client 1	Client 2	
Mobile phone			
Home phone			
Work phone			
Fax			
E-mail for correspondence			
Preferred method of contact			

REFERRED BY	
Company name	
Contact name	
Phone / Contact details	

This section is not applicable ☐  
 Client/s chosen not to complete this section ☐

CHILDREN & DEPENDENTS					
Name	Relationship to client/s	D.O.B.	Financially dependent	Dependent to age	Future needs
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
<b>Notes:</b>					

This section is not applicable ☐  
 Client/s chosen not to complete this section ☐

EMPLOYMENT	Client 1	Client 2
<b>Occupation</b>		
<b>Work status</b>	Employed / Self-employed / Retired / Unemployed	Employed / Self-employed / Retired / Unemployed
<b>Employer</b>		
Job title		
Hours worked per week		
Date started current employment		
Date of next salary review		
<b>Employer contacts</b>		
Address		
Phone		
<b>Type/s of structures used</b>	Trust / Company / SMSF / Other (please specify)	Trust / Company / SMSF / Other (please specify)
<b>Notes:</b>		

This section is not applicable ☐  
 Client/s chosen not to complete this section ☐

HEALTH {RISKS}	Client 1	Client 2
<b>Smoker status</b>	Yes / No / Quit in previous 12 months	Yes / No / Quit in previous 12 months
<b>Private health insurance</b>	Yes / No	Yes / No
<b>General health status</b>	Excellent / Good / Average / Poor	Excellent / Good / Average / Poor
<b>Detail any health issues</b>		
Have you ever been rejected / refused an insurance application? If yes, please detail	Yes / No	Yes / No



<b>Personal Insurance</b>	<input type="checkbox"/>
▪ Full review (Needs analysis, product review and comparison)	<input type="checkbox"/>
▪ Lump sum cover (only)	<input type="checkbox"/>
▪ Income Protection	<input type="checkbox"/>
▪ Business Insurance (Keyperson / Business Succession)	<input type="checkbox"/>
▪ Structure/Ownership	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Notes:</b>	
<b>Budgeting and Cash flow management</b>	<input type="checkbox"/>
▪ Develop a budget	<input type="checkbox"/>
▪ Surplus cash flow management	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Notes:</b>	
<b>Investment</b>	<input type="checkbox"/>
▪ Direct Shares	<input type="checkbox"/>
▪ Investment platform (establish/review)	<input type="checkbox"/>
▪ Borrowing to invest (gearing)	<input type="checkbox"/>
▪ Lump-sum investment (redundancy/inheritance)	<input type="checkbox"/>
▪ Regular savings plan	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Notes:</b>	

<b>Retirement planning</b>	<input type="checkbox"/>
▪ Transitioning to retirement	<input type="checkbox"/>
▪ Retirement analysis	<input type="checkbox"/>
▪ Income stream – (full review: establish/review existing products and investments)	<input type="checkbox"/>
▪ Income stream – (review existing: portfolio/draw down)	<input type="checkbox"/>
▪ Binding Death Nomination (BDN) / Reversionary Beneficiaries	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Notes:</b>	
<b>Debt Management</b>	<input type="checkbox"/>
▪ Refinancing	<input type="checkbox"/>
▪ Restructure	<input type="checkbox"/>
▪ Debt reduction	<input type="checkbox"/>
<b>Notes:</b>	
<b>Estate planning</b>	<input type="checkbox"/>
▪ Full review	<input type="checkbox"/>
▪ Referral	<input type="checkbox"/>
<b>Notes:</b>	
<b>Centrelink</b>	<input type="checkbox"/>
▪ Maximise Centrelink entitlements	<input type="checkbox"/>
▪ Assistance with Centrelink	<input type="checkbox"/>
<b>Notes:</b>	

<b>Entity Structures</b>	<input type="checkbox"/>
▪ Company	<input type="checkbox"/>
▪ Trust	<input type="checkbox"/>
▪ Partnership	<input type="checkbox"/>
<b>Notes:</b>	
<b>Lifestyle goals</b>	<input type="checkbox"/>
<b>Please specify:</b>	
<b>Other</b>	<input type="checkbox"/>
<b>Please specify:</b>	
<b>Areas not to be addressed in advice (and why)</b>	
▪ This is self-explanatory.	
<b>When we may address advice areas out of this scope</b>	
▪ i.e. "At next annual review"	

