



Lockwood and Ward  
TAXATION AND BUSINESS ADVISORS

## Client Fact Find

Name:

Date:



## Why Have You Come to See Us Today?

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Briefly outline your reasons for seeking financial advice.

1. 

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2. 

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3. 

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4. 

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Are there any specific issues that are of particular importance to you?

1. 

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2. 

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3. 

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4. 

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Briefly detail your past experiences with Investments (eg Bank Products / Property / Managed Funds / Shares) and Insurances.

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Briefly detail your past experiences with Financial Planning.

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What are your expectations of our services?

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## Scope of Advice

- Full Advice
- Limited Scope
  - Retirement Planning (Pre Retirement / Post Retirement)
  - Wealth Creation
  - Gearing
  - Self Managed Superannuation (SMSF)
  - Superannuation
  - Personal Protection
  - Estate Planning
  - Business Planning

Notes:

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## Your Lifestyle Goals and Objectives

### Your short term objectives (within the next 2 years)

What plans or goals would you like to achieve during the next 2 years? (eg a Holiday, purchase of a motor vehicle, purchase a house, renovations, repay mortgage faster, asset protection, start a savings plan, travel, start a family, change jobs, etc.) If possible, please list in order of priority.

Goals	Duration	End Date	Estimated Costs	Priority
eg Pay off personal Loan	2 years	Feb 2011	\$20,000	
			\$	
			\$	
			\$	

### Your medium term objectives (2 to 5 years away)

What are your medium term plans or goals? (eg Purchase a house, repay mortgage faster, asset protection, boost retirement savings, educate children, travel more often, spend time with the family, replace car, etc.)

Goals	Start Date	End Date	Estimated Costs	Priority
			\$	
			\$	
			\$	
			\$	

### Your long term objectives (more than 5 years away)

What are your long term plans or goals? (eg Purchase a business, purchase a holiday home, asset protection, boost retirement savings, be debt free, financial independence, retire, etc.)

Goals	Start Date	End Date	Estimated Costs	Priority
			\$	
			\$	
			\$	
			\$	

Are there any other issues that we need to take into consideration that may affect you achieving your goals? (eg health, job security, aging parents, etc.)

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## Personal Information

### Personal Details

	Client	Partner
Title		
Surname		
Given Names		
Preferred Name		
Date of Birth	/ /	/ /
Place of Birth		
Sex	Male / Female	Male / Female
Marital Status/Relationship		

### Contact Details

	Client	Partner
Residential Address		
Postal Address (if applicable)		
Business Address		
Home Phone		
Home Fax		
Home E-mail		
Mobile		
Business Phone		
Business Fax		
Business E-mail		
Preferred Contact	Home / Work / Mobile / E-mail	Home / Work / Mobile / E-mail



## Dependants

Name	Relationship	Date of Birth	Financially Dependent?	Dependent Until Age
		/ /	Yes / No	
		/ /	Yes / No	
		/ /	Yes / No	
		/ /	Yes / No	

Do any of your dependants suffer from a particular illness or have any disabilities? Yes / No

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Do any of your dependants receive Youth Allowance? Yes / No

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Are any of your dependants engaged in Full-Time Study? Yes / No

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## Health

	Client	Partner
Current Health:		
Private Health Fund:		
Smoker Status:	Yes / No	Yes / No
Health Comments:		
Medical History:		



## Employment

	Client	Partner
Tax File Number:		
Employment Status:		
Industry:		
Employer Name:		
Job Title:		
Duties:		
Salary:		
Qualifications:		
Expected Retirement Date:		
Expected Retirement Age:		

## Centrelink

	Client	Partner
Centrelink Benefit:		
Type of Benefit:		
Amount Received:		



## Entities and Structures

### Self Managed Superannuation Fund

Name	
Purpose	
Trustee/s	
Member/s	

### Company

Name	
Purpose	
Director/s	
Shareholder/s	

### Discretionary Trust

Name	
Purpose	
Trustee/s	
Beneficiaries	

### Superannuation

	Client	Partner
Number of Superannuation Accounts		





### Details of Superannuation accounts

	Client
Fund Name	
Fund Type	
Accumulated balance	
Current contribution levels	
<ul style="list-style-type: none"> <li>▪ Employer Contributions</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Salary Sacrifice?</li> </ul>	
Eligible Service date	
Non - Concessional contributions	
Nominated beneficiaries	
Binding Nominations	
15 February 1990 balance	<input type="checkbox"/> Yes <input type="checkbox"/> No \$:
ETP benefits received	

	Partner
Fund Name	
Fund Type	
Accumulated balance	
Current contribution levels	
Eligible Service date	
<ul style="list-style-type: none"> <li>▪ Employer Contributions</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Salary Sacrifice?</li> </ul>	
Non - Concessional contributions	
Nominated beneficiaries	
Binding Nominations	
15 February 1990 balance	<input type="checkbox"/> Yes <input type="checkbox"/> No



