



Financial fact find Strictly private and confidential

Your name(s):

.....

Your financial adviser:.....

Date of initial meeting:.....

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

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This document is designed to provide your InterPrac Authorised Representative with accurate detailed information as to your current personal and financial position. This information is required under the Corporations Law so that your adviser has reasonable grounds for making their recommendations. The information contained within this document will be used solely by your adviser for the purpose of making recommendations and will be treated strictly confidential.

Scope of advice

As a qualified financial planner, I can assist you to achieve your financial goals by providing advice and recommendations on a broad range of topics. However you may only be interested in obtaining limited advice. To assist us in determining the scope of the advice you are seeking, please select from the following list of services. Note that by limiting the scope of advice, you risk receiving advice that may not appropriate to your overall personal circumstances and needs.

<input type="checkbox"/>	COMPLETE FINANCIAL PLAN	Considers your overall financial position including your short, medium and long term goals and will cover each of the individual areas listed below (where relevant). The end result will be a comprehensive financial plan that will include the analysis, recommendations and projections of anticipated outcomes.
<input type="checkbox"/>	SUPERANNUATION	Covers a broad range of areas including rollovers, personal super, master trusts, employer super and self managed super funds. The advice will consider your existing arrangements and will make recommendations to maximise your superannuation savings. I will also consider your retirement goals and in conjunction with your existing position, project them forward to your intended retirement date and beyond.
<input type="checkbox"/>	INSURANCE	This service reviews your existing level of insurance in light of your current and anticipated needs. Recommendations will be made on the structure, ownership, type and levels of cover that will best suit your personal situation and needs.
<input type="checkbox"/>	WEALTH CREATION & PERSONAL SAVINGS	Considers how best to structure your existing investments and savings capacity to maximise your wealth. Strategies may include gearing, direct shares, property trusts, managed funds, cash management trusts and tax effective investments.
<input type="checkbox"/>	ESTATE PLANNING	Is the process of ensuring that in the event of your death, your estate is distributed in accordance with your wishes. This will involve consideration of asset protection strategies, the needs of current and future beneficiaries, taxation, testamentary trusts, existing assets and superannuation.
<input type="checkbox"/>	LIMITED ADVICE	Please specify details below. <ul style="list-style-type: none">▪▪▪▪

Your goals and objectives

Why do you need to see a financial adviser?

.....

.....

What is important to you over the next 2 years?

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.....

What is important to you over the long term, between 2 – 10 years from now?

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.....

Lifestyle and financials goals

(Please cross the priority level for your situation)

	Low		High		
	1	2	3	4	5
Provision of income in retirement and/or for dependants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance protection – protecting your assets and your ability to provide an income.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide an inheritance for your dependants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your children's education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical or socially responsible investing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of investment management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major expenditure Eg. holiday, new car, renovations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to the majority of your funds at short notice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial coaching – how to budget, save and invest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wealth accumulation – including managed funds, direct investments,.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gearing strategies and retirement savings					
Review of existing investments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your debts such as credit cards, loans or mortgages.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on redundancy and leaving service benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do with an inheritance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your entitlement to government benefits such as social security.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self managed Super Funds.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary packaging and salary sacrificing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other please specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal details

Personal details	Principal	Partner																
Name/s																		
Address																		
Postal Address																		
Contact Number (s)	Home: Work: Fax: Mobile:	Home: Work: Fax: Mobile:																
Email Address																		
Preferred Contact Method																		
Current Age																		
TFN																		
Date of Birth																		
Intended Retirement Age																		
Marital Status																		
Health	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor																
Smoking Status	<input type="checkbox"/> Smoker <input type="checkbox"/> Non Smoker <input type="checkbox"/> Quit	<input type="checkbox"/> Smoker <input type="checkbox"/> Non Smoker <input type="checkbox"/> Quit																
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Are you involved in any hazardous pastimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, please specify																		
Occupation																		
Detailed description of specific duties.																		
Qualifications																		
Employment Status (Eg: Full time, self employed)																		
If Self Employed please specify entity type	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company																
Children and other dependants	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Name</th> <th style="width: 15%;">Gender</th> <th style="width: 15%;">D.O.B</th> <th style="width: 25%;">Dependant until age</th> </tr> </thead> <tbody> <tr> <td>1.....</td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td>/ /</td> <td>.....</td> </tr> <tr> <td>2.....</td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td>/ /</td> <td>.....</td> </tr> <tr> <td>3.....</td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td>/ /</td> <td>.....</td> </tr> </tbody> </table>	Name	Gender	D.O.B	Dependant until age	1.....	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	2.....	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	3.....	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
Name	Gender	D.O.B	Dependant until age															
1.....	<input type="checkbox"/> M <input type="checkbox"/> F	/ /															
2.....	<input type="checkbox"/> M <input type="checkbox"/> F	/ /															
3.....	<input type="checkbox"/> M <input type="checkbox"/> F	/ /															

Estate Planning	Principal	Partner
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was this last reviewed?		
Does your will reflect your current wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been married before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from previous marriage / relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Executor(s):		
Do you have an Enduring Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cash Flow	Name	Value (\$) per annum		
Employment Income		Gross:	Net:	Super:
Employment Income		Gross:	Net:	Super:
Centrelink Benefits				
Other Income (specify)				
Less Home Loan Repayments				
Less Other repayments				
Less Annual Living Expenses				
Less Other Expenses (specify)				
Total				