<b>Adviser Notes:</b>

## YOUR CASH FLOW

To assist in assessing your current financial position, this section asks about your annual income and expenses, and any major expected lump sum expenses, or changes in cash flow.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

INCOME & EXPENSES			
INCOME (annual)	Client 1	Client 2	JOINT/TOTAL
Gross salary / wages (excluding super)	\$	\$	\$
Commissions	\$	\$	\$
Bonuses	\$	\$	\$
Business income / profit	\$	\$	\$
Superannuation pension	\$	\$	\$
Annuity income	\$	\$	\$
<b>Investment income</b>			
- Interest	\$	\$	\$
- Dividends	\$	\$	\$
- Rent	\$	\$	\$
- Other (please provide details)	\$	\$	\$
<b>Other income</b>			
- Dept. of Veterans Affairs	\$	\$	\$
- Centrelink	\$	\$	\$
- Other (please provide details)	\$	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Notes:</b>			

EXPENSES (annual)			
Estimated income tax	\$	\$	\$
Long term debt (Mortgage, rent, loans)	\$	\$	\$
Short term debt (Credit cards, loans, other)	\$	\$	\$
Daily living expenses (utilities, car, food etc.)	\$	\$	\$
Insurances (General, life, disability, income)	\$	\$	\$
Health (GP, specialists, hospital, chemist, insurance)	\$	\$	\$
Personal care (Clothing, hair dressing, cosmetics)	\$	\$	\$
Entertainment (Memberships, travel, sport, hobbies)	\$	\$	\$
Other (pet/s, school fees etc)	\$	\$	\$
<b>TOTAL EXPENSE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>SURPLUS / DEFICIT (Income-Expense)</b>	<b>\$</b>
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OR

☐ Client spends all income

OR

☐ Client saves \$ \_\_\_\_\_ per week / month / annum (please circle)

**Cont'd...**

PLANNED FUTURE EXPENSES (Next 5 years)	Amount	Financial / Calendar year of expense
Holidays / Travel	\$	
Education	\$	
New car or upgrade	\$	
Home improvement / renovation	\$	
Debt repayment	\$	
Other (eg. wedding, baby)	\$	
Other	\$	
FUTURE INCOME	Client 1	Client 2
Is your income likely to change in the next 5 years. If Yes or Maybe, please state how	Yes / No / Maybe	Yes / No / Maybe

**This section is not applicable** ☐

**Client/s chosen not to complete this section** ☐

GOVERNMENT INCOME SUPPORT		
	Client 1	Client 2
<b>Do you currently receive Govt. benefit?</b>	Yes / No	Yes / No
If yes, please detail		
If yes, what is your CRN?		
Notes		
<b>Other support (specify type)</b>	Yes / No	Yes / No
<b>Have you gifted assets in the past 5 years?</b>	Yes / No	Yes / No
If yes, please detail		
<b>Are you registered for the Commonwealth Seniors Card?</b>	Yes / No	Yes / No

**Adviser Notes:**

## YOUR ASSETS AND LIABILITIES

This section asks about your personal and investment liabilities and assets.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

### Lifestyle assets

ITEM	Purchase Date	Purchase price	Current Value	Amount owing	OWNER
Principal residence		\$	\$	\$	C1 / C2 / J
Personal property / contents		\$	\$	\$	C1 / C2 / J
Motor vehicle 1		\$	\$	\$	C1 / C2 / J
Motor vehicle 2		\$	\$	\$	C1 / C2 / J
Boat		\$	\$	\$	C1 / C2 / J
Caravan		\$	\$	\$	C1 / C2 / J
Collectables		\$	\$	\$	C1 / C2 / J
Holiday home		\$	\$	\$	C1 / C2 / J
Other (specify) _____		\$	\$	\$	C1 / C2 / J
<b>TOTAL</b>		\$	\$	\$	

### Adviser Notes:

This section is not applicable ☐

Client/s chosen not to complete this section ☐

### Financial assets (Shares / Managed funds / Term Deposits / Investment Properties)

Shares / Managed Fund Name	Owner	Date of purchase	Tax Deductible	Units / purchase \$	Current asset value
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
<b>TOTAL</b>					\$
Cash and Savings	Owner	Date of purchase	Financial Institution	Linked to debt?	Current asset value
	C1/C2/J				\$
	C1/C2/J				\$
	C1/C2/J				\$
<b>TOTAL</b>					\$

