**

Personal Data Collection Form

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Client Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Anjan Das**

Adviser

Designed to help us get to know you better

This data collection form is designed to help gather your relevant personal and financial information and goals. We use this information, along with our discussions, to help develop a financial strategy that is suitable for your needs.

Potential strategies and products may be discussed during the information gathering process. These should only be acted upon once formal advice, information and explanation have been provided in a suitable advice document.

We look forward to assisting you to reach your financial goals. If you have any questions about this please contact us.

**Anjan Das, Principal, CU Financial Planning**

**Suite 4B, Level 4, 428 George St, SYDNEY NSW 2000**

**Business Phone 02 9231 308 | Fax 02 9231 3051 | E mail** **adas@cufinancial.com.au**

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|  |  |
| --- | --- |
| **Personal details** |  |
|  | **Client 1** | **Client 2** |
| Title |  [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr [ ]  Other:  | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr [ ]  Other: |
| First name: |  |  |
| Surname: |  |  |
| Preferred name: |  |  |
| Date of birth: |  | Age: |  |  | Age: |  |
| Marital status: | [ ]  Single [ ]  Married [ ]  De facto [ ]  Widow | [ ]  Single [ ]  Married [ ]  De facto [ ]  Widow |
| [ ]  Divorced [ ]  Engaged [ ]  Other: | [ ]  Divorced [ ]  Engaged [ ]  Other: |
| Children (or other financial dependants):[ ]  Tick if a list of further dependants is attached | Name | Date of birth | Financially dependent  |
|  |  | age | [ ]  Yes |
|  |  | age | [ ]  Yes |
|  |  | age | [ ]  Yes |
|  |  | age | [ ]  Yes |
| Private health insurance details: |  |  |
| Tax resident (Aus): | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Contact details** |  |
| Country of residence: |  | [ ]  Australia |
| Residential address: |  |
| Postal address: |  | [ ]  As above |
| Telephone and email:(Tick if preferred) | [ ]  H: | [ ]  W: | [ ]  H: | [ ]  W: |
| [ ]  M: | [ ]  M: |
| [ ]  Email: | [ ]  Email: |
| **Employment details** |  |
| Occupation / industry / employer: |  |  |
| Occupation duties: |  |  |
| Employment status: | [ ]  Full time [ ]  Part time [ ]  Casual [ ]  Contractor | [ ]  Full time [ ]  Part time [ ]  Casual [ ]  Contractor |
| [ ]  Self-employed [ ]  Unemployed [ ]  Retired [ ]  Home | [ ]  Self-employed [ ]  Unemployed [ ]  Retired [ ]  Home |
| Expect changes to employment (if applicable): |  |  |
| Salary packaging: | [ ]  Vehicle [ ]  Computer [ ]  Organiser [ ]  Phone[ ]  Other: | [ ]  Vehicle [ ]  Computer [ ]  Organiser [ ]  Phone[ ]  Other: |
| Annual leave balance: |  |  |
| Long service leave balance: |  | [ ]  Accessible |  | [ ]  Accessible |
| Sick leave balance: |  |  |

**Your Identification**

Provide one primary ID source OR provide two secondary ID sources. Adviser to select the verified ID source retained on file:

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| Primary source: | [ ]  Driver’s licence [ ]  Passport [ ]  Other photo ID | [ ]  Driver’s licence [ ]  Passport [ ]  Other photo ID |
| Secondary source: | ID type | ID type |
|  | ID type | ID type |
| **Why have you sought advice?**Record your initial reasons for seeking advice here.  |
| **Client 1** | **Client 2** |
|  |  |
| Capacity: [ ]  Individual [ ]  Trustee [ ]  Director | Capacity: [ ]  Individual [ ]  Trustee [ ]  Director |
| **Joint** |
|  |
| Capacity: [ ]  Individuals [ ]  Trustees [ ]  Directors |