Assets (What you own)

Personal Assets	Owner	Value (\$)
Home		
Personal Contents		
Motor Vehicle 1		
Motor Vehicle 2		
Other (Boat, Jewellery, Antiques)		
Other		
Total	A	

Cash / Term Deposits / Fixed Interest

Description	Bank / Institution	Owner	Interest Rate	Maturity Date	Value (\$)
Total					B

Managed Investments / Shares / Trusts

Description	Bank / Institution	Owner	Interest Rate	Maturity Date	Value (\$)
Total					C

Superannuation

Type	Name of provider/fund	Account number	Owner	Value (\$)
Total				D

Investment Property

Address	Date Acquired	Owner	Purchase Price (\$)	Market Value (\$)	Gross Rent (\$)	Annual Expenses (\$)
Total						E

Personal Liabilities (what you owe)

Description	Lender	Owner	Amount Owing	Interest Rate	Paying principal & or interest?	Payment amount	Frequency
Total						F	

Net worth	Value (\$)
Personal Assets A	
Financial Assets B+C+D+E	
Less Financial Liabilities F	
Total	

SHORT TERM GOALS
MEDIUM TERM GOALS
LONG TERM GOALS
What amount of after tax income do you want in retirement?

Do you have any expenditure you wish to plan for?

Description	Estimate Amount	Estimated Date

Notes

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Personal Insurances

Company	Type	Policy Number	Owner	Sum Insured \$	Beneficiary	Annual Premium \$

General Insurances

Company	Type	Policy Number	Owner	Sum Insured \$	Beneficiary	Annual Premium \$

Basic insurance requirements	Principal	Partner
Height (cm)		
Weight (kg)		
Name of Doctor		
Address of Doctor		
Last time visited		
Reason for visit		
Diagnosis		

Are you aware of any health issues that might affect current or future financial advice and insurance considerations?		
You	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Your Partner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Have you in the past two years, or currently taking medicine on an ongoing basis?		
You	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Your Partner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Is there a history of illness or genetic disorders in your family?		
You	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Your Partner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Attitude to insurance

You Your partner

In the event of an untimely death, accident or serious illness:

Is your family able to live without financial burden in the event that you and/or partner should die?..... Yes No Yes No

Do you have an alternative source of income in the event of serious illness or disability?..... Yes No Yes No

Would you prefer to be debt free?..... Yes No Yes No

Are you prepared to sell your assets (excluding your family home And contents) into an income stream to meet the ongoing living Costs of your family?..... Yes No Yes No

Do you wish to provide an ongoing income stream to meet your dependants in the event of death?..... Yes No Yes No

How long could you continue to live without earning an income?

You.....your

Financial Planning Objectives

Other information

Risk Profile

In discussion with the client, select one of the following risk profiles.

	CONSERVATIVE	MODERATELY CONSERVATIVE	BALANCED	GROWTH	HIGH GROWTH
Investment Objective	To provide income from cash and similar securities without risking capital	To provide a relatively stable investment by investing primarily in cash and fixed interest with a moderate exposure to growth assets	Provides a balanced return of income and growth by investing equally in cash, fixed interest, shares and property	Provides a potentially higher overall return by investing predominantly in shares and property with a smaller exposure to cash and fixed interest	To provide higher long term returns predominantly through capital growth in shares and property.
Suitability	Ideally suited for short term investments or for investors that do not want to risk capital loss, and are prepared to accept a lower return.	Suited to investors who need income, or are risk averse. There is an increased risk of capital loss compared to cash investments.	Suited to investors who are seeking moderately higher returns over the medium to long term and are prepared to accept some short term volatility.	Suited to long term investors who are seeking higher returns through capital growth. Investors should be prepared for volatility in returns from year to year	Suited to long term investors who are prepared to accept higher risk in pursuit of higher returns. Investors should be prepared for the possibility of capital loss from time to time.
Potential Short Term Volatility	Very Low	Low	Medium	Medium-High	High
Potential Long Term Return	Very Low	Low	Medium	Medium-High	High
Minimum Investment Term	No minimum	1 – 3 years	3 – 5 years	5 – 7 years	7 years +
Typical Asset Allocation Ranges					
▪ Cash	0% – 100%	0% – 70%	0% – 50%	0% – 30%	0% – 5%
▪ Fixed Interest	0% – 100%	0% – 70%	0% – 50%	0% – 30%	0% – 10%
▪ Aust. Shares	0%	0% – 30%	0% – 50%	0% – 70%	0% – 100%
▪ Int. Shares	0%	0% – 30%	0% – 50%	0% – 70%	0% – 100%
▪ Property	0%	0% – 30%	0% – 50%	0% – 70%	0% – 100%

Your Risk Profile has been determined as

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.

Client Declaration

I/we confirm that the information contained in this document is accurate and complete and understand that it is to be used for the purpose of providing financial advice.

1. Name of Client

Agreed Risk Profile

Signature of Client

Date

2. Name of Client

Agreed Risk Profile

Signature of Client

Date