Term Deposit	Owner	Date of purchase	Financial Institution	Maturity date	Current asset value
	C1/C2/J				\$
	C1/C2/J				\$
	C1/C2/J				\$
<b>TOTAL</b>					\$
Investment Property	Owner	Date of purchase	Tax Deductable	Purchase \$	Current asset value
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
	C1/C2/J		Yes / No		\$
<b>TOTAL</b>				\$	\$

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Superannuation assets (summary)					
Superannuation Fund	Member No.		Tax free \$	Current Value	Owner
			\$	\$	C1 / C2 / J
			\$	\$	C1 / C2 / J
			\$	\$	C1 / C2 / J
			\$	\$	C1 / C2 / J
<b>TOTAL</b>			\$	\$	
Retirement Income Stream	Member No.	Pension \$ / Frequency	Tax free \$	Current Value	Owner
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
<b>TOTAL</b>			\$	\$	

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Liabilities						
Loan type	Lender	Loan balance	Int. Type	Int. Rate	Repayments / frequency	OWNER
		\$		%	\$ per	C1 / C2 / J
		\$		%	\$ per	C1 / C2 / J
		\$		%	\$ per	C1 / C2 / J
		\$		%	\$ per	C1 / C2 / J
		\$		%	\$ per	C1 / C2 / J
<b>TOTAL LIABILITIES</b>		\$			\$ per annum	

Net assets		
Total Assets	Total Liabilities	Net Asset Position (Assets - Liabilities)
\$	\$	\$

**Adviser Notes:**

**Adviser Diagrams:**

## YOUR SUPERANNUATION & PENSION

This section asks about your superannuation and pension account details. Information can be located in your member/investor statement. If you are having difficulties in locating the correct information, please highlight the fields and we will be able to assist you in locating the appropriate information from your statement.

**Please provide documentation if possible (i.e. Statements etc)**

See statement/research form attached ☐

This section is not applicable ☐

SUPERANNUATION FUND/S				
	FUND 1	FUND 2	FUND 3	FUND 4
<b>Investor / Member</b>	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
<b>Current balance</b>	\$	\$	\$	\$
<b>Product name / provider</b>				
<b>Benefit type</b>	<input type="checkbox"/> Accumulated <input type="checkbox"/> Def. benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit
<b>Member number</b>				
<b>Super guarantee deposit</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Beneficiary / type</b>	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing
<b>Beneficiary name / %</b>				
<b>Investment type</b>	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed
<b>Asset allocation (indicate %)</b>	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%
<b>Components</b>				
Eligible service period				
Total taxed element	\$	\$	\$	\$
Total untaxed element	\$	\$	\$	\$
Tax free	\$	\$	\$	\$
Preserved amount	\$	\$	\$	\$
Restricted non-preserved	\$	\$	\$	\$
Unrestricted non-preserved	\$	\$	\$	\$
<b>Insurance Cover</b>				
Life cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Salary continuance	\$	\$	\$	\$
Other benefits (detail)				
<b>Fees</b>				
Exit fee	\$   %	\$   %	\$   %	\$   %
Management cost (per year)	\$   %	\$   %	\$   %	\$   %
Premiums (if applicable)	\$ pa	\$ pa	\$ pa	\$ pa
Administration costs	\$ pa	\$ pa	\$ pa	\$ pa
Other fees	\$	\$	\$	\$

See statement attached ☐  
 This section is not applicable ☐

SUPERANNUATION CONTRIBUTION/S		
Superannuation contributions	Client 1	Client 2
<b>Non-concessional contributions</b>		
Total AFTER tax contributions in the last 3 years	\$	\$
Have you contributed over \$100,000 in any one financial year?	Yes / No	Yes / No
If YES, specify financial year.	Financial Year	Financial Year
<b>Concessional contributions</b> (before tax income i.e. salary sacrifice and/or employer SGC amounts)		
Employer super contributions this financial year	\$	\$
Other before tax super contributions this financial year	\$	\$
Total before tax super contributions this financial year	\$	\$
<b>Other contributions</b> (i.e. proceeds from business sale, redundancy payments, transfer from foreign super funds, personal injury)		
Contributions (please detail)	\$	\$

Adviser Notes (Client 1):

Adviser Notes (Client 2):