|  |
| --- |
| **Net wealth**  |
| * Please include details of any loans secured against a particular asset in the same row.
* Please list any liabilities that are not secured against an asset in the ‘Unsecured debt’ section.
* Do not record credit card debt if the balance is cleared every month.
 |
| **ASSETS** | **ASSOCIATED DEBT** |
| **Asset** | **Owner** | **Value** | **Debt** | **Debtor** | **Value** |
| 1 | Principal residence |  | $ | 1 | Home loan: |  | $ |
| 2 | Contents |  | $ | 2 |  |  | $ |
| 3 | Vehicle: |  | $ | 3 | Car loan: |  | $ |
| 4 | Vehicle: |  | $ | 4 | Car loan: |  | $ |
| 5 | Everyday bank account |  | $ | 5 |  |  | $ |
| 6 |  |  | $ | 6 |  |  | $ |
| 7 |  |  | $ | 7 |  |  | $ |
| 8 |  |  | $ | 8 |  |  | $ |
| 9 |  |  | $ | 9 |  |  | $ |
| 10 |  |  | $ | 10 |  |  | $ |
| 11 |  |  | $ | 11 |  |  | $ |
| 12 |  |  | $ | 12 |  |  |  |
| 13 |  |  | $ | **Unsecured Debt** | **Owner** | **Value** |
| 14 |  |  | $ | 13 | HECS/ Fee-Help |  | $ |
| 15 |  |  | $ | 14 | Centrelink debt |  | $ |
| 16 |  |  | $ | 15 | Credit card |  | $ |
| 17 |  |  | $ | 16 |  |  | $ |
| 18 |  |  | $ | 17 |  |  | $ |
| 19 |  |  | $ | 18 |  |  | $ |
| 20 |  |  | $ | 19 |  |  | $ |
| 21 |  |  | $ | 20 |  |  | $ |
| 22 |  |  | $ | 21 |  |  | $ |
| **TOTAL ASSET VALUE** | $ | **TOTAL DEBT VALUE** | $ |
| **SUPERANNUATION AND RETIREMENT INCOME STREAMS** |  |
| **Super fund** | **Balance** | **Owner** | **Super / Income stream** | **Account no.**  |
| 1 |  | $ |  | [ ]  S [ ]  IS |  |
| 2 |  | $ |  | [ ]  S [ ]  IS |  |
| 3 |  | $ |  | [ ]  S [ ]  IS |  |
| 4 |  | $ |  | [ ]  S [ ]  IS |  |
| 5 |  | $ |  | [ ]  S [ ]  IS |  |
| 6 |  | $ |  | [ ]  S [ ]  IS |  |
| 7 |  | $ |  | [ ]  S [ ]  IS |  |
| 8 |  | $ |  | [ ]  S [ ]  IS |  |
| **TOTAL SUPERANNUATION VALUE** | $ |
| **NET WORTH** | $ |  | **LOAN VALUE RATIO** | % |
| **Asset information** |
| * This section is used to record greater detail about your assets where it is relevant to the scope of the advice.
* This section does not need to be completed where you provide current statements containing this information.
* Avoid recording the same information twice by listing the asset number from the previous page in the ‘Asset no.’ column below.
 |
| **Personal assets (non-income earning assets eg cars, contents and holiday homes)** |
| Asset no.: |  |  |  |  |  |
| Has the asset been valued in the last 12 months? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Date of last valuation: |  |  |  |  |  |
| Date of purchase: |  |  |  |  |  |
| Centrelink value (if relevant): |  |  |  |  |  |
| Insured: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Retain: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Investment property assets** |
| Asset no.: |  |  |  |  |  |
| Date of purchase: |  |  |  |  |  |
| Date of last valuation: |  |  |  |  |  |
| Centrelink value (if relevant): |  |  |  |  |  |
| Insured: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Retain: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Cash / fixed interest** |
| Asset no.: |  |  |  |  |  |
| Interest rate: |  |  |  |  |  |
| Purchase date: |  |  |  |  |  |
| Maturity date: |  |  |  |  |  |
| Retain: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Statement attached: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Managed investments / shares** |
| Asset no.: |  |  |  |  |
| Product / investment option / share: |  |  |  |  |
| On the ASX: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Date of market value: |  |  |  |  |
| Purchase date: |  |  |  |  |
| Type of investment: |  |  |  |  |
| No. of units / shares: |  |  |  |  |
| Regular saving (pa): | $ | $ | $ | $ |
| Regular drawdown (pa): | $ | $ | $ | $ |
| Income re-invested: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Geared: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Retain: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Statement attached: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

|  |
| --- |
| **Debt and liabilities** |
| Loan no. (if existing): |  |  |  |  |
| Status | [ ]  Existing [ ]  New | [ ]  Existing [ ]  New | [ ]  Existing [ ]  New | [ ]  Existing [ ]  New |
| Lender: |  |  |  |  |
| Debtor (borrower): |  |  |  |  |
| Loan purpose: |  |  |  |  |
| Interest: | % | % | % | % |
| Repayment frequency: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: |
| Fixed or variable: | [ ]  Fixed [ ]  Variable | [ ]  Fixed [ ]  Variable | [ ]  Fixed [ ]  Variable | [ ]  Fixed [ ]  Variable |
| Principal / interest: | [ ]  P & I [ ]  I | [ ]  P & I [ ]  I | [ ]  P & I [ ]  I | [ ]  P & I [ ]  I |
| Loan term: |  |  |  |  |
| Term remaining: |  |  |  |  |
| Guarantor (if any): |  |  |  |  |
| Original loan amount: | $ | $ | $ | $ |
| Amount outstanding: | $ | $ | $ | $ |
| Interest claimed as a tax deduction? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Loan no. (if existing): |  |  |  |  |
| Status | [ ]  Existing [ ]  New | [ ]  Existing [ ]  New | [ ]  Existing [ ]  New | [ ]  Existing [ ]  New |
| Lender: |  |  |  |  |
| Debtor (borrower): |  |  |  |  |
| Loan purpose: |  |  |  |  |
| Interest: | % | % | % | % |
| Repayment frequency: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: | [ ]  Fortnightly [ ]  Monthly[ ]  Other: |
| Fixed or variable: | [ ]  Fixed [ ]  Variable | [ ]  Fixed [ ]  Variable | [ ]  Fixed [ ]  Variable | [ ]  Fixed [ ]  Variable |
| Principal / interest: | [ ]  P & I [ ]  I | [ ]  P & I [ ]  I | [ ]  P & I [ ]  I | [ ]  P & I [ ]  I |
| Loan term: |  |  |  |  |
| Term remaining: |  |  |  |  |
| Guarantor (if any): |  |  |  |  |
| Original loan amount: | $ | $ | $ | $ |
| Amount outstanding: | $ | $ | $ | $ |
| Interest claimed as a tax deduction? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Have you given a personal guarantee on a family member’s or friend’s debt?  | [ ]  Yes [ ]  No If yes, please detail who the guarantee was provided to, the amount and any assets that the guarantee is secured against: |

