

Client Data Collection Form

Client 1 Name _____

Client 2 Name _____

Adviser Name _____

PURPOSE

Why are you seeking advice?

YOUR PRIORITIES

Do you have any specific financial questions?

Short Term	Brief Outline
Up to 2 years	<hr/> <hr/> <hr/>
Medium Term	Brief Outline
2 to 5 years	<hr/> <hr/> <hr/>
Longer Term	Brief Outline
Greater than 5 years	<hr/> <hr/> <hr/>

PERSONAL DETAILS

	Client 1	Client 2
Preferred Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Given Name/s	_____	_____
Preferred Name	_____	_____
Surname	_____	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	_____	_____
Resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number (TFN)	_____	_____
Authority to retain TFN on file	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced
Do you have a current will?	<input type="checkbox"/> Yes, I believe is adequate <input type="checkbox"/> No, need advice <input type="checkbox"/> No, will seek my own legal advice	
Do you have a current Power Of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> General <input type="checkbox"/> Restricted <input type="checkbox"/> Enduring <input type="checkbox"/> Guardianship <input type="checkbox"/> Medical <input type="checkbox"/> No <input type="checkbox"/> I will seek my own advice	

CONTACT INFORMATION

Client 1 Client 2 Both

Type	Details
Home Address	_____
Postal Address	_____
Business Address	_____
Address for Correspondence	<input type="checkbox"/> Street <input type="checkbox"/> Business <input type="checkbox"/> Postal
Home Phone No.	_____
Work Phone No.	_____
Mobile	_____
Email 1	_____
Email 2	_____
Preferred Method of contact	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Postal <input type="checkbox"/> Email <input type="checkbox"/> Business <input type="checkbox"/> SMS

DEPENDENTS

Relevant to Advice? Yes No

Are there any dependents? Yes No

Name	Relationship	Date of Birth	Sex	Financial Dependent	Dependent until age

Client declined to provide

HEALTH & PASTIMES

Relevant to Advice? Yes No

Health	Client 1	Client 2
Current Health	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Smoked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Smoked
If No, when given up?	Date _____	Date _____
Are you or have you ever been on medication in the past 5 yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any injuries eg: Joint, Back, Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pastimes	Client 1	Client 2
What are your interests, hobbies or sports?	_____	_____
	_____	_____
	_____	_____

Client declined to provide

EMPLOYMENT

Relevant to Advice? Yes No

	Client 1	Client 2
Occupation / Profession	_____	_____
Job Title	_____	_____
Industry	_____	_____
Employer	_____	_____
Employment status	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract Arrangements <input type="checkbox"/> Passive Income Earner <input type="checkbox"/> Gov. Allowances Recipient <input type="checkbox"/> Home Duties	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract Arrangements <input type="checkbox"/> Passive Income Earner <input type="checkbox"/> Gov. Allowances Recipient <input type="checkbox"/> Home Duties
Income	Before Tax \$ _____	Before Tax \$ _____
	After Tax \$ _____	After Tax \$ _____
Primary duties	_____	_____
	_____	_____
	_____	_____
% manual tasks	_____	_____
Qualifications	<input type="checkbox"/> Tertiary <input type="checkbox"/> Trade <input type="checkbox"/> Other	<input type="checkbox"/> Tertiary <input type="checkbox"/> Trade <input type="checkbox"/> Other
Detail qualifications	_____	_____
	_____	_____
	_____	_____
Are any changes planned?	_____	_____
Client declined to provide	<input type="checkbox"/>	<input type="checkbox"/>

LIABILITIES

Relevant to Advice?

Yes No

Do you have any liabilities?

Yes (please complete below) No

Asset held as security	Value	Lender	Amount Owed	Repayment
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Client declined to provide

INVESTMENT ASSETS

Relevant to Advice?

Yes No

Investments	Purchase Date	Current Value	Cost	Monthly Payments	Owner
Investment Property/ Holiday Home		\$	\$	\$	
Bank Account		\$	\$	\$	
Bank Account		\$	\$	\$	
Shares*		\$	\$	\$	
Managed Funds*		\$	\$	\$	
Other		\$	\$	\$	
Other		\$	\$	\$	

Client declined to provide

* Where possible please attach a copy of your share holding statement or managed fund valuation.

SELF MANAGED SUPER FUND

Relevant to Advice? Yes No

Do you have a Self Managed Super Fund? Yes No

Name of the Fund _____

Name/s of the Trustee _____

Who are the members _____

Total Value of the Fund Assets \$ _____

Please attach a copy of the last financial report for the fund, current investment strategy and trust deed.

Client declined to provide

INSURANCE POLICIES

Relevant to Advice? Yes No

Do you hold any risk insurance? Yes No
 (life insurance, TPD, Trauma, Income Protection, including cover in super)
 If yes complete details below or attach copy of recent renewal.