See statement/research form attached ☐

This section is not applicable ☐

PENSION AND/OR ANNUITY FUND/S				
	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Owner	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Type				
Product name / provider				
Member number				
Beneficiary / type				
Type of nomination				
Inception date				
Current value	\$	\$	\$	\$
Purchase price	\$	\$	\$	\$
Tax free amount	%	%	%	%
Term at purchase	year	year	year	Year
Payment	\$ pa	\$ pa	\$ pa	\$ pa
Payment frequency				
Payment indexation	\$   %	\$   %	\$   %	\$   %
Centrelink / DVA deductible amount	\$	\$	\$	\$
<b>Fees</b>				
Exit fee	\$   %	\$   %	\$   %	\$   %
Management cost (per annum)	\$   %	\$   %	\$   %	\$   %
Administration costs	\$   %	\$   %	\$   %	\$   %
Other fees	\$   %	\$   %	\$   %	\$   %
Other fees (detail)				

Adviser Notes (Client 1):

Adviser Notes (Client 2):

## YOUR RETIREMENT & ESTATE

This section asks about your retirement and your estate.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

RETIREMENT PLANNING	Client 1	Client 2
<b>Years until retirement</b> (Planned retirement date)	years	years
What is your anticipated retirement income required	\$ per year	\$ per year
How confident are you that you will have enough money to live comfortably at retirement?	Not confident / confident / very confident	Not confident / confident / very confident
Goals / large expenses in retirement (eg boat, car, holidays)	\$	\$
Are you expecting any lump sum payments	Yes \$ / No	Yes \$ / No
Would you consider downsizing your home to fund your retirement?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

This section is not applicable ☐

Client/s chosen not to complete this section ☐

ESTATE PLANNING	Client 1	Client 2
<b>WILL</b>		
Do you have a will	Yes / No	Yes / No
Date of will		
Does it reflect your current wishes	Yes / No	Yes / No
Does the will incorp. a Testamentary Trust	Yes / No	Yes / No
Who is/are the Executor(s) of the will		
Where is your will located		
<b>POWER OF ATTORNEY</b>		
Do you have a Power of Attorney	Yes / No	Yes / No
Which type of Power of Attorney	Enduring / Medical / General / Limited / Other	Enduring / Medical / General / Limited / Other
Power of Attorney Expiry and last review	Expiry date Last review date	Expiry date Last review date
Power of Attorney granted to Surname: First Name: Relationship:		
Power/s of Attorney (location)		
<b>FUNERAL</b>		
Do you have a funeral plan (if yes, what is the plan name and maturity)	Yes / No	Yes / No
Funeral plan pay out amount	\$	\$
<b>OTHER ESTATE PLANNING</b>		
Do you have any specific estate planning requirements / needs? (if yes, please provide details)	Yes / No	Yes / No

## YOUR INSURANCE

This section asks about your existing personal, business and other insurance policies. Additional information can be located in your policy schedule/s.

**Please provide documentation if possible (i.e. Policy schedules)**

See statement / research form attached ☐

This section is not applicable ☐

PERSONAL AND BUSINESS INSURANCE				
	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Life insured	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Policy owner				
Policy number				
Insurance provider				
<b>COVER AMOUNTS</b>				
Life cover sum insured	\$	\$	\$	\$
TPD cover sum insured	\$	\$	\$	\$
Trauma / critical illness sum insured	\$	\$	\$	\$
Income protection sum insured	\$ pm	\$ pm	\$ pm	\$ pm
Business expense sum insured	\$ pm	\$ pm	\$ pm	\$ pm
<b>PREMIUM AMOUNTS</b>				
Life cover premium amount	\$	\$	\$	\$
TPD cover premium amount	\$	\$	\$	\$
Trauma / critical illness premium amount	\$	\$	\$	\$
Income protection premium amount	\$	\$	\$	\$
Business expense premium amount	\$	\$	\$	\$
Total premium	\$	\$	\$	\$
Premium frequency				
Is the policy through Super fund?	Yes / No	Yes / No	Yes / No	Yes / No
Is the benefit indexed?	Yes / No	Yes / No	Yes / No	Yes / No
Premium structure?	Level / Stepped / Hybrid	Level / Stepped / Hybrid	Level / Stepped / Hybrid	Level / Stepped / Hybrid
<b>Complete the following for TPD only</b>				
'Any' or 'Own' occupation	Any / Own	Any / Own	Any / Own	Any / Own
<b>Complete the following for income protection only</b>				
Agreed or Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity
Benefit period				
Waiting period				
Increasing claims options	Yes / No	Yes / No	Yes / No	Yes / No
Super continuance	Yes / No	Yes / No	Yes / No	Yes / No