|  |
| --- |
| **Cash flow** |
| **INCOME** | **EXPENSES** |
| [ ]  Gross [ ]  Net | **Client 1** | **Client 2** |  | **Client 1** | **Client 2** |
| Salary | $ | $ | Mortgage repayments | $ | $ |
| Fringe benefits | $ | $ | Rent | $ | $ |
| Pension income | $ | $ | Rates/ utilities | $ | $ |
| Rental income | $ | $ | Food / general living | $ | $ |
| Interest | $ | $ | Insurance – home | $ | $ |
| Dividends  | $ | $ | Insurance – car | $ | $ |
| Distributions | $ | $ | Insurance – life | $ | $ |
| Bonus (estimated amount) | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
| [ ] monthly [ ] annual **Total:** | $ | $ | [ ] monthly [ ] annual **Total:** | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Combined Annual Income**  | $ | **Combined Annual Expenses** | $ |

|  |  |  |
| --- | --- | --- |
| **SURPLUS / DEFICIT** | $ |  |

|  |  |
| --- | --- |
| Where do you currently direct your surplus income? | [ ] Mortgage [ ]  Savings [ ] Spending [ ]  Other:  |
| How much of your surplus income are you willing to save or invest? | $ | [ ] Per fortnight [ ]  Per month [ ] Per annum |
| Where an income deficit is identified, how is this currently funded? |  |  |
| Do you expect that there will be a substantial change to your income? (record the expected time and amount) |  |
| Do you expect that there will be a substantial change to your expenses? (record the expected time and amount) |  |
| Are you expecting capital gains from the sale of investments this year? |  |
| Do you have unused capital losses carried forward from a previous sale of investments? |  |
| Are you expecting to receive a one-off lump sum payment? (i.e. sale of assets or inheritance) |  |

# **Insurance (individually owned and via superannuation entities)**

|  |
| --- |
| **Life Insurance and Total and Permanent Disablement Insurance**  |
| **Existing life and TPD insurance policies** |
| Policy name & Number | Policy owner | Insured | Sum insured | Premium p.a | Premium Type/ TPD Definition | Maintain |
| 1. |  |  | $ | $ |  | [ ]  |
| 2. |  |  | $ | $ |  | [ ]  |
| 3. |  |  | $ | $ |  | [ ]  |
| 4. |  |  | $ | $ |  | [ ]  |
| 6. |  |  | $ | $ |  | [ ]  |
| 7. |  |  | $ | $ |  | [ ]  |
| 8. |  |  | $ | $ |  | [ ]  |
| Exclusions/ loadings |  |
| **Life and TPD Insurance Needs Analysis*** Only include assets in the ‘Less offsets’ section where you are prepared for these assets to be sold in the event of your death or illness.
 |
| **Needs** | **Client 1** | **Client 2** | **Less Offsets** | **Client 1** | **Client 2** |
| Mortgage (outstanding) | $ | $ | Cash | $ | $ |
| Car loan | $ | $ | Investment property | $ | $ |
| Credit card debt | $ | $ | Current super balance | $ | $ |
| Funeral and legal expenses | $ | $ | Shares | $ | $ |
| Bequests | $ | $ | Existing life cover | $ | $ |
| Provide income for spouse | $ | $ | Existing TPD cover | $ | $ |
|  For how many years | yrs | yrs |  | $ | $ |
| Provide income for children | $ | $ |  | $ | $ |
|  For how many years | yrs | yrs |  | $ | $ |
| Future earning rate | % | % |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
|  | $ | $ |  | $ | $ |
| **Total Needs:** | $ | $ | **Total Offsets:** | $ | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gross life cover** | $ | $ | **Tax gross up** | $ | $ |
| **Gross TPD cover** | $ | $ | **Tax gross up** | $ | $ |
| **Complete this table if the client has directed the sum insured** |
|  | **Life Insurance** | **TPD Insurance** |
| Policy owner: |  |  |  |  |
| Requested cover: | $ | $ | $ | $ |
| How did the client determine the amount that was pre-selected? |  |  |  |  |

|  |  |
| --- | --- |
| **Trauma and Income Protection**  |  |
| **Existing trauma and income protection insurance policies** |
| Policy name and number | Policy owner | IP Cover (Indemnity?) | Insured | Sum insured | Exclusion / loadings | Premium p.a. | Maintain |
| 1. |  |  |  | $ |  | $ | [ ]  |
| 2. |  |  |  | $ |  | $ | [ ]  |
| 3. |  |  |  | $ |  | $ | [ ]  |
| 4. |  |  |  | $ |  | $ | [ ]  |
| **Trauma Insurance Needs Analysis** |
| **Needs** | **Client 1** | **Client 2** | **Less Offsets** | **Client 1** | **Client 2** |
| Mortgage (outstanding) | $ | $ | Existing insurance | $ | $ |
| Car loan | $ | $ | Assets to be sold | $ | $ |
| Credit card debt | $ | $ | Super benefit | $ | $ |
| Provide income | $ | $ | Add: | $ | $ |
|  For how many years | yrs | yrs | Add | $ | $ |
| Add: | $ | $ | Add: | $ | $ |
| Add: | $ | $ | Add: | $ | $ |
| Add: | $ | $ | Add: | $ | $ |
| **Total Needs:** | $ | $ | **Total Offsets:** | $ | $ |
| **Trauma Cover Required** | $ | $ |  |
| **Income Protection Needs Analysis** |
|  | **Client 1** | **Client 2** |
| **Option 1** | Maximum cover applicable:[ ]  75% monthly income [ ]  75% annual income | Maximum cover applicable:[ ]  75% monthly income [ ]  75% annual income |
| **Option 2** | Cost of living | $ | Cost of living | $ |
| Other expenses | $ | Other expenses | $ |
| **Monthly cover required** | $ | **Monthly cover required** | $ |