Do you wish to review your existing insurances? Yes No

	Policy 1	Policy 2	Policy 3	Policy 4
Policy type	_____	_____	_____	_____
Life Company	_____	_____	_____	_____
Life assured	_____	_____	_____	_____
Sum assured				
Death	\$ _____	\$ _____	\$ _____	\$ _____
TPD	\$ _____	\$ _____	\$ _____	\$ _____
Trauma	\$ _____	\$ _____	\$ _____	\$ _____
Income Protection	\$ _____	\$ _____	\$ _____	\$ _____
Business Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Policy Owner	_____	_____	_____	_____
Annual Premium	\$ _____	\$ _____	\$ _____	\$ _____

Client declined to provide

INCOME & EXPENDITURE

Relevant to Advice? Yes No

Please provide Income details.

Source	Amount	Frequency	Owner
Salary	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Salary	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Business Income	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Rental Income	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Dividends	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Other	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Other	\$ _____	W / F / M / Q / Y	C1 / C2 / J

Do you wish us to provide a 'budget' worksheet? Yes No

Do you have a figure in mind that you expect to need to maintain your lifestyle expenditure? You can provide this amount either on a weekly, fortnightly, monthly or per annum basis. The amount should be net of tax, ie the amount that you need to spend.

Lifestyle expenditure is estimated to total \$ _____ per W/F/M/Y

Client declined to provide

LIFESTYLE ASSETS

Relevant to Advice? Yes No

Description	Owner	Market Value	Realisable at death?
House	_____	\$ _____	_____
Contents	_____	\$ _____	_____
Collectables	_____	\$ _____	_____
Motor Vehicle	_____	\$ _____	_____
Motor Vehicle	_____	\$ _____	_____
Caravan/Boat	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Total	_____	\$ _____	_____

Client declined to provide

SUPERANNUATION (Other than Self-Managed Super Funds)

Relevant to Advice? Yes No

Please complete details below or attach copy of fund report.

	Fund 1	Fund 2
Name of Fund	_____	_____
Members	_____	_____
Type of Fund –	<input type="checkbox"/> Employer <input type="checkbox"/> Personal <input type="checkbox"/> Industry <input type="checkbox"/> Other	<input type="checkbox"/> Employer <input type="checkbox"/> Personal <input type="checkbox"/> Industry <input type="checkbox"/> Other
Date of joining Employer	_____	_____
Date of joining Fund	_____	_____
Type	Accumulation / Defined Benefit	Accumulation / Defined Benefit
Balance	\$ _____	\$ _____
Current contribution levels		
Employer % of salary	_____	_____
Personal contribution % salary	Pre _____ Post _____	Pre _____ Post _____

Client declined to provide

#Please attach a copy of your most recent fund report.

PLANNED CAPITAL EXPENDITURE

Relevant to Advice? Yes No

Do you have current plans for one off significant expenses? Yes No

If yes please provide basic details.

Planned Expense	Amount	Source of funds	Definite
Renovation	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Car	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Caravan	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holiday	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client declined to provide

DECLARATIONS

While the legislation requires that the adviser must “Know the Client” there is provision that in some circumstances an adviser may give limited advice. If you want limited advice of a certain nature you must make this known at the time of interview and you should recognise that the recommendations will only relate to the advice sought.

I / We acknowledge that the information provided is a true and accurate record of the discussion held and that along with any applicable additional information provided by me / us, it will be used to prepare advice on my /our agreed needs and objectives.

I / We confirm that I / we have received a copy of the Financial Services Guide 20__ / __
I/we accept that my adviser may send me/us information about its services from time to time. I/ we understand that I/we may notify you of my/our decision not to receive further information by contacting you directly

I / We give permission for our Tax File Number to be retained on file and/or issued to product providers.

I/We consent to the provision of disclosure documents (including Financial Services Guide, Statement of Advice, Record of Advice, Product Disclosure Statements and other disclosure documents) in electronic format (eg via email). I/We understand that I/We can request a hard copy of these documents free of charge at any time.

Best Interest Duty

As the Adviser, I have sought to obtain through reasonable inquiries, all relevant circumstances pertaining to the subject matter of your advice.

Client Declined to provide

Where a tick is placed in a box following the above statement, I/we have advised the client of the consequences of non-disclosure or amended scope of advice.

Incomplete and or inaccurate information

It is important you understand that appropriate personal advice may not be given without a complete analysis of your personal and financial situation. Prior to proceeding with any personal advice, you should assess and review the recommendations and ensure they are appropriate to you in light of your particular circumstances, needs and objectives.

Client 1 name (print)

Signature

Date

___ / ___ / ___

Client 2 name (print)

Signature

Date

___ / ___ / ___

Adviser name (print)

Signature

Date

___ / ___ / ___