The following assets are important to all of us, please rank them in order of importance to you

## GENERAL INSURANCE

Asset	Importance (1=most 5=least)	Insured	Insurer	Policy type	Sum insured	Premium
House		Yes / No			\$	\$ p/a
Contents		Yes / No			\$	\$ p/a
Car		Yes / No			\$	\$ p/a
Health		Yes / No			\$	\$ p/a
Other _____		Yes / No			\$	\$ p/a

## YOUR PROFESSIONAL NETWORK

This section asks about other professional specialists you access.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

## OTHER PROFESSIONAL ADVISERS

### ACCOUNTANT

Name	
Address	
Telephone	
Fax	

### SOLICITOR

Name	
Address	
Telephone	
Fax	

### BANKER / MORTGAGE BROKER

Name	
Address	
Telephone	
Fax	

### OTHER

Name	
Address	
Telephone	
Fax	

### OTHER

Name	
Address	
Telephone	
Fax	

## CLIENT ACKNOWLEDGEMENT


Please tick as appropriate:

- ☐ I/we acknowledge that I/we have received, read and fully understood InterPrac Financial Planning Pty Ltd's Financial Services Guide & Adviser Profile.
- ☐ I/we acknowledge that I/we have received, read and fully understood InterPrac Financial Planning Pty Ltd's Privacy Policy.
- ☐ I/we give permission for my/our related tax file number/s, as provided, to be held by our Adviser, an Authorised Representative of InterPrac Financial Planning Pty Ltd, to be forwarded to Financial Institutions as requested or as necessary and/or to be retained on our file.
- ☐ I/we give permission for my/our personal financial information being forwarded to and/or obtained from my/our accountant, tax agent, solicitor, Centrelink and/or Department of Veterans Affairs as requested from time to time.
- ☐ I/we hereby declare that the information set out in this form is true and correct to the best of my/our knowledge.
- ☐ I/we understand that the items marked not applicable are not to be considered in the advice provided.
- ☐ I/we understand that if I/we have chosen not to disclose full information about my/our financial details, circumstances and objectives, my/our Adviser may not be able to fully assess my/our financial needs, circumstances and objectives and therefore the subsequent advice may not be appropriate for my/our needs.
- ☐ I/we agree to the preparation of a Statement of Advice covering the following areas:
 

<input type="checkbox"/> Superannuation	<input type="checkbox"/> Retirement planning
<input type="checkbox"/> Personal Insurance	<input type="checkbox"/> Estate planning
<input type="checkbox"/> Budgeting and Cash flow management	<input type="checkbox"/> Investment
<input type="checkbox"/> Borrowing to invest (Gearing)	<input type="checkbox"/> Debt management
<input type="checkbox"/> Financial structures / Tax planning	<input type="checkbox"/> Centrelink
<input type="checkbox"/> Other (specify) _____	
- ☐ I/we confirm that the information contained in this document is to be used for the purpose of providing financial advice.

### Client 1

Name


	
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Signature

Date

### Client 2

Name

	
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Signature

Date



To:

as authorised representatives of InterPrac Financial Planning Pty Ltd

Date:

### Plan preparation fee

The process of developing a financial plan can take many hours. In this regard we charge a nominal fee to cover that time. In the event you decide to proceed with our recommendations, the fee may be offset against other fees received by me or be rebated directly to you.

The fee for your plan will be \$ \_\_\_\_\_. I will give you an invoice on presentation of the plan which will be payable within 14 days.

I understand that written advice from you will include details of the cost of your advice, and the remuneration and benefits you would receive if proceeding with your recommendations.

#### Client 1

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Name

<b>x</b>	
----------	--

Signature

Date

#### Client 2

--

Name

<b>x</b>	
----------	--

Signature

Date



## My authority to access my information

### To whom it may concern

**This letter gives you authority** to release any relevant information or documentation on my/our investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

**Planner name:**

**Practice name:**

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**Address:**

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**Phone:**

**Fax:**

--	--

**Email:**

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**Policy / Account / Fund name:**

**Policy / Account number:**

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**This authority remains in force until withdrawn in writing by me / us.**

<b>Client name:</b>	<b>Date of birth:</b>
<b>Current Postal address:</b>	
Previous Postal Address:	
<b>X</b>	<b>Date:</b>

<b>Client name:</b>	<b>Date of birth:</b>
<b>Current Postal address:</b>	
Previous Postal Address:	
<b>X</b>	<b>Date:</b>