|  |  |  |
| --- | --- | --- |
| **Waiting Periods** | **Client 1** | **Client 2** |
| Accrued sick leave |  |  |
| Long service / annual leave |  |  |
| Waiting period selected |  |  |
| Benefit period |  |  |

|  |
| --- |
| **Complete this table if the client would like to pre-select the level of insurance cover** |
|  | **Trauma** | **Income Protection** |
| Policy owner |  |  |  |  |
| Requested cover | $ | $ | $ | $ |
| How was this determined by the client? |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| Do you have current health issues or concerns? |  |  |
| Occupational Duties: |  |  |
| Mother | Current age | Cause of death  | Current age | Cause of death  |
|  |  |  |  |  |
| Father | Current age | Cause of death | Current age | Cause of death (if applicable) |
|  |  |  |  |  |
| Sports, hobbies other interests: | [ ]  Aviation/ Piloting | [ ]  Rock climbing | [ ]  Aviation/ Piloting | [ ]  Rock climbing |
| [ ]  Water diving  | [ ]  Hang gliding | [ ]  Water diving | [ ]  Hang gliding |
| [ ]  Football | [ ]  Ocean racing | [ ]  Football | [ ]  Ocean racing |
| [ ]  Motor bike riding | [ ]  Martial arts | [ ]  Motor bike riding | [ ]  Martial arts |
| [ ]  Horse riding | [ ]  Other: | [ ]  Horse riding | [ ]  Other: |
| [ ]  Motor racing (including car, bike and boat) | [ ]  Motor racing (including car, bike and boat) |
| [ ]  Other: | [ ]  Other: |
| [ ]  Other: | [ ]  Other: |
| Do you smoke? | [ ]  Yes [ ]  No | Daily average? |  | [ ]  Yes [ ]  No | Daily average? |  |
| Do you consume alcohol? | [ ]  Yes [ ]  No | Daily average? |  | [ ]  Yes [ ]  No | Daily average? |  |
| Premium frequency: | [ ]  Fortnightly [ ]  Monthly [ ]  Quarterly [ ]  Half-yearly[ ]  Yearly | [ ]  Fortnightly [ ]  Monthly [ ]  Quarterly [ ]  Half-yearly[ ]  Yearly |
| Quote discounts: | [ ]  Workplace [ ]  RACV Rewards [ ]  Business Rewards | [ ]  Workplace [ ]  RACV Rewards [ ]  Business Rewards |

# **Insurance policy features, definitions and limitations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy features / definitions** | **Must haves** | **Nice to haves** | **Correlating need / wish**(Complete this section if the feature is a ‘must have’ or ‘nice to have’) |
| Ability to pay for insurance premiums through super fund balance | [ ]  | [ ]  |  |
| A policy that has a heavy manual labour or hazardous occupation definition | [ ]  | [ ]  |  |
| Ability to choose either stepped or level premiums | [ ]  | [ ]  |  |
| Access to indexed benefit products | [ ]  | [ ]  |  |
| Ability to de-link life and TPD insurance | [ ]  | [ ]  |  |
| **Conditions that may limit the ability to obtain cover, incur a loading or an exclusion** |
| Family health history – someone in your immediate family has experienced either a heart attack, stroke, cancer or coronary bypass  | [ ]  Heart attack |
| [ ]  Stroke |
| [ ]  Cancer |
| [ ]  Coronary bypass |

**Working papers - Insurance**

To be completed by your Adviser

|  |
| --- |
| **Insurance** |
| **Recommended strategy/s.****Why?** |  |
| **Alternative strategies.** |  |
| **Reasons for discounting alternative strategies** |  |
| **Recommended insurance policy/s.****Why?** |  |
| **Alternative insurance policy/s.** |  |
| **Reasons for discounting alternative policy/s** |  |
| **If you are replacing the client’s policy/s, what is the rationale for doing so?** | * What material definitions or features is the client going to lose, gain or maintain?
 |
| **Recommended ownership structure and the reasons why the alternative structures were discounted.**  |  |
| **Expertise to advise** | Do you believe you have the expertise to provide this advice? If no, you must either take steps to ensure you meet the perceived gap in expertise or decline to provide the advice. | [ ]  Yes [ ]  No |
|  | Provide details of what steps were taken to meet the perceived gap in expertise. |  |