	\$:
ETP benefits received	

## Estate Planning

	Client	Partner
Will Exists?		
Date of Will:		
<ul style="list-style-type: none"> <li>▪ Is it Current?</li> <li>▪ Does it meet your requirements?</li> </ul>		
Provision for testamentary trust:		

	Client
Executor's Name:	
Relationship:	
	Partner
Executor's Name:	
Relationship:	

	Client
Attorney Type	
Date:	
Attorney's Name:	
Relationship:	
	Partner
Attorney Type	
Date:	
Attorney's Name:	
Relationship:	



### Solicitor's Details

	Client / Partner
Name:	
Firm:	
Phone:	
Address:	
Authority to contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Accountant's Details

	Client / Partner
Name:	
Firm:	
Phone:	
Address:	
Authority to contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No





## Assets & Liabilities

Item	Owner	Value \$	Linked to Debt Y/N
Lifestyle Assets			
<b>Total Lifestyle Assets</b>			
Investment Assets			
<b>Total Investment Assets</b>			
Liabilities			
<b>Total Liabilities</b>			
<b>Net Assets</b>			
<b>Notes</b>			



### Insurance: Personal Cover

Insurer/Product	Policy number	Policy Owner	Super/Non Super	Life insured	Cover		Premium
					Type	Level	

### Insurance: General incl. Health (i.e. Home, Car)

Insurer/Product	Policy number	Policy Owner	Insured	Cover		Premium
				Type	Level	



## Planning Issues

Planning Issue	Importance*	Comments
Access to funds		
Consistency of income		
Flexibility		
Children's Education expenses/other		
Estate Planning		
Health Rating		
Income splitting		
Extinguish Debt		
Tax efficiency		
Consolidation of super		
Control/Active Mgt		
Simplified Admin		
Cost effectiveness		
Transparency of fees		
Access to wide range of investment options		
Capital Growth		
Capital Protection		
Wealth Accumulation		
Personal Protection/Insurance		

\* Rank low, medium or high with low being not important and high being very important

Notes



## Client Attitude and Investment Experience

This is a **Qualitative Test** – record results of discussions on each of the 8 issues including emotive responses/opinions of both clients (where applicable).

Issue	Notes
Investment Experience	
Investment & Market Knowledge	
Motivation for Investing	
Expectation of Returns	
Objection to any Investments	
Investment Preferences	
Tolerance for Poor Returns Risk Profile =	
Access to Funds Contemplated	







## Insurance – Needs Analysis

Your most important financial asset is you and your ability to earn income. As part of your financial plan you should consider whether you have sufficient resources to cover the possibility of loss of income.

Our analysis of your risk needs depends upon the answers you provide to us for the following questions.

To evaluate your level of risk, we must estimate some of the lump sum needs that would exist at the time of your death.

Life Cover Needs	Client	Partner
Liabilities to be paid out (eg mortgage, personal loans \$)		
Emergency fund (\$)		
Funeral expenses (\$)		
Income to be replaced (\$pa)		
For how long would you want your income to be replaced?		
Children's education expenses (\$pa)		
Other expenses (\$)		
TOTAL		

TPD Needs	Client	Partner
Liabilities to be paid out (eg mortgage, personal loans \$)		
Emergency fund (\$)		
Income to be replaced (\$pa)		
For how long would you want your income to be replaced?		
Children's education expenses (\$pa)		
Other expenses (\$) eg home modifications, car modifications		
TOTAL		

Trauma/Crisis Cover Needs	Client	Partner
Liabilities to be paid out (eg mortgage, personal loans \$)		



Emergency fund (\$)		
Income to be replaced (\$pa)		
For how long would you want your income to be replaced?		
Children's education expenses (\$pa)		
Other expenses (\$)		
TOTAL		

Income Protection Needs	Client	Partner
Amount of Income to be covered (\$)		
Waiting period	30 / 60 / 90 / 180/ 365 days / 2 years	30 / 60 / 90 / 180/ 365 days / 2 years
Benefit Period	2yrs/5yrs/age 60/age 65	2yrs/5yrs/age 60/age 65
Other (eg Super contribution option)		

What is your Accumulated Leave	Annual Leave	Sick Leave	Long Service Leave
Client			
Partner			

### Health and Lifestyle Pursuits

	Client	Partner
Medications: (eg: Diabetes medication, Blood Pressure tablets etc)		
Lifestyle Activities (eg: Diving, Pilot, Sports)		
• How Often (Frequency)		
• Duration		
• Activity Detail		
• Any Accidents, Incidents or Restrictions		



### Details of Medical History

	Client	Partner
Type of Injury/Illness:		
Date of onset of Injury/Illness:		
Treatment:		
Medication Type & Dosage (Ongoing?)		
Is the Injury/Illness reoccurring?		
Any other relevant info?		

### Employment Activities

	Client	Partner
Duties in current role		
Frequency (eg: 2 times per week)		
Duration (2 hours)		
Split of duties between office vs Site vs Manual %		



## Your Budget Planner - Estimated Expenses

Determining your regular expenses is an important step in identifying the level of income you need to support day to day living expenses and the gaps or surpluses to be explored further with your a. Please take the time to complete this as accurately as possible. If you already have a budget in place or know your total annual expenses please go directly to the next page.

	Amount	Frequency Wk/ Mth/ Qtr	Yearly Total	Tax deductible?
<b>Living Expenses</b>				
Food	\$		\$	
Clothing	\$		\$	
Medical/Dental/Pharmacy	\$		\$	
Alcohol/Cigarettes	\$		\$	
Public Transport/Taxi Fares	\$		\$	
Other Personal Spending	\$		\$	
<b>Total Living Expenses</b>			\$	
<b>Entertainment Expenses</b>				
Travel and holidays	\$		\$	
Dining Out	\$		\$	
Sport/Recreation/Hobbies	\$		\$	
Club memberships/Sporting fees etc	\$		\$	
Books/Magazines/Newspapers	\$		\$	
Other entertainment	\$		\$	
<b>Total Entertainment Expenses</b>			\$	
<b>Housing Expenses</b>				
Mortgage/Rent	\$		\$	
Council/Shire/Body Corporate/ Water Rates	\$		\$	
Electricity/Gas/Telephone etc	\$		\$	
House and Contents Insurance	\$		\$	
Home maintenance	\$		\$	
Furnishings/Appliances	\$		\$	
<b>Total Housing Expenses</b>			\$	



	Amount	Frequency Wk/ Mth/ Qtr	Yearly Total	Tax deductible?
<b>Motor Vehicle Expenses</b>				
Loan/Lease Repayments	\$		\$	
Registration and Third party	\$		\$	
Insurance	\$		\$	
Petrol and other running costs	\$		\$	
Maintenance/Service/Repairs	\$		\$	
Licence fees/Fines/Parking/Road assistance	\$		\$	
<b>Total Motor Vehicle Expenses</b>			\$	
<b>Insurances</b>				
Medical/Health	\$		\$	
Life and TPD	\$		\$	
Income Protection	\$		\$	
Via superannuation contributions	\$		\$	
Trauma Cover	\$		\$	
<b>Total Insurances</b>			\$	
<b>Miscellaneous Expenses</b>				
Professional Services (eg Accountant fees)	\$		\$	
Professional Memberships	\$		\$	
Work Related Expenses (eg Uniforms, Travel)	\$		\$	
Gifts and donations	\$		\$	
Education expenses	\$		\$	
Child care	\$		\$	
Pet/Vet Fees	\$		\$	
Savings Plans (Existing Investments)	\$		\$	
Capital expenses to investment properties	\$		\$	
Other vehicle expenses (boat, caravan etc)	\$		\$	
Investment Loans	\$		\$	



	Amount	Frequency Wk/ Mth/ Qtr	Yearly Total	Tax deductible?
Credit Cards	\$		\$	
Other Loans	\$		\$	
Other	\$		\$	
Other	\$		\$	
<b>Total Miscellaneous Expenses</b>			\$	
<b>Total Expenses</b>			\$	



## Our Acknowledgments

### Information in this form

The information provided in this form is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Fact Find, any recommendation or advice given by the planner in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product investment policy that may be inappropriate for my/our needs identified.

### Financial Services Guide

I/We have read and understood the Financial Services Guide prior to obtaining financial advisory services and/or recommendations.

### Information and Privacy Agreement

I/We agree that:

1. Subject to the authorisation of the preparation of a Statement of Advice, I am/we are to receive the following advisory services from the planner named in this Client Fact Find [“planner”] and understand that my/our personal information is being collected primarily for these purposes:
  - retirement planning
  - estate planning
  - superannuation
  - investment planning
  - budgeting
  - managed investment schemes
  - life, trauma insurance and income protection insurance
  - gearing
  - direct equities
  - instalment warrants
  - banking including credit and debit products
  - arranging for the acquisition and disposal of all relevant products of the type described above; and
  - an ongoing review service for my/our investment portfolio or life insurance programme.

Your planner will only provide you with advice that they are authorised to provide.

2. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information) to organisations involved in providing my/our planner with marketing services and to their service providers, so that my/our planner may offer me/us products and services designed to meet my/our financial needs; and
3. my/our planner providing the services stated above.





4. If I/we have provided personal information about an individual (such as a partner, dependant, employer, or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the Privacy Statement that was provided to me/us with the Financial Services Guide.

**Delete any item or consent in paragraphs 1 to 4 above which you do not agree with.**

Client 1 Name \_\_\_\_\_

Client 1 Signature \_\_\_\_\_ Date / /

Client 2 Name \_\_\_\_\_

Client 2 Signature \_\_\_\_\_ Date / /

Planner Name \_\_\_\_\_

Planner Signature \_\_\_\_\_ Date / /