# **Estate Planning**

|  |
| --- |
| **Wills** |
| Do you have a Will? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Date of last review: |  |  |
| Did you use a solicitor? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Have your circumstances changed since your Will was last reviewed? | [ ]  Divorced [ ]  Separated [ ]  Had a child[ ]  Made a significant purchase [ ]  Other: | [ ]  Divorced [ ]  Separated [ ]  Had a child[ ]  Made a significant purchase[ ]  Other: |
| Are you content with your current arrangements? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Power of attorney** |
|  | **Client 1** | **Client 2** |
| Power of attorney : | [ ]  General [ ]  Enduring [ ]  Medical | [ ]  General [ ]  Enduring [ ]  Medical |
| Name of attorney: |  |  |
| Limitations on the attorney? |  |  |
| Copy of Power of Attorney attached: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Funeral plan** |
| Value: | $ | $ |
| Purchase date: |  |  |
| Product provider: |  |  |
| Account number: |  |  |
| **Non-estate assets** |
| **Superannuation / income streams**  |
| Product name: |  |  |  |  |
| Superannuation / pension / annuity: |  |  |  |  |
| Owner: |  |  |  |  |
| Beneficiary/s name: | 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. |
| 3. | 3. | 3. | 3. |
| 4. | 4. | 4. | 4. |
| Nomination type: | [ ]  Non-binding[ ]  Binding nomination (3 years)[ ]  Non-lapsing nomination[ ]  Reversionary | [ ]  Non-binding[ ]  Binding nomination (3 years)[ ]  Non-lapsing nomination[ ]  Reversionary | [ ]  Non-binding[ ]  Binding nomination (3 years)[ ]  Non-lapsing nomination[ ]  Reversionary | [ ]  Non-binding[ ]  Binding nomination (3 years)[ ]  Non-lapsing nomination[ ]  Reversionary |
| Date of last review: |  |  |  |  |
| If they have any special estate planning issues or requirements, such as special bequests, testamentary trusts or substantial inheritances, that we should be aware of, please provide details: |
|  |

# **Scope of the advice**

To be completed by your Adviser

|  |  |  |  |
| --- | --- | --- | --- |
| **Measurable and specific goals that will be addressed in the current advice** | **Timeframe to be achieved** | **Amount** | **Priority (H/L)** |
| **Short-term objectives (expected to be achieved in 5 years or less)** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **Long-term objectives (expected to be achieved in greater than 5 years)** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|   |  | $ |  |
|  |
| **Goals that will be addressed in the future**(Leave blank where all objectives are being addressed in the current advice) | **Timeframe to review** | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |
| **Advice areas or sub-areas that the client requested be excluded from the advice scope and outline any risks of excluding** |
|  |
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**Your acknowledgement**

Before we proceed with the preparation of your financial plan, please take a moment to read the following information:

Duty of care

Your information recorded in this fact find will be used to prepare your financial plan. Discussions held during this fact finding meeting do not constitute personal advice and should not be implemented before receiving the financial plan we will prepare for you.

[ ]  I/we understand that I have not yet been provided with personal advice, and agree not to implement any strategies that have been discussed until they have been outlined in an advice document.

* It is important you provide me with detailed and accurate information so I can provide you with appropriate recommendations. Solar will not accept liability for recommendations based on inaccurate or incomplete information you supply.
* The ‘Scope of advice’ section of the attached fact find explains the goals and objectives we agreed with you that our advice will address. We will use this information, along with the other information we collected from you, to devise a strategy that is designed help you achieve your objectives and is tailored to your needs.
* It is important that you are aware that our advice is limited to the goals that we agreed to address in the ‘Scope of advice’ section. As we discussed, we will not focus on providing you with advice in any other areas. We will, however, alert you to any issues we identify in relation to your personal and financial circumstances that may need attention. You should also tell us if you think there are other areas of concern in relation to your financial situation which need attention.

Protecting your privacy

Your privacy is important to us.

You have been provided with a copy of our Financial Services Guide including the Appendix: Privacy Collection Statement which sets out how we collect and handle your personal information and details of how to access the Solar Privacy Policy.

[ ]  The information provided in this fact find is a true and accurate record of my current personal and financial position.

[ ]  I/we am/are not aware of any other information that you would need to be aware of before providing financial advice.

[ ]  I/we give permission for the information supplied in this fact find to be used for the preparation of my/our financial plan.

[ ]  I/we give permission for the information supplied in this fact find to be provided to relevant third parties.

Investments we recommend

This section only applies where we have agreed to provide you with investment recommendations.

You should not proceed with any investment advice unless you understand:

* All investments carry risk and the different asset groups carry different levels of risk.
* Cash and fixed interest generally carry less risk than other asset classes and are more suitable for short-term goals, however in the long term, returns may not be as high as growth assets and there is a risk your capital will not grow in pace with inflation.
* Property and shares offer a greater opportunity for capital growth and over the long term, the total return can exceed the negative effects of inflation.
* Increasing your investment exposure to capital growth assets, property and shares, increases the risk of experiencing negative returns in the short term.
* A longer term perspective must be taken when investing in property and shares due to the inevitable ups and downs of these markets.
* The timing of negative returns is unknown and may occur when you need access to your money thereby affecting the ability to meet your goals.
* If you need access to your investments in a hurry and they are investment in property and shares, you may be forced to sell at a loss.

If you want to understand more about the risks of investing please read “Investing Between The Flags – A Practical Guide To Investing” created by ASIC before you proceed with our advice. It is available from <http://www.moneysmart.gov.au> or we can provide a copy on request.

Capital guarantees

[ ]  Before you invest in capital guarantee investments, make sure you understand how the investment and capital protection is structured.

Other information

Financial Services Guide

[ ]  I have received or have been provided with access to a Financial Services Guide version \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account and reference numbers

[ ]  I/We authorise Business Name to retain and store my/our account numbers and/or Centrelink number for the purpose of providing me with initial and ongoing financial planning advice,

**Tax File Number (“TFN”)**

The *Income Tax Assessment Act 1936 (Cth)*, *Taxation Administration Act 1953 (Cth)* and the *TFN Guidelines 2011* issued under the *Privacy Act 1988 (Cth)* strictly regulates the collection, use, disclosure, storage, security and destruction of TFNs. Your TFN will be used for lawful purposes only and how it can be used may change in the future as a result of legislative changes. Your TFN is confidential and you should be aware of the following before you decide to provide it:

* As your financial planner, we and Solar Financial Advisory Pty Limited (“Solar”) are permitted to handle your TFN when acting on your behalf in connection with your investments. This includes the use of your TFN for reviewing and managing your current and future applications and other business dealings, as well as for officers of Solar to have access to your TFN in conducting normal activities associated with your financial planner’s appointment as an Authorised Representative of Solar.
* You may choose not to quote your TFN, or claim an exemption; however a higher rate of tax may then be applied to your investment returns. The consequences of not quoting your TFN may change in the future as a result of legislative changes. It is not an offence to not quote your TFN.
* We and Solar are required by law to properly safeguard your TFN until we no longer require the information. Your TFN will be securely destroyed or permanently de-identified after we and/or Solar no longer require it.
* In the event that your financial planner leaves Solar, with Solar’s approval your file and TFN information may be transferred to another financial planner.
* We may disclose your TFN, or other relevant information, to the Australian Taxation Office to search for your lost superannuation on the Lost Members Register (“LMR”) and receive the results of any search of LMR records, providing other relevant information in order to perform searches on the LMR records and receiving the results of any search of LMR records.
* For more information about the use of TFNs, please phone your nearest Tax office.
* TFN information, use and storage may change in the future as a result of legislative changes.

I/We authorise Business Name to:

[ ]  Retain, store and quote my tax file number information to the Australian Tax Office when necessary and to investment bodies when making investments on my behalf.  I authorise the application of my TFN to all investments in my name,

[ ]  I authorise the application of my TFN only to the investments identified below in my name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I authorise the application of my TFN for the purpose of performing searches on the LMR records and for any other related purposes outlined in this form.

Electronic communication (Optional)

I/We would like to receive communication by the following methods: [ ]  Email [ ]  Fax [ ]  Telephone [ ]  Tablet device

If you have agreed to use email authorisation, you understand that:

* You will need to notify us immediately if your nominated email address changes.
* We do not take any responsibility for the security or confidentiality of email communications sent to or through your nominated emails, nor for any delays in transmission due to network or other transmission errors. We cannot guarantee that emails will be free from viruses.
* You should ensure your nominated email account is secure and can only be accessed by you.
* We may not be able to act on your instructions or provide advice to you while you are overseas.

In agreeing to receive documents, provide instructions and give consent by email and other electronic means, you need to be aware that:

* We may refuse to act on any instructions, and will inform you of any such refusal.
* We will endeavour to implement your instructions and to arrange your transactions as soon as we receive them. The length of time will depend on the complexity and nature of the transaction requested.
* The authorities you provide to us in this document apply to any capacity in which you act. For example, if you are a director of a company or trustee of a trust, you provide these authorisations both in your personal capacity and in your capacity as a director or trustee.

Authorisation

* [ ]  I/We authorise you to act on instructions from my/our nominated email account, electronic signature or the ‘authority to proceed’ icon on tablet devices, and understand that this would be considered to be a valid part of our formal agreement.

**My nominated email address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* [ ]  I/We am/are willing to accept documents being sent to my/our nominated email address, including the financial services guide, credit guides, advice documents and product disclosure statements.

|  |  |
| --- | --- |
|  Client 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  / / |
|  Client 2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  / / |

**Initial Advice Agreement**

Please review this agreement carefully as it confirms the scope of advice, cost and payment method as agreed between:

Adviser Name

[client/s full name]

(“Business Name”)

and

you,

If you have any questions about the content of this Agreement, please ask us before you sign.

The specific goals that we developed and the strategies that we agreed to

As agreed, we will create a financial plan that addresses the goals detailed in the 'Scope of advice' section of this fact find:

Initial Advice Fee

The initial advice fee and payment method has been agreed to as follows:

| Charging method | Preferred payment method | Services provided (adviser to complete) | Advice Fee |
| --- | --- | --- | --- |
| [ ]  flat fee[ ]  hourly rate[ ]Estimated total hours [ ](If the total hours exceeds our estimate, we will obtain your consent before proceeding with the financial plan) | [ ]  Eftpos[ ]  Bpay[ ]  Direct debit (bank account)[ ]  Direct debt (credit card)[ ]  Cheque[ ]  Investment deduction | [ ]  Research strategy[ ]  Prepare your financial plan [ ]  Implementation of the advice | $ |
| $ |
| $ |
| [ ]  We will research and prepare your Financial Plan at no initial cost to you.[ ]  A fee for the implementation of your advice will apply and will be disclosed in Your Financial Plan[ ]  The initial advice fees will be waived upon successful implementation of your insurance policies |  |
| Total Initial Advice Fee Payable | $ |

Terms of the agreement

Changes to your circumstances

* Please tell us if there are any changes to your circumstances as soon as practicable. Significant changes in your circumstances may affect our advice. We reserve the right to terminate this agreement and reassess the cost of providing advice. Any additional costs will be agreed upon before we proceed with preparing your revised recommendations.

If you do not implement our advice

* You will be liable for any costs to research and/or prepare Your Financial Plan as detailed above. All implementation costs will be waived. If you have agreed to pay for your initial advice via an investment deduction, an invoice will be issued to you for any amount outstanding.

Your insurance

* If your application for insurance is accepted by the insurance company, we will receive upfront and ongoing payments known as commission. The insurance company requires that in order for us to receive this commission the policy must be in force for a minimum of 12 months.
* Therefore, if you cease to pay premiums on any policies arranged by us within 12 months we will be required to pay the commission (including any amounts that represent our advice fee) back to the insurance company. Accordingly, we reserve the right to recover:

[ ]  the amount we have to refund to the insurance company from you, or

[ ]  the total initial advice fee as documented in this agreement.

In this case you will receive an invoice from us stipulating the amount due and any payment terms.

Client acknowledgement

I/We understand and agree that:

(“Business Name”)

* will provide services to me/us in line with this Agreement.
* The cost of initial advice, including the payment method has been fully disclosed in this Agreement
* If I/we do not implement the advice in our financial plan, all initial advice fees for the research and/or preparation of my financial plan will be due and payable immediately.
* All fees in this Agreement are inclusive of GST.

|  |  |
| --- | --- |
| [name – client 1] | / / |
| [name – client 2] | / / |

|  |  |
| --- | --- |
| Adviser Name |  / / |

**Authorisation to collect information**

Please accept this copy as authority, as the original will stay on file at the below address.

|  |  |
| --- | --- |
| To | Customer Service Manager |
| Provider name |  |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client name |  | Date of birth |  |
| Address |  | Product details |  |

To whom it may concern

Access to information

[ ]  I/We authorise you to provide representatives of with any information and documentation they require regarding my/our insurance, superannuation and investments.

[ ]  I am/We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to

 and it’s representatives.

Transfer servicing rights

[ ]  I/We authorise the servicing rights of my/our financial products be transferred to

I understand that the existing adviser will no longer:

* be remunerated for this policy/contract(s) following this decision
* have access to my policy/contract information, and
* will no longer be responsible for reviewing my ongoing needs.

I understand that the appointed adviser and their Licensee will:

* will have access to my policy/contract information
* will be responsible for providing me with ongoing advice relating to this policy/contract(s), and
* will receive any remuneration currently being paid for this policy following the transfer.

|  |  |
| --- | --- |
| [name – client 1] | / / |
| [name – client 2] | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name | Authorised Representative**Solar Financial Advisory – AFSL No. 431915**  | Adviser code |  |
| Business |  | Contact details | phone fax email  |
| Address |  |

Working papers - General (Addendum 1)

To be completed by your Adviser

|  |  |
| --- | --- |
|  | General |
| Recommended strategy/s |  |
| Alternative strategies |  |
| Reasons for discounting alternative strategies |  |

Insurance worksheet (Addendum 2)

This section does not need to be completed where you provide current statements containing this information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Policy name | [Policy 1 ] | [Policy 2 ] | [Policy 3 ] | [Policy 4 ] |
| Insurance company |  |  |  |  |
| Type of cover |  |  |  |  |
| Insured |  |  |  |  |
| Policy owner |  |  |  |  |
| Sum insured | $ | $ | $ | $ |
| Policy details |  |  |  |  |
| Benefit period |  |  |  |  |
| Waiting period |  |  |  |  |
| Indexation of benefit | Yes / No | Yes / No | Yes / No | Yes / No |
| Occupation type | Own / Any | Own / Any | Own / Any | Own / Any |
| [Other options e.g. buyback] |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Premium | $ | $ | $ | $ |
| Premium structure | Stepped / Level / Hybrid | Stepped / Level / Hybrid | Stepped / Level / Hybrid | Stepped / Level / Hybrid |
| Premium frequency |  |  |  |  |
|  |  |  |  |  |
| Policy wording pros and cons |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Product features / conditions |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Exclusions / loadings |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Underwriting required? | Yes / No | Yes / No | Yes / No | Yes / No |
| Other notes |  |  |  |  |

Estate planning worksheet (Addendum 3)

|  |  |  |  |
| --- | --- | --- | --- |
| WillsExecutorsBeneficiary details |  | Client 1 | Client 2 |
| Do you have a Will? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Date of last review? | m m / y y y y  | m m / y y y y  |
| Name of executor: |  |  |  |
| Please list any changes to your circumstances since your Will was last reviewed. |  |  |
| Name(s) of beneficiaries: |  |  |
| Please list any changes to your executor’s or your beneficiaries’ circumstances since your Will was last reviewed eg marriage, divorce, illness. |  |  |
| Do you want to have joint or separate Wills? | [ ]  Joint | [ ]  Separate | [ ]  Joint | [ ]  Separate |
| If one of you passes away, do you want all of your estate to pass onto the surviving spouse? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Guardianship details | Do you have guardianship arrangements for any minor children? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
|  | Do these guardianship arrangements require review? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |

|  |
| --- |
| Family tree |
| Please draw (or document) your family tree including all children and their partners, grandchildren and any other relevant family members (parents, siblings, etc). |

|  |  |  |
| --- | --- | --- |
| Estate planning considerations | Importance | Comments |
| Low | Medium | High |
| Have an appropriate person make decisions on your behalf, should you be unable to do so. | [ ]  | [ ]  | [ ]  |  |
| Make sure you and/or your dependants are not financially disadvantaged, in the event of you becoming incapacitated. | [ ]  | [ ]  | [ ]  |  |
| Ensure your estate is debt free in the event of your death. | [ ]  | [ ]  | [ ]  |  |
| Structure non-estate assets so they form part of your Will. | [ ]  | [ ]  | [ ]  |  |
| Ensure your dependents have cash available to cover expenses in the period from your death until your estate is finalised. | [ ]  | [ ]  | [ ]  |  |
| Provide asset protection for beneficiaries in the event of: | Marriage breakdown | [ ]  | [ ]  | [ ]  |  |
| Bankruptcy | [ ]  | [ ]  | [ ]  |  |
| Future marriage | [ ]  | [ ]  | [ ]  |  |
| Provide protection for vulnerable beneficiaries eg disabled or spendthrift children. | [ ]  | [ ]  | [ ]  |  |
| Protection of your dependents standard of living in the event of your death. | [ ]  | [ ]  | [ ]  |  |
| Avoid potential challenges against your Will. | [ ]  | [ ]  | [ ]  |  |
| Provide your executor with discretion over asset distribution to beneficiaries. | [ ]  | [ ]  | [ ]  |  |
| Distribution of assets to beneficiaries in a tax effective manner. | [ ]  | [ ]  | [ ]  |  |
| Reduce the impact receiving an inheritance will have on your beneficiaries’ Centrelink eligibility or entitlements. | [ ]  | [ ]  | [ ]  |  |
| Have an effective business succession plan for your business upon your death. | [ ]  | [ ]  | [ ]  |  |
| Have an appropriate person take control of entities upon your death eg appointer of trust. | [ ]  | [ ]  | [ ]  |  |

|  |  |
| --- | --- |
| Distribution of assetsPlease provide an overview of how your estate is to be distributed eg who is to benefit from your estate and how. |  |
| BequestsAre there certain assets you want to gift to anyone in particular? | Asset | Beneficiary |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| BeneficiariesPlease detail who you would like to receive your estate assets and in what proportion (excluding any particular bequests you have made). | Name | Relationship to you | Tick if financially dependant | Marital status | Percentage |
|  |  | [ ]  |  | % |
|  |  | [ ]  |  | % |
|  |  | [ ]  |  | % |
|  |  | [ ]  |  | % |
|  |  | [ ]  |  | % |
|  |  | [ ]  |  | % |
| Special needsDetail any special estate planning goals or objectives you have eg life interest for x, set-up a testamentary trust for x.   |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ExecutorWho do you want to be the executor of your estate? |  | Client 1 | Client 2 |
| Position | [ ]  Family member/friend[ ]  Solicitor[ ] Trustee company | [ ]  Family member/friend[ ]  Solicitor[ ] Trustee company |
| Name |  |  |
| Age |  |  |
| Relationship to you |  |  |
| Occupation |  |  |
| Contact details |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Superannuation |  | Client 1 | Client 2 |
| Superannuation death benefit nomination | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Binding nomination | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Date of last review? | m m / y y y y  | m m / y y y y  |
| Beneficiary name(s) |  |  |
| To form part of estate | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Guardianship of minors |  | Client 1 | Client 2 |
| Do you have any minor children? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Have you nominated a guardian in your Will for your minor children? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
|  |
| Do you have any specific wishes for their upbringing?If yes, please provide details. |  |  |

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| --- | --- | --- | --- |
| Entity | Do you own or operate an entity? | [ ]  Yes  | [ ]  No |
| What is the entity structure?Please provide documents explaining the structure or use the notes section below/blank page to draw a diagram. | [ ]  Sole proprietor [ ] Partnership[ ]  Trust - corporate trustees[ ]  Trust - individual trustees[ ]  Company |
| What is your interest in the entity? |  |
| What would you like to happen to the entity/business following your death? |  |
| Have you put measures in place to ensure your estate or family will receive a fair value for your share in the entity/business if something happened to you?If yes, please provide details of current arrangements. |  |
| Is a buy/sell agreement in place? | [ ]  Yes  | [ ]  No |
| If no, should there be? | [ ]  Yes  | [ ]  No |
| How will your interest in the entity/business (a bulky asset) be split between several beneficiaries? |  |
| Is estate equalisation an issue? |  |
| How would your sudden death impact the business? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Power of attorney | Power of attorney | [ ]  General | [ ]  Enduring | [ ]  General | [ ]  Enduring |
| [ ]  Medical | [ ]  Medical |
| Name of attorney |  |  |
| Do you have any limitations on the power of attorney? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| If yes, please provide details. |  |  |
| Funeral plan | Do you have a **funeral plan** in place? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Value | $ | $ |
| Purchase date | m m / y y y y  | m m / y y y y  |
| Product provider |  |  |
| Account number |  |  |